Chapter 8
Behind the Disempowering Parenting: Expanding the Framework to Understand Asian-American Women's Self-Harm and Suicidality

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National epidemiological studies show that overall lifetime prevalence of suicidal behaviors among Asian-Americans as a whole, including both the lifetime prevalence of suicide ideation and attempts, is lower than the national average (8.6% suicidal ideation, 2.5% attempts vs. 13.5% and 4.6% nationally; Duldulao, Takeuchi, & Hong, 2009). Despite these seemingly lower rates of suicidal behavior among Asian-Americans, the rates of depression and suicidal behavior among young Asian-American women are alarming. Asian-American adolescent girls have the highest rates of depression of all racial/ethnic and gender groups (NAMI, 2011). Specifically, suicide accounted for 23% of all deaths among Asian-American

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women aged 15–24, and 15.2% of deaths between age 25 and 34, compared to 12.9% and 9.3%, respectively, in the overall U.S. female population.

Self-harm, often considered a "suicidal gesture," can also significantly impact the well-being of Asian-American women. Asian-Americans may engage in self-harm behaviors for many reasons, including acculturative stress (Gomez, Miranda, & Polanco, 2011), discrimination (Gee, Spencer, Chen, Yip, & Takeuchi, 2007), experiences of sexual violence (Hahm, Augsberger, Feranil, Jang, & Tagerman, 2016), parent-child conflict (Lau, Jernewall, Zane, & Myers, 2002), and the existing presence of mental health disorders such as depression or anxiety (Cheng et al., 2010). The most common onset for self-harm behavior in the U.S. is during adolescence (Whitlock, Muehlenkamp, & Eckenrode, 2008). However, young adults still report high rates of self-harm, with 17% engaging in at least one act of self-injury during their lifetime (Whitlock, Eckenrode, & Silverman, 2006), whereas the prevalence for all U.S. adults is much less, at 5.9% (Klonsky, 2011). Research suggests that 12.7% of Asians/Asian-Americans reported that they committed at least one incident in their lifetime, with Asian-American women disclosing more self-harm on average than men (Whitlock et al., 2011).

Although our field has yet to undercover the root cause of this critical public health issue, our research team *has* identified multiple factors associated with these rates. These include a history of interpersonal violence (Hahm et al., 2016); lower self-esteem and high rates of depression (Otsuki, 2003); alcohol and hard drug use and abuse (Hahm et al., 2013); identification as a lesbian, bisexual, transgender, or queer (LGBTQ) woman (Lee & Hahm, 2012); and struggling with "disempowering parents," with the subsequent development of a "fractured identity" (Hahm, Gonyea, Chiao, & Koritsanszky, 2014). While evidence suggests that most Asian-American parents do not employ harsh parenting styles (Kim, Wang, Orozco-Lapray, Shen, & Murtuza, 2013), our 2014 study suggested that disempowering parenting styles were prevalent in the homes of Asian-American women who reported a history of suicidal ideation, suicide attempts, and self-harm behaviors.

The Effect of Disempowering Parenting on Identity Development

Hahm et al. (2014) investigated the influence of family dynamics and traumatic experiences on the identity development of Asian-American women, analyzing qualitative data from 16 Asian-American young women with lifetime suicidal ideation and/or suicide attempts. Results revealed that these at-risk women grew up in a household with what they perceived to be "disempowering parenting," categorized as: *A*busive (87.5%), *B*urdening (56.3%), Culturally disjointed (81.3%), *D*isengaged (50%), and *G*ender prescriptive (37.5%) ("ABCDG Parenting"). Table 8.1 describes perceived disempowering parenting characteristics, modes of self-harm, and fractured identity characteristics.

Table 8.1 Perceived disempowering parenting characteristics, modes of self-harm/suicidality, and fractured identity characteristics

| Case pseudonym	Perceived disempowering parenting characteristics					Fractured identity		Substance abuse	Model(s) of self-harm		
	Abusive	Burdening	Culturally disjointed	Disengaged	Gender prescriptive	Double bind	Low self-worth	Alcohol, painkillers, illicit drugs	Cutting	Suicidal ideation only	Suicidal attempts
Natalie	✓	✓	✓	✓	✓					✓	
Helen	✓	✓	✓			✓	✓	✓		✓	
Audrey	✓	✓	✓	✓		✓	✓	✓	✓		
Sarah	✓		✓			✓	✓		✓		✓
Kelly	✓		✓			✓	✓				✓
Katie	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Jocelyn		✓		✓		✓	✓		✓	✓	
Nicole	✓	✓		✓	✓	✓	✓	✓	✓		
Cindy	✓	✓		✓		✓	✓	✓			✓
Angela	✓		✓		✓	✓	✓		✓		
Amber	✓		✓	✓		✓	✓	✓	✓		✓
Sam			✓				✓			✓	
Monica	✓	✓	✓			✓	✓			✓	
Emily	✓		✓		✓	✓	✓				✓
Diana	✓		✓		✓		✓	✓	✓		
Winnie	✓	✓	✓	✓		✓	✓			✓	
Total n (%)	14 (87.5)	9 (56.3)	13 (81.3)	8 (50.0)	6 (37.5)	13 (81.2)	15 (93.7)	7 (43.8)	8 (50.0)	6 (37.5)	6 (37.5)
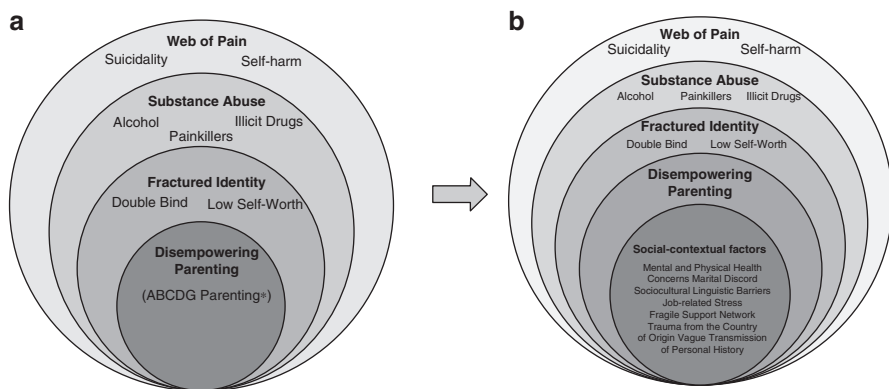
Fig. 8.1 (**a**, **b**) Fractured identity model *ABCDG parenting

Women exposed to these particular parenting styles while growing up were often caught in a "double bind" of competing identities; a desire to be the "perfect Asian-American woman," which was measured by high educational and socioeconomic status as well as adherence to traditional familial values, while simultaneously rejecting these values as unrealistic and at times contradictory. These opposing forces predispose Asian-American daughters to the development of internal conflict, ultimately leading to low self-worth and a fractured identity. As defined in the 2014 study, the "fractured identity framework" embodies the psychological process of Asian-American women's self-harm and suicidal behaviors (see Fig. 8.1). Due to the profound feelings of invalidation from their parents, who were perceived as disempowering, these women demonstrated low self-worth and a lack of agency to assert their own autonomy. This particular cluster of symptoms resulted in a fractured identity, the consequences of which include substance abuse, self-harm behavior, depression, and suicidality.

Studies on immigrant parenting in the United States have found that maternal substance abuse, parental physical illness, and maternal trauma were associated with abusive, punitive, and aggressive parenting (Parolin & Simonelli, 2016; Eiden, Schuetze, & Coles, 2011; Cohen, Hien, & Batchelder, 2008; Barkmann, Romer, Watson, & Schulte-Markwort, 2007). Additionally, immigrant parents engaged in conflict show increased use of harsh discipline, reduced parental involvement, and more frequent parent-child conflict (Buehler & Gerard, 2002). While some studies suggest that a large portion of Asian-American parents do not employ harsh parenting styles (Kim et al., 2013), these studies comprised recent immigrants as well as parents born and highly acculturated in the United States. Furthermore, our studies suggest that disempowering parenting styles, specifically, were prevalent in the homes of Asian-American young women who were classified as high-risk for suicidality and self-harm behaviors. That is, those women who engaged in these behaviors were more likely to have parents that used ABCDG strategies when compared with the general Asian-American female population.

Social Determinants of Disempowering Parenting: A Bierman Perspective

It is well-established that social influences—rather than medical care or health behaviors—are often the main drivers of health and health inequities in minority communities (Wilkinson & Marmot, 2003). Research indicates that lower health outcomes often accompany the acculturative stressors that Asian immigrants contend with, including the stress of the migration experience itself (Frisbie, Cho, & Hummer, 2001). In accordance with Bierman's social determinants framework (2006), which outlines the factors specifically affecting immigrant populations, this study posits that the health of Asian immigrant parents is likewise determined by the intersecting sociocultural, political, and environmental forces they come in contact with pre-migration and after resettlement.

Much like Bronfenbrenner's model of social influence, the Bierman model asserts that an immigrant parent experiences these forces on the macro-level (e.g., immigration policies or the political environment), the meso-level (e.g., social networks or community values), and the micro-level (e.g., individual income, ethnicity, or family structure), all of which relate back to their identity as an individual within a particular nation.

Immigration and Acculturative Stress

Seventy-four percent of Asian-Americans are foreign-born, and immigration to a new country often brings chronic levels of stress to incoming family members (Pew Social & Demographic Trends, 2013). New immigrants not only need to acquire the host language, but they also need to understand and adjust to the new culture, customs, and laws. While in the adjustment process, immigrant families may also experience psychological impacts of the change, often in the form of chronic or "acculturative stress." Asian immigrants may experience acculturative stress as a result of being unable to identify with mainstream U.S., which places them at higher risk for psychological illness and clinical depression (Hwang & Ting, 2008). This type of stress can include perceived discrimination, language difficulties, employment problems, and conflicts with family members due to the differences in acculturation levels to the host country (Lueck & Wilson, 2010). All of these can impact family distancing—breakdowns in communication and cultural values between immigrant parents and their children that manifest as mental health issues and familial dysfunction (Hwang, 2006)—and exacerbate conflicts between children and their parents.

While immigrants may gain new opportunities after migration, such as financial stability or access to government-funded programs like healthcare and food assistance (Kaushal, 2005), they also grapple with a profound sense of loss. This may come in the form of the loss of close kinship and friends that they grew up with, as

well as the loss of considerable opportunities to freely express ideas in their native language. Resulting grief may affect an immigrant's ability to become positive or effective spouses or parents (Meyer et al., 2015; Bhugra and Becker, 2005). Because Asian-American parents feel that they are losing control in the host society, they may become more controlling of their own children by overemphasizing academic achievement (Kao, 2004). Ultimately, this may make daughters feel perpetually inadequate and unable to live up to their parents' expectations, leading to low self-worth and depression (Hahm et al., 2014), the hallmark of the fractured identity framework.

Asian Immigrant Employment Stress

As of 2015, 16.7% of the U.S. labor force are immigrants; many work in low-wage service-based industries (U.S. Department of Labor, 2016). Acculturative stress for Asian immigrants may be exacerbated further in cases where employment is difficult to find or in employment settings where prejudice occurs. This may happen for a variety of reasons, including the unfamiliarity of employers with an immigrant's culture, discriminatory barring of Asian applicants, as well as the immigrant's misunderstanding of their own employee rights; these difficulties may lead to wage theft, unsafe working conditions, and abuse (Milkman, 2011). One study reported that Asian-American experiences of job insecurity, discord with colleagues, or dissatisfaction with work duties were correlated with having high rates of chronic illness and other health concerns (De Castro, Gee, & Takeuchi, 2008). Additional stress may come from belonging to a blue-collar or service-based industry after resettling in the United States. One study found that Asian-American immigrant workers are more likely to report that their mental and physical health was poorer than those identifying as white-collar (John, De Castro, Martin, Duran, & Takeuchi, 2012).

Sociolinguistic Barriers in Asian-American Immigrant Families

Most Asian-Americans were born outside the United States, which results in a large amount of cultural and linguistic diversity within this population (U.S. Department of Health and Human Services, 2001). While limited English proficiency has received considerable attention in research, its particular relevance to immigrant populations is somewhat understudied. Sociolinguistic barriers can lead to miscommunications between an Asian immigrant and their new community and may also have a significant impact on their ability to navigate the United States healthcare system, legal system, or employment (DuBard & Gizice, 2008). Literature suggests

that immigrants struggling with limited English proficiency may also experience high levels of emotional distress when compared with other groups and are less likely to access mental health services (Abe-Kim et al., 2007). Asian immigrants, specifically, report higher rates of language-based discrimination when compared with other immigrant groups (Li, 2015). These barriers, when added to other acculturative stressors, may impact the well-being of both the Asian immigrant and their families as they learn to adjust in the United States.

Trauma in Asian Immigrants and Refugees

Many immigrants choose to come to the United States to escape trauma in their home country, some holding refugee status (Alfred, 2001). Indeed, large groups immigrated to the U.S. as early as the 1800s to escape trauma in Asia (Takaki, 1989). Common forms of immigrant and refugee trauma include physical/sexual assault, political upheaval, religious persecution, war, and natural disasters—to name a few (Li, 2015). Several studies demonstrate that Asian immigrants, and in particular Southeast Asian immigrants, often suffer from posttraumatic stress disorder (PTSD) and depression due to war-related incidents (Hsu, Davies, & Hansen, 2004; Kinzie et al., 1990; Kroll et al., 1989). Other studies have shown that Asian immigrant trauma tends to include higher incidences of intimate partner violence related to patriarchal beliefs and gender roles (Lee & Hadeed, 2009), unreported child sexual abuse due to regarded familial positions and shame (Futa, Hsu, & Hansen, 2001), and daily experiences of racism (Bryant-Davis & Ocampo, 2005).

The Current Study

The purpose of this study is to expand the fractured identity framework further by identifying the social determinants of disempowering parenting styles associated with self-harm and suicidality among young Asian-American women who are children of immigrants. We are using the same data of the 16 daughters of Asian immigrants from our previous study (Hahm et al., 2014), which led to the establishment of the fractured identity framework. After we find the specific socio-contextual factors with qualitative analyses, we will then analyze to what extent the factors intersect with each ABCDG disempowering parenting style by calculating concordance rates between each socio-contextual factor and each ABCDG parenting style. This will shed light on the stressors that most impact the development of disempowering parenting in Asian immigrant parents. This study highlights the importance of collaboration between Asian-American community leaders, academic institutions, and policymakers to create culturally responsive preventative measures that target early signs of harmful parent-daughter relationships and reduce the risk of self-harm and suicidality in young Asian-American women.

Method

Data Collection

To be eligible, participants had to be single, aged 18–35, Chinese, Korean, Vietnamese, or a mix of these ethnicities, 1.5- or 2nd-generation immigrants, and residents of the Greater Boston area. The requested age range was chosen to target those who were identified as "young Asian-American women," but the majority of respondents were less than 25 years old. In order to target the unique experiences of Asian-American children of immigrants, we focused on 1.5- and 2nd-generation women specifically. For our purposes, "1.5-generation" included those who immigrated to the U.S. as children or adolescents between the ages of 6 and 12 years old (Rumbaut, 2004). "2nd-generation" included the U.S.-born children of 1st-generation immigrants.

All participants had a history of suicidal ideation, gestures (i.e., self-harm), attempts, or a combination thereof. The current sample (*n* = 16) was gathered from the sample of a larger qualitative study (*n* = 38) by Hahm et al. (2014), which was designed to identify the effect parenting strategies had on identity formation among Chinese, Korean, and Vietnamese American women. These groups were chosen because they represented three out of four of the largest ethnic Asian groups in Massachusetts. Only the 16 chosen participants exhibited those suicidal tendencies. This study was approved by the Boston University Institutional Review Board (IRB).

Data Analysis

Researchers analyzed and coded the in-depth interviews of 16 Chinese, Korean, and Vietnamese women aged 18–35 with NVivo software, a qualitative data analysis software program. For each theme, researchers identified a demonstrative case study from the interviews. As mentioned earlier, a previous study (Hahm et al., 2014) explored the novel notion of "disempowering parenting" among Asian immigrant parents and linked this to a fractured identity framework. In response to this 2014 study, the current study sought to explore these data in order to shed light on relevant socio-contextual factors for, and influences on, Asian immigrant parents, with the intention of identifying underlying determinants of ABCDG parenting.

This study uses a thematic analysis methodology, which seeks to identify, analyze, and report patterns or themes within qualitative data. Two coders read through the interview transcripts, listened to the audio recordings, and used NVivo to code, for examples, of disempowering (ABCDG) parenting and marked references to parent backgrounds. Our thematic analysis followed the steps outlined by Braun and Clarke (2006):

1. We thoroughly reviewed the 16 interview transcriptions, writing down initial ideas and setting out to recognize essential elements that addressed socioeconomic and contextual backgrounds of the participants' parents.

2. Across the entire data set, we systematically looked for repeated patterns of meaning and extracted keywords and phrases. By collecting data relevant to these keywords, we generated initial codes.
3. We collectively searched for and developed a set of possible themes that encompassed the keywords. We ensured the themes were mutually exclusive and were fully representative of the data.
4. We reviewed and discussed the codes and themes with the first author on a regular basis and revised 13 initial themes until we identified and mutually agreed upon a final set of seven socio-contextual themes with clear definitions and specific names.
5. We selected one pivotal interview for each social determinant theme to be featured in this chapter. We expanded the Fractured Identity Model to include these socio-contextual factors as underlying factors for ABCDG parenting.
6. We then determined the concordance rates of each ABCDG parenting strategy and these socio-contextual themes, by analyzing the proportion of ABCDG outcomes per the total amount of cases for each socio-contextual theme. The results of this analysis are displayed in Table 8.3.

Results

NVivo analysis revealed seven significant socio-contextual predisposing themes shared between the 16 Asian-American daughters. The seven socio-contextual predisposing themes are (1) mental and physical health concerns, (2) marital discord, (3) sociocultural linguistic barriers, (4) job-related stress, (5) fragile support network, (6) trauma from the country of origin, and (7) vague transmission of personal history (Table 8.2). Based on these factors, our team is able to expand the fractured identity framework to include parental context (see Fig. 8.1). The most frequently discussed themes will be discussed in detail below, along with their corresponding disempowering (ABCDG) parenting style and self-harm or suicidal behaviors among these women as the symptoms of fractured identity. It should be noted that family dynamics are complex, and multiple disempowering parenting styles and multiple socio-contextual predisposing factors were reported by these women. However, for the purposes of this chapter, we will highlight the one ABCDG parenting strategy for each socio-contextual predisposing theme that best captures the narrative presented.

Theme 1. Mental and Physical Health Concerns

Four of the 16 participants (25%) reported that one of their parents had mental and/ or physical health problems. Mental health problems encompassed both clinically diagnosed mental illness (e.g., psychosis, alcohol dependence, depression) and

Table 8.2 Socio-contextual factors associated with disempowering (ABCDG) parenting

	Mental and physical health concerns	Marital discord	Sociocultural linguistic barriers	Job-related stress	Fragile support network	Trauma from the country of origin	Vague transmission of personal history
Natalie						✓	
Helen		✓	✓				✓
Audrey		✓	✓	✓	✓		
Sarah				No observation			
Kelly	✓		✓	✓		✓	✓
Katie			✓			✓	✓
Jocelyn		✓		✓			✓
Nicole		✓	✓				✓
Cindy	✓		✓	✓	✓		✓
Angela			✓			✓	✓
Amber	✓		✓	✓	✓		✓
Sam		✓	✓				
Monica			✓				
Emily		✓				✓	
Diana	✓	✓					✓
Winnie				✓	✓		✓
Total n (%)	4 (25.0%)	7 (43.8%)	10 (62.5%)	6 (37.5%)	4 (25.0%)	5 (31.3%)	9 (56.3%)

general neurotic behaviors (e.g., perceived as overly anxious). Other daughters reported that their parents were contended with physical health problems, such as repeated surgeries and liver deterioration due to alcohol abuse. It is worth noting that both parents who reportedly struggled with substance use were perceived as "abusive," either emotionally or physically.

Case Study

When Cindy was 4, she and her parents immigrated to the United States from South Korea at the request of her father's employer. At the time, South Korea was in an economic crisis and her father became extremely occupied with his work, often away from home. Cindy's mother, who was unemployed and unable to speak English, was isolated in the house nearly every day, without social support, and without assistance from her father or other family members. Reflecting back, Cindy felt her mother's mental state was deeply impacted; she turned to alcohol and became impulsive, neurotic, depressed, and overly anxious. Cindy described her mother as a "non-functional" and "helpless woman." Much like Cindy's mother, many immigrants face isolation when they immigrate to a foreign country, putting them at higher risk for depression and other mental health concerns.

Disempowering parenting: Abusive type. During high school, Cindy was reportedly subjected to abusive parenting, both emotionally and physically. She recalled that her mother was convinced of her promiscuity in her early teens, calling her a "slut" and saying that men used her for her body. Cindy reported that her mother would lock her in her room, sometimes without food. When talking about her high school years, Cindy said, "I wasn't going to school…I wasn't being fed." Due to her continued absence, school administrators called the police and, ultimately, the court sent Cindy to a youth shelter. She lost touch with her parents for several years after this, which she felt was due to her parents' emotional detachment from her.

Linking self-harm, suicidality, and fractured identity. Unable to reconnect with her parents, Cindy moved in with her then boyfriend for financial support. Cindy recalled that her boyfriend was emotionally abusive, logging onto her email and violating her privacy. Although she reportedly wanted to leave, she was unable to move out for 2 years due to financial dependence. Trying to support herself, Cindy worked as a dancer at a nightclub and later took a job as a phone sex operator. She perceived this environment to be toxic, but reported that she felt powerful and independent, capable of finally taking care of herself. Cindy acknowledged that, while these were unsafe work environments, she would rather work than turn to her parents for help. Cindy reported a history of depression and bipolar disorder, which began at this time. To cope, she turned to substances—marijuana, cocaine, and DMT. She explained,

> I was lonely and depressed and was going through a lot with my family…And moving around… So, [I] didn't know how to handle that very well. And I think I just needed distractions.

In the interview, she poignantly recalled the time she voluntarily admitted herself to a psychiatric ward because she felt she was a danger to herself. By her account, loneliness and depression triggered these risky behaviors, and ultimately, she lacked the support to adequately handle her feelings. At the time of the interview, Cindy showed significant resilience. She was planning to get married and felt she had learned how to handle her inner turmoil. However, this strength was always seen in the context of her parents' rejection of her.

Theme 2. Marital Discord

Of the 16 cases, seven participants (43.8%) reported that their parents had or were experiencing marital discord. Narratives included divorce, domestic violence, separation, frequent arguments, emotional indifference, and extramarital affairs. Participants' discussions of these moments were especially emotional. In the majority of cases, our study identified that job-related stressors, in conjunction with fragile parental support networks, led to marital discord for the immigrant parents of our interviewees.

Case Study

After Amber's parents immigrated to the United States, her father began traveling frequently to Taiwan for work. Amber's mother discovered that he had been having an affair with his secretary while on business trips—this affair ultimately led to her parents' divorce. Affected by this conflict, Amber's mother reportedly became unfriendly and cynical. During the interview, Amber recalled, "When [my dad] left, I kind of felt like my mom was like a stranger." As he was leaving, Amber's father withdrew all the family money from their joint bank account, despite the fact that her mother relied solely on his income, causing Amber and her mother to suffer great financial hardship in his absence.

Disempowering parenting: Disengaged type. The resentment and emotional instability of Amber's mother influenced her childrearing practices, and she showed a significant indifference towards Amber's emotional needs. When Amber expressed sadness, she reported her mother would tell her a story about how she "rose above" her own vulnerability, implying Amber should do the same. In a striking example of this, Amber reported that she attempted suicide in her teens, and during her hospitalization, her mother called her "weak" and walked away. Amber elaborated by saying, "She [her mother] just brushes it off like it's nothing, like it's not important."

Linking self-harm, suicidality, and fractured identity. The disengaged style displayed by Amber's parents, through absence and emotional unavailability, affected her mental health and behavior significantly. In her interview, Amber said she felt depressed and lonely throughout her teen years. At age 18, she started using marijuana, alcohol, and Ketamine to cope, in addition to compensatory sexual behavior. Amber remembered feeling substandard in every aspect of her life during that period. Amber was hospitalized several times as a young adult and cut herself to "calm down" during conflict. Her self-harm became a habitual act wrapped up in her maternal relationship. Notably, Amber felt the cutting would make her feel "real" and was something she could control.

> I'm not like starving out in the streets or whatever, but…in order for me to feel like not so crazy, like I was actually being hurt. The physical infliction of pain, it would…it made it more real.

It is clear that, while her parents' divorce impacted her mother, Amber herself suffered greatly from her parents' detached responses to it.

Theme 3. Sociolinguistic Barriers

Sociolinguistic barriers were prevalent throughout the interviews, with ten anecdotal accounts overall (62.5%). This theme encompassed both barriers to speaking the host language (e.g., the inability to speak English fluently) and barriers to the utilization of language-based skills assumed to be culturally normative in the host country (e.g., the inability to write a U.S. check). Limited English skills and lack of sophisticated understanding of the host culture can limit an immigrant parent's capacity to develop new networks in the host country, sometimes resulting in grief or chronic acculturative stress.

Case Study

Monica's parents emigrated from China and had limited English proficiency. While Monica was born in the United States, her parents' lack of English fluency often led to parent-daughter conflict. This language barrier was compounded by the fact that Monica and her parents held, what she perceived to be, different cultural values. While her parents were raised in a traditional Chinese household, Monica felt she was more acculturated and lived according to Western ideals—this led to a power struggle.

> My parents don't speak English or very limited. Even though I do speak…Fukienese, umm, there are always like subtleties, like emotional words that, you know, you can't… may not be able to express in the language. They wouldn't understand even the basis of my classes and my days and like what I wanted to be.

Disempowering parenting: Burdening type. Monica experienced pressure from her parents' differing beliefs. She reported feeling very aware of her obligations, particularly the expectation that she was to take care of her parents in old age. She remembered her father saying, "When you're like making money, you're going to give me…you know, a third of your salary, right?" In contrast, Monica believed the act of caring for her parents should come from genuine gratitude, which she did not have. In another instance, Monica expressed concerns about the considerable pressure she was under from her mother to get married, reporting that she was expected to date and get married before turning 29, whether she found someone she loved or not.

Linking self-harm, suicidality, and fractured identity. Monica's biggest fear was failing academically, thereby disappointing her parents. Like other narratives, Monica stated that she went through depression during high school, began drinking heavily, and engaged in high-risk sexual behavior. Like the other women, she too reported low self-esteem and suicidal ideation. She displayed animosity and frustration toward her parents, which was most evident when she fantasized about her future, a future where she left her parents physically and emotionally behind. Still, she felt guilty that she was not a "good daughter" to them and acknowledged that she would likely still contribute financially to their well-being. Monica experienced a double bind; she felt trapped by the desire to simultaneously reject her parents' values and to obtain validation from them.

> There's a sense of obligation…I still want to like make her proud and…I know she will be if I like become successful or whatever and…I think the only way is to make a lot of money, but I wish I could just be myself.

Theme 4. Job-Related Stress

Job-related stress was another common theme among study participants. Of the 16 parents, 6 reportedly experienced job instability or financial stress related to employment (37.5%). Three of these parents were also categorized as overworking parents (i.e., parents working to the extent that they were experienced as absent or missing from their child's life). Parents, largely fathers, either had unstable job conditions which resulted in economic hardship or worked intensively for long hours, traveling back and forth from Asia to the United States.

Case Study

Audrey's father, a landscape artist from Korea, came to America hoping to bolster his art career. He traveled back and forth between his Korean and American jobs every few months in the hopes that he would be successful in at least one of these locations. Audrey referenced the stress induced by her father's lack of job stability and discussed the strain this had on their increasingly "distant" relationship.

Audrey's mother passed away when she was a young child, and this served to heighten her father's instability. Both the occupational stress and grief over the loss of his spouse contributed to what Audrey perceived as pressure and alienation growing up. She noted his intentions to protect her by pushing towards "a more secure life."

> Because my dad's career isn't so stable, he expected me to just take care of all my school, you know, tuition and everything on my own. So already having that thought in my mind, I'm trying to live his dream and go to an expensive school, and pay for it myself…It was way too much for me.

Disempowering parenting: Burdening type. Audrey described feeling "burdened" by her father and discussed the unspoken expectation that she would support her father financially in old age as his caretaker. She added that this burden extended to her academic life, where she felt a strong pressure to perform and find a job her father perceived as financially successful. She went as far as to say that her father often "compared" her to the children of his peers, which only amplified the pressure for her. Rather than living her own life, Audrey felt she was "living his [her father's] life for him." While Audrey did not speak to the family's direct reaction to her mother's death, she commented that guilt around the death served to intensify her hyperfocus on her father's well-being.

Linking self-harm, suicidality, and fractured identity. Audrey described a history of depression, bulimia, and substance abuse when dealing with her father's instability, including several bouts of severe depression between ages 10 and 16. She recognized a conflict between her need for treatment and her parents' cultural belief that willpower, and not medication, should be used to treat mental health issues. While her family eventually allowed her to see a counselor, Audrey reported she still felt that there were several problematic family dynamics, including the perception of emotional moments as weakness and a lack of understanding of her illness, with her parents largely attributing her symptoms to a personality issue.

Theme 5. Fragile Support Network

In our interviews, we found out that four participants (25%) demonstrated evidence of a fragile parental support network. This theme encompassed instability within the parents' immediate family or extended family, either in the U.S. or their country of origin. It also encompassed isolation or perceived detachment from the parent's community (e.g., friends, religious group, etc.). Interviewees often commented that they perceived a link between a fragile support network and decreased parental mental health. For immigrants, who may have been thousands of miles from their main support system, a lack of connection likely contributed to greater stress in their daily lives.

Case Study

Jocelyn's parents were married after immigrating to the U.S. from Vietnam. Occupational burden caused her father to come home late often, which led to regular conflict between her parents. When Jocelyn was in eighth grade, her parents separated but did not file for divorce. She felt that this behavior reflected the Asian cultural perspective that "familial duty superseded individual desire." Family anxiety was compounded by the fact that her parents received only limited support and comfort from their friends over the separation. In her descriptions of her parents' network, Jocelyn said her mother lacked friends, and her father's friends were "judgmental" and "cold," rather than supportive. She recalled the effort of her parents' friends to reunite her parents, despite those efforts causing more harm to the family.

> Their friends didn't care if they were happy…The adults would sometimes come up to my sister and myself and they would be like, "Oh, how is your mom? Umm, you should tell your mom to get back with your dad."

Disempowered parenting: Burdening type. Jocelyn's parents exhibited several ABCDG characteristics, most salient of which was burdening parenting. Jocelyn recalled feeling significant family pressure around academic achievement, especially if she got a "bad grade." She commented specifically that her father's "pushiness" and negativity "weighed down" on her. Acknowledging the context of these behaviors, Jocelyn said her parents experienced significant hardship in Vietnam, and her father's high expectations may have been a reaction to his own lack of educational opportunity during youth. While she wanted to remain "appreciative," ultimately, the expectations felt overwhelming and contributed to her low self-esteem.

Linking self-harm, suicidality, and fractured identity. During her interview, Jocelyn was candid about her self-harm and suicidality as a teenager. She remembered one such situation, when her mother reportedly said, "You don't deserve to be my daughter," after which Jocelyn felt "unloved" and cut herself with a razor. She reported feeling that this was "cathartic" and helped her release some of her pent up negative emotion. She attributed some of this behavior to her unstable relationship with her parents, and insightfully stated that the relationship may have been stronger had the parents felt emotionally supported by their network.

Theme 6. Trauma from the Country of Origin

Pre-migration trauma exposure was also found to be a determinant of ABCDG parenting. In our study, five participants (31.3%) reported that their parents immigrated to the U.S. due to traumatic events, such as war or political persecution. Of these five, three identified that their parents were refugees. Parents with these

immigration histories tended to be seen as more "uptight" and apprehensive by the participants, likely due to the anxiety-inducing intensity of their traumatic exposure. This anxious and distrustful stance was often perceived as pressure and burden by the interviewees.

Case Study

Katie's parents left for the United States during the Vietnam War in order to escape the turmoil of the region and find a better quality of life for their family. Katie explained that the experience of the war changed the personalities and perspectives of her parents.

> They recently, actually, just started talking about it…about their experiences and seeing their friends die in front of them and getting, you know, bombed and like…And they-they definitely don't trust a lot of people because of that.

Katie explained that her mother, especially, showed distrust toward people, telling her not to depend on anyone else. This mindset was modeled behaviorally as well, as her mother "secretly" squirreled money away due to a lack of trust for her husband's financial acumen. She also expressed a great deal of anxiety for the future, likely because of her trauma in Vietnam, which Katie felt affected her parenting greatly.

Disempowering parenting: Burdening type. Katie reported feeling burdened by her parents' expectations, which ranged from pressures to perform academically to continual reminders that she needed to marry a particular type of husband. Katie's mother wanted her to either "become a doctor or marry a doctor," but Katie wanted to enroll in art school, which caused tension in their relationship. Disappointed by her career choice, her parents refused to support her financially, while they paid for her brother's full tuition in mathematics.

> I went to art school so I definitely paid for my own way…My brother went to school for math so they were like, "Great! That's wonderful. Math, you're going to succeed," and I was like, "I'm going to do art," and they were like, "Oh, you take care of yourself then." So that was definitely difficult for me because I had to basically fight my way through.

Katie's parents imposed marital expectations on her as well; she reported they ordered her to marry "proper" and affluent Asian doctors against her wishes. This pressure led her to keep the details of her romantic attachments to herself.

Linking self-harm, suicidality, and fractured identity. Katie described herself as a "bad" kid "who gave [her] parents a lot of grief." She reported partaking in alcohol, marijuana, and cigarettes, in addition to having multiple sexual partners as a teenager. She related this back to a desire to rebel against the burden that her parents had imposed on her. Katie also reported depressive symptoms and anger management concerns, which she felt were tempered by strong relationships with high school friends. Regarding her depression, she said,

> I didn't get along with my parents at the time 'cause, you know, all the expectations… and them not understanding and pressuring me…It was definitely like a time in my life where I was like, "I have nothing," you know hopelessness. And it hurt.

Katie reported that cutting assured her that she was "normal" when in the midst of depression. She attempted suicide when she was in her sophomore year of college, but added that it was more of a "blessing in disguise" as it increased cohesion in the home. Katie explained that her suicide attempt led to greater communication with her parents. For instance, while it was difficult for her father to say "I love you" prior to her attempt, he became more physically affectionate and "close" after the incident.

Theme 7. Vague Transmission of Personal History

Of 16 participants, 9 (56.3%) were unclear about their parents' histories, at times recognizing that they were unfamiliar with key events in their parents' lives—this included narratives of their childhood, immigration stories, and relationships with family members. Participants often felt they "should" know, but were unable to articulate crucial details. Admittedly, traumatic events, such as wars, might not explicitly be discussed with youth, but the lack of clarification may also reflect an emotional and mental disconnection between parents and their children. One interviewee could not describe her parents' experiences in the Vietnam War and another did not know how her parents met.

Case Study

Circumstances around the Vietnam War forced Angela's parents to immigrate to the United States, and while Angela was aware that her parents experienced "some trauma," she reported that she did not know details. Additionally, she never clarified these details, even after she became an adult, despite feeling that her parents may have been open to talking about it after she matured.

Disempowering parenting: Culturally disjointed type. Discussing her lack of affinity for Vietnamese customs and strong sense of "American-ness," Angela went as far as to say, "I'm more White than Vietnamese." Her parents, however, strongly held onto their traditional Asian values, creating a cultural divide. Angela reported this took a toll on her peer interactions as well—while she was not allowed to date until college, this was not the case for her White peers. She further stated that her parents' traditional views affected the way she understood a gender role and marriage. Her mother reportedly opposed feminism and insisted Angela behave in gender typical ways, wanting Angela to act as a "proper Asian woman." In one instance, she strongly insisted that Angela wear makeup, else give up any hope of getting married or attracting a financially dependable husband.

> I feel like the only reason my mom and I are able to talk about dating and stuff like that is because she's trying so hard to get me married…So she will be like, you know, "You should go put on more makeup if you're going to go out,"…or, you know… "You should be dating more."

Angela explained that her mother believed marriage to be pragmatic and "convenient," rather than romantic. While her mother would become frustrated if she tried to rebel against this ideology, Angela continued to resist into her adult years, citing a belief in a woman's independence and marriage based on romantic connection. She reported feeling "trapped" between the views of her friends and mother, which often clashed.

Linking self-harm, suicidality, and fractured identity. Angela felt depressed during her middle and high school years. She endorsed a need to regain control and stated this was her "own way of rebelling against [her parents]," particularly around her father's physical "abuse" during high school.

> I think that's where the cutting came from 'cause I was just angry that my dad was able to, like, hurt me…So I kind of took it back in my own hands… Hurt myself on my own terms.

Angela recalled that a friend, and not her parents, confronted her about her cutting behavior, leaving her with mixed feelings of embarrassment and relief at finally being seen. While the communication gap between Angela and her parents was striking, she felt supported by her friends.

The Intersection of Socio-contextual Factors and ABCDG Parenting

In order to understand how these seven factors intersect with ABCDG parenting, we calculated concordance rates between each ABCDG parenting style and each socio-contextual factor (Table 8.3).

After analyzing the concordance patterns in Table 8.3, it is clear that ABCDG parenting was associated with the seven main themes identified in the interviews. Both abusive parenting and culturally disjointed parenting had concordance rates with all socio-contextual factors at or above 0.50. Overall, abusive parenting had the highest concordance rate with the majority of socio-contextual factors, followed by culturally disjointed, disengaged, burdening, and gender-prescriptive parenting in descending order. Specifically, those daughters that perceived their parents to be abusive also tended to report the majority of these seven factors (parental health problems, marital discord, sociolinguistic barriers, job-related stressors, fragile support networks, trauma in their country of origin, and a vague transmission of personal history). With regard to culturally disjointed parenting, parental trauma and sociolinguistic barriers were highly concordant. That is, Asian-American daughters who tended to endorse these factors also tended to experience a cultural divide between them and their parents. These relationships will be interpreted further in the Discussion section.

Table 8.3 Matrix of socio-contextual factors and ABCDG parenting concordance rates

	Health (n = 4)	Mar Dis (n = 7)	Soc Bar (n = 10)	Job stress (n = 6)	Frag Sup (n = 4)	Trauma (n = 5)	Vague His (n = 9)
A	1.00 (4)	0.71 (5)	0.90 (9)	0.83 (5)	1.00 (4)	1.00 (5)	0.89 (8)
B	0.50 (2)	0.43 (3)	0.50 (5)	0.67 (4)	0.75 (3)	0.40 (2)	0.56 (5)
C	0.75 (3)	0.86 (6)	0.90 (9)	0.50 (3)	0.50 (2)	1.00 (5)	0.67 (6)
D	0.75 (3)	0.43 (3)	0.50 (5)	1.00 (6)	1.00 (4)	0.40 (2)	0.56 (5)
G	0.50 (2)	0.43 (3)	0.30 (3)	0.17 (1)	0.00 (0)	0.80 (4)	0.33 (3)

ABCDG outcomes displayed as proportion of total cases for each socio-contextual factor. Number of total cases for each intersection is denoted in parentheses. "Health" indicates mental and physical health concerns; "Mar Dis" indicates marital discord; "Soc Bar" indicates sociocultural linguistic barrier; "Job stress" indicates job-related stress; "Frag Sup" indicates fragile support network; "Trauma" indicates trauma from the country of origin; "Vague His" indicates vague transmission of personal history

In sum, as a result of our new findings on seven socio-contextual factors, now we propose to expand the fractured identity framework from Fig. 8.1a, b.

Discussion

We analyzed the experiences of the Asian-American immigrant parent through the lens and stories of Asian-American daughters in order to explore and understand the socio-contextual factors that lead to disempowering parenting. Our study indicates that the self-harm and suicidality of young Asian-American women are the byproduct of the collective struggle of these young women as well as their parents. More specifically, our study found that, behind disempowering parenting styles (i.e., abusive, burdening, culturally disjointed, disengaged, and gender-prescriptive styles) were immigrant parents contending with seven stress-related factors. Notably, while the interviews did not intentionally address immigration specifically, all themes, aside from mental/physical health problems and marital discord, directly related back to the Asia-U.S. immigration process. This was clearly a very defining process for the identities of the Asian-American daughters interviewed, although they did not go through it personally. As significant acculturative stressors for these families, job-related stress, family history transmission, sociolinguistic barriers, trauma, and a fragile support network all contributed to the conflictual family dynamics experienced by these young Asian-American women and ultimately influenced their self-image, mental health, risky behavior, and suicidality.

As stated previously, further analysis of the relationships between socio-contextual factors and disempowering parenting styles revealed that abusive parenting, overall, had the highest concordance rates of all disempowering parenting types. It may be that abusive parenting, when compared to other parenting types, is more often a precursor to self-harm and suicidality in these young women. It is also possible that immigrant parents subjected to the significant socio-contextual

stressors listed in Table 8.3 are more likely to engage in abusive parenting. While we cannot provide causality of these relationships, as we are simply looking at patterns of rates, the prevalence of abusive parenting for parents undergoing these stressors is striking. Findings indicate that parental trauma is particularly concordant with this parenting style for our sample. Literature suggests that parental trauma is a significant predictor of abuse, punitiveness, psychological aggression, and physical discipline in subsequent parenting (Cohen et al., 2008). Fragile support networks and health problems were also highly concordant and may create a coping deficit for Asian immigrant parents, whereby trauma and other stressful stressors become even more damaging. Research suggests that pre-migration trauma might be the key source of stress proliferation (i.e., the process by which multiple stressors accumulate to harm health) for this population, triggering a chain of subsequent stressors post-migration (Li, 2015).

Importantly, this study focused on the experiences of Asian-American daughters and thus provides interesting intersectional insight into the race-gender relationship. We know, as stated previously, that self-harm and suicidality are more often reported by young Asian-American women than men, and that young Asian-American women reported higher rates of suicidal ideation in general than other ethnic groups of the same age. Many of our findings may be unique to Asian-American women specifically, as in the responses that demonstrated gender-prescriptive and burdening parenting styles. Many respondents commented on feelings of being "burdened" by pressures to assume a caregiver role for their parents as they aged; this included financial and physical caregiving. Literature suggests that Asian-American women often feel they have the distinct responsibility to maintain the family's well-being. This may create conflict as an Asian-American daughter experiences the cultural divide between parental expectations and the expectations of non-Asian peers (Pyke and Johnson, 2003). In addition to burdening parenting, findings of gender-prescriptive parenting pointed to the desire of many interviewees to deviate from traditional Asian feminine norms. One respondent perceived her mother to be intensely interested in her marriage timeline, which was difficult to balance with expectations of high academic achievement. This is consistent with research on the gendered experience of 2nd-generation Asian-American women, who often report they are expected to be "trailblazers" in the United States, but also have their marriage age and career paths dictated by their parents, who may see marriage as more of a priority (Yoo & Kim, 2010). One respondent said that her brother's education was valued over her own since he received full tuition sponsorship while she paid her college herself; she attributed this to patriarchal cultural values. Job-related stress was prevalent regardless of income among our participants. Job stress may include perceived racial inequities in the workplace regardless of the income level and a lack of social support.

Marital discord was typically reported as a post-immigration family dynamic. Therefore, it may have not been an immediate acculturative stressor like many of the other determinants. However, respondents who reported job instability and a fragile support network were more likely to report marital discord. A previous study has found an increased willingness to make personal sacrifices for familial

well-being and harmony (Huang, 2005). Parents engaged in marital conflict show an increased use of harsh discipline, reduced parental involvement, and more frequent parent-child conflict (Buehler & Gerard, 2002). Compared with other ethnic families, Asian-American families are less likely to divorce when faced with marital issues, though these rates are increasing (Ishii-Kuntz, 2004).

As in our marital discord findings, findings around mental/physical health problems often occurred post-immigration. Thus, physical and mental health may be the outcome of genetic and environmental factors; however, immigrant health is also uniquely affected by acculturative stress. This factor is important to study as it affected the relationships between Asian-American daughters and their immigrant parents, especially in the case of substance use. Maternal substance abuse is associated with increased use of physical, punitive, and threatening disciplinary methods. This is likely due to emotional dysregulation, negative affectivity, feelings of inadequacy from stigmatization, and discontinuity of care both physically and emotionally (Conners et al., 2004; Eiden et al., 2011; Hans, 1992), all of which may be enhanced by acculturative stress. Evidence shows that perceived social support modulates physical and mental health outcomes, allowing individuals to develop resilience and buffer the negative psychosocial effects of poverty and stress (Cohen & Wills, 1985; Taylor, Conger, Robins, & Widaman, 2015;). This may be especially important in Asian immigrant communities where culture emphasizes the family unit and collectivism, in contrast to a Western emphasis on individualism.

One of the most unique themes that arose from this study was the vague transmission of personal history. We hypothesize this unclear transmission is multifactorial in origin: intergenerational communication gap, traumatic repression, cultural differences, and shame or embarrassment regarding family history. The vague transmission of parental history may interfere with the formation of stronger bonds with parents, which, if intact, could contribute to a deeper understanding of family history, cultural roots, and significant events, allowing children to foster empathy toward parents. Given the high occurrence of this finding, further studies should be done to explore and characterize the nature and reasons for this transmission pattern.

Limitations and Future Directions

First, we are unable to generalize to all Asian immigrants as the study sample was limited to children of immigrants from China, Korea, and Vietnam. Second, these stories are from the perspective of Asian-American daughters, not sons or their Asian parents. We might speculate that sons may have had an alternate experience; however, our study was most concerned with the experience of young women due to high rates of depression and suicide in this particular group. Third, our study did not identify perceived discrimination as a major theme in the interviews about parents' experiences. Yet, studies show that perceived discrimination is often related to ethnic minority status, including micro-aggressions, disrespectful behavior, and

everyday hassles compounding the stress of immigrants' experiences (Gee, Ro, Shariff-Marco, & Chae, 2009). This may have occurred because these in-depth interviews were conducted with a primary focus on the participants themselves, not on their perception of their parents per se. Finally, given this study analyzed 16 qualitative data, our results should be interpreted with caution and additional study is warranted to verify our socio-structural factors.

Research, Clinical, and Policy Implications

Despite the limitations, our study provides important implications for research, practice, and policy. We expanded our fractured identity framework to understand the self-harm and suicidality of Asian-American women through the identification of seven socio-contextual factors that undergird disempowering (ABCDG) parenting. These may be used to create a predictive measure for self-harm and suicidal behaviors among young Asian-American women.

Although there are important differences in suicide presentation and risk among ethnic/racial minority groups, cultural variation is often left out of systematic risk assessment paradigms. Rather than relying on general assessment tools for suicidality, like the Beck Depression Inventory (BDI-II) or the Suicide Ideation Scale, this study reveals the need for tailored measures specific for Asian-American women, who experience distinct, culturally specific mental health concerns catalyzed by the disempowering parenting styles of their immigrant mothers and fathers. While Western measures of parenting tend to label Asian-American parenting as "controlling" and "authoritarian" (Kagitçibasi, 2007), other nuanced measures acknowledge the existence of parental reasoning and a culturally specific expression of warmth (Wu & Chao, 2011). Our results suggest that, while certain styles, like disempowering (ABCDG) parenting, may be correlated with mental health difficulties, future research is needed to create a measure that (a) incorporates immigration and acculturative stress, (b) includes child and parent perspectives, and (c) detects disempowering parenting before it has a negative impact on immigrant Asian-American children.

For 1st-generation immigrant parents, the development of online mental health intervention or tele-mental health services may facilitate easier access to provision of services for depression and substance use and abuse screening/treatment, trauma from the original countries, and marital discord. Our study suggests that intervention content should include (a) understanding and communicating parents' history and cultural roots, (b) validation of children's emotions and cross-generational cultural differences, (c) a discussion on the ways in which job-related stresses and marital discords have impacted the relationships with daughters, and (d) how parents can repair their parent-child relationships. Achieving deeper understanding of these issues may help foster developing more integrated and solidified identity for immigrant children.

In conclusion, behind the self-harm and suicidal behaviors of young Asian-American women, complex socio-contextual inequities exist. In order to effectively address high suicide rates in this population, there is an urgent need for collabora-

tions among researchers, Asian community organizations, and policy makers. Without these efforts, we may not be able to adequately protect the lives of young Asian-American women.

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