Asian Cultural Expectations, Family Conflict, and Mental Health in Asian American Adolescents: A Focus on Subgroup Differences

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Abstract

As guided by Hwang (2006)'s Acculturative Family Distancing model, this study examined the relationship between expectations of adherence to Asian cultural values, family conflict, and adolescent depressive symptoms one year later as well as subgroup differences in the relationship (Chinese vs. Filipino). A subsample of Asian American adolescents from Waves I and II of the National Longitudinal Study of Adolescent to Adult Health (Add Health) (N = 322) were used. Multiple regression analyses indicated that emphasis on family obligation was associated with greater depressive symptoms in the Chinese American adolescent sample (n = 121) and restricted autonomy was linked to higher levels of depressive symptoms in the Filipino American adolescent sample (n = 201). In addition, parent-adolescent conflict did not mediate the relationship between Asian cultural expectations and depressive symptoms. It only had direct effect on greater depressive symptoms among Filipino American adolescents.

Introduction

According to the United States Census, Asians are the fastest-growing population, with more than 60% of this increase in the Asian population came from international migration (U.S. Census Bureau, June 13, 2013). Moreover, it is projected that by 2020 the Asian American population will increase to 20 million (Ong, 2000). This dramatic demographic change suggests the need for understanding the experiences of Asian youth and their families as they acclimate to the U.S.

Asian Americans are often considered the "model minority." They are praised in popular media due to their high achievement in education and income, and low rates of crime (Ji, 2007). Previous studies have suggested that Asian American students are "problem free" due to their academic achievement (Qin, 2008). However, the "model minority" stereotype may cause researchers and clinicians to overlook actual problem behaviors and difficulties with poor psychological and social adjustment (Choi, Meininger, & Roberts, 2006).

Indeed, growing numbers of studies have indicated that Asian Americans experience mental health problems and family difficulties triggered by the gap between cultural values of adolescent's country of origin and those of the U.S. For example, Asian American college students were more likely than White American students to have had suicidal thoughts and to attempt suicide (Kisch, Leino, & Silverman, 2005). Lee, Su, and Yoshida (2005) suggested that parent-child intergenerational cultural conflicts are the most frequent problem among Asian American youth and young adults who seek counseling. However, few studies have examined cultural conflicts in understanding Asian American adolescent mental health.

Moreover, researchers have suggested subgroup differences in cultural backgrounds (Uba, 1994; Fuligni, 1998) and immigration history (Ling & Austin, 2010) within this population

can lead to different developmental outcomes. For example, East Asian countries like China have been heavily influenced by Confucianism, while Filipino cultural principles are mixed due to their histories of colonization by different countries (Chao, 1994; 1995; Chao & Kaeochinda, 2010). However, previous research has not examined how cultural values have differing effects on Asian American adolescents by their country of origin.

To address these gaps, this study examined the effects of cultural values and family functioning on depressive symptoms among two Asian subgroups (Chinese and Filipino) using a nationally representative adolescent sample from the National Longitudinal Study of Adolescent to Adult Health (Add Health). With its nationally representative sample, this study improves upon the majority of previous studies on Asian youth that often have small, local samples. Thus, the present study allows meaningful subgroup comparisons and improved generalizability to the Asian youth population.

Background

Family relationships in many Asian subcultures are organized vertically, a feature consistent with Confucianism, the cultural backdrop for family dynamics in this population. One cultural value reflective of Confucianism is *filial piety*. Filial piety is defined as "a collectivistic orientation that emphasizes parental authority, hierarchical relationships, and maintaining connectedness to the family" (Juang & Cookston, 2009, p. 396). The emphasis on parental authority is displayed as parental control in parenting practices. In addition, children are expected to assist and support their families. The respect and honor for the family is often expressed in an indirect manner such through academic pursuit (Fuligni, Tseng, & Lam, 1999). Family obligation and expectations can lead conflict between parents and children in Asian immigrant families where parents are foreign-born and children are US-born (Zhou, 1997).

Immigrant children tend to acculturate to the host culture at a faster pace than their parents. In this case, the host culture is the United States, where family relationships emphasize egalitarianism and mutual exchange to a larger degree than many Asian subcultures. Hwang (2006) describes the emotional distancing and conflict that ensues between immigrant parents and children in his *Acculturative Family Distancing* (AFD) model. The model proposes that the different cultural orientations between the parents and children increase family conflict, which in turn causes individual and family dysfunction. Several studies show that greater AFD was associated with higher levels of youth depression and family conflict mediated this relationship (Hwang, Wood, & Fujimoto 2010; Pina-Watson, Castillo, Ojeda, & Rodriguez, 2013). However, most studies tested the model with small samples and thus failed to generalize the findings to Asian American population. Moreover, subgroup differences have not paid attention in AFD. This study attempted to partially test the AFD model by examining the effect of adolescent perceived expectations of adherence to Asian cultural values on family conflict and depressive symptoms using a nationally representative data. In addition, this study investigated whether the aforementioned relationships differ by subgroup ethnicity (Chinese vs. Filipino).

Methods

Sample

The Add Health used a complex cluster sampling to obtain a nationally representative sample of high school students in grades 7-12 in the U.S (Bearman, Jones, & Udry, 1997). The sampling frame consisted of a random sample of all high schools in the U.S. stratified by region, ethnicity, school type and urbanicity. Data were collected through an in-school survey and an in-home interview. Wave I in home interview was conducted between 1994 and 1995 and includes 20,745 students. Wave II in-home interview took place in 1996. Data were collected from 14,378

students. The study used data from self-identified Asian American adolescents who participated in both Waves I and II in-home interviews. The sample of this study included only adolescents from two-parent families since this study examined relationships with both mother and father (e.g., conflict and academic expectations). Cases with missing data were deleted as they were so few (less than 8%). The final analytic subsamples of this study (total $N = 322$) included 121 Chinese American and 201 Filipino American adolescents who were aged between 14 and 17.

Measures

Depressive symptoms. Nineteen items were used to assess adolescent depressive symptoms at Wave II. The survey items corresponded with the 20-item Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977). Two questions on the Add Health survey were slightly modified from the CES-D (items on symptoms of "restless sleep" and "crying spells") (Rushton, Forcier, & Schectman, 2002). Using a 4-point scale ranging from 0 (*never*) to 3 (*all of the time*), adolescents reported how much they had been distressed by each symptom during the past week. Examples of the items included feeling depressed, feeling sad, and feeling bothered by things that usually did not bother them. All the items were recoded into the same direction so they could be summed. Greater numbers indicated higher level of depressive symptoms. The internal consistency was .88.

Expectations of adherence to Asian values. This study assessed expectations of adherence to Asian family values with three variables: (1) emphasis on family obligation, (2) restricted autonomy, and (3) parental academic expectations. First of all, *emphasis on family obligation* was measured with 1 item that measured how many times adolescents spent assisting their families. Adolescents indicated how many times they did work around the house, such as cleaning, laundry, yardwork, or caring for a pet during the past week. The response ranges from

0 (*not at all*) to 3 (*5 or more times*). Second, *restricted autonomy* was measured with 7 items measuring the extent to which adolescents perceive their parents as setting rules and monitoring their behaviors and associations. The items begin with the statement, ‘‘Do your parents let you make your own decisions about…’’ followed by items such as, ‘‘…the time you must be home on weekend nights,’’ ‘‘…the people you hang around with,’’ and ‘‘…how much television you watch.’’ Each response was measured dichotomously with 0 (*yes*) and 1 (*no*) (reverse coded). The responses for the 7 items were summed to create a restricted autonomy index. Cronbach's alpha was .64. Lastly, *parental academic expectations* were measured by adolescent participants' responses to the 2 items regarding the degree of disappointment their father or mother would have if they did not graduate from college, respectively. The response ranged from 1 (*low*) to 5 (*high*). The two items for the mother and for the father were summed.

Parent-adolescent conflict. Two items were used to measure parent-adolescent conflict. Adolescents reported whether or not they had had a serious argument with the mother and the father about their behavior during the past month (0 = *no*; 1 = *yes*). The items for the mother and for the father were summed.

Control variables. Based on the literature from Asian adolescent mental health, other control variables that are associated with Asian adolescent mental health include: gender, immigrant generation status (measured by if they were born in the U.S.), and age of the adolescent, family structure, and mother's and father's level of education.

Statistical Procedures

First, we conducted descriptive analyses for demographic characteristics and study variables of the total sample and by country of origin (Chinese American vs. Filipino American). To examine group differences, *surveyfreq* and *surveyreg* commands were used with SAS 9.4.

Next, two separate hierarchical multiple regression analyses were conducted to examine the effects of expectations of Asian cultural values and family conflict on adolescents mental health one year after by subgroup ethnicity. In each of the two analyses, first the control variables were regressed on depressive symptoms. Then, emphasis on family obligation, restricted autonomy, and parental academic expectations were entered second. In addition, parent-adolescent conflict was entered third to examine the mediating effect of parent-adolescent conflict in the relationship between expectations of adherence to Asian cultural values and depressive symptoms. *F* tests using ΔR^2 were conducted to examine the model fit.

Results

Descriptive Statistics

Table 1 describes the control variables for the total sample and by country of origin. The sample consisted of 121 Chinese American and 201 Filipino American adolescents. When examining the variables by subgroup, Chinese and Filipino adolescents were found to be significantly different in family structure (F (1, 31) = 5.92, p <.05). East Asian adolescents were more likely to be from two-biological parent families.

Table 1 about here

Table 2 presents study variables for the total sample and by country of origin. Group difference (Chinese vs. Filipino) was found in family obligation (F (1, 31) = 16.5, p <.001). Filipino American youth reported a higher level of family obligation compared to Chinese

American youth.

Table 2 about here

Regression Analyses

Expectations of Asian cultural values and parent-adolescent conflict were significantly associated with adolescent depressive symptoms one year later, yet the strengths and significances of association varied by Asian subgroups (Chinese vs. Filipino).

First of all, depressive symptoms were regressed on expectations of Asian cultural values and parent-adolescent conflict in the Chinese sample. As shown in Table 3, three variables of expectations of Asian cultural values (emphasis on family obligation, restricted autonomy, and parental academic expectations) accounted for a statistically significant amount of variance in depressive symptoms after adjusting control variables ($\Delta R^2 = .118$, $p < .001$). Among the three variables, emphasis on family obligation was statistically significant ($\beta = .23$, $p < .05$), suggesting that those who were more engaged in family obligation were more likely to report greater depressive symptoms. However, parent-adolescent conflict did not account for a statistically significant amount of variance in depressive symptoms above and beyond what expectations of Asian cultural values and control variables could explain ($\Delta R^2 = .009$, $p > .05$).

Table 3 about here

Like the Chinese sample, three of the variables assessing expectations of Asian cultural values (emphasis on family obligation, restricted autonomy, and parental academic expectations) accounted for a statistically significant amount of variance in Filipino adolescent depressive symptoms after adjusting control variables ($\Delta R^2 = .048$, $p < .05$) (see Table 4). Restricted autonomy was statistically significant ($\beta = .16$, $p < .05$), suggesting that adolescents who reported higher restricted autonomy were more likely to have greater depressive symptoms. Unlike the model with Chinese adolescents, parent-adolescent conflict accounted for a statistically significant amount of variance in depressive symptoms above and beyond what expectations of Asian cultural values and control variables could explain ($\Delta R^2 = .076$, $p < .001$). Holding all else constant, higher level of parent-adolescent conflict was associated with greater depressive symptoms among Filipino American adolescents ($\beta = .31$, $p < .01$). However, it appeared that parent-adolescent conflict did not have a mediating effect on the relationship between expectations of adherence to Asian cultural values and depressive symptoms.

Table 4 about here

Discussion

Findings from the present study indicated that the association between expectations of Asian cultural values and adolescent mental health seem to be line with the "AFD" model (Hwang, 2006), that cultural conflicts between parents and children negatively influence child

health. Although this study did not measure cultural gaps between parents and children per se, the results show that adolescents' perceived expectations of Asian cultural values impacted their mental health one year later. For both Chinese and Filipino adolescents, adolescents' report of expectations of adherence to Asian cultural values were directly associated with greater depressive symptoms, partially supporting the AFD model. It suggests that how Asian American adolescent perceive behavioral expectations of Asian cultural values in the family are associated with their mental health.

Subgroup differences were found in the relationships between Asian cultural values and adolescent depressive symptoms. Family obligation was associated with greater depressive symptoms for the Chinese adolescents while restricted autonomy was linked to greater depressive symptoms for the Filipino adolescents. The difference might be related to the sub-cultural differences in parental authority and behavioral autonomy. Specifically, stronger parental authority in Chinese American families (Uba, 1994; Fuligni, 1998) may lead children to be more stressed about fulfilling family obligations. In addition, expectation of behavioral autonomy at earlier age in Filipino American adolescents (Fuligni, 1998) can explain why parental restricted autonomy influenced their depressive symptoms.

Subgroup differences were also found in the relationship between parent-adolescent conflict and depressive symptoms. When adjusting expectations of Asian cultural values, parent-adolescent conflict had no significant effect on depressive symptoms in the Chinese sample. However, for the Filipino sample, parent-adolescent conflict had a significant association with increased depressive symptoms. The result may be related to the fact that respecting the purview of parental authority is not as strongly manifested in Filipino families as in traditional Chinese families (Uba, 1994; Fuligni, 1998). Also, Filipino parents are more likely to be acculturated than

East Asian parents in terms of English use (Tseng & Fuligni, 2010). Since Filipino adolescents might better express their negative feelings with their parents, conflict with parents had negative impact on their mental health. However, for Chinese adolescents, they may have barriers in addressing problems with parents because of cultural emphasis on parental authority and different language use. Therefore, they might not be able to express their feelings through conflict with their parents. Consequently, conflict with parents had no significant effect on adolescent depressive symptoms.

Findings show that parent-adolescent conflict did not mediate the relationship between Asian cultural expectations and depressive symptoms. It only had direct effect on greater depressive symptoms among Filipino American adolescents. This might be because the cultural emphasis on harmony commonly found in Asian American families made them avoid overt conflict with their parents (Phinney & Ong, 2002). Therefore, conflict with parents was not strong enough to mediate the relationship between cultural expectations and adolescent depressive symptoms. These findings point to the need for further investigation of these issues with the Asian American population.

Several limitations are evident in this study. The study did not use Asian measures designed for use in Asian American adolescents. Although careful efforts were made in this study to select measures which emphasize concepts and dynamics in Asian cultures based on the literature, they were not necessarily specific to Asian Americans. Because of the limitation of the measures, this study might not fully capture cultural values which influence family dynamics and adolescent mental health. In addition, this study used data from the 1990's. Therefore, these findings may not be applicable to adolescents from recent immigrant families. Given that Asian immigrants are growing, further studies should examine AFD in recent Asian immigrant families.

Despite the limitations, this study examined risk factors for Asian American adolescents' mental health with a nationally representative sample. The findings from this study provide implications for helping at-risk Asian American adolescents. Moreover, findings regarding differences between Chinese and Filipino adolescents highlight the importance of within-group differences in diverse Asian American population. Future studies should consider subgroup differences in parent-adolescent relationships and adolescent mental health.

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Table 1

Descriptive Statistics for Control Variables, Total and by Country of Origin

Variables	Total (N = 322)	Chinese (n = 121)	Filipino (n = 201)	Chinese vs. Filipino
	M/N (*SD*/%)	*M*/N, *SD*/%	*M*/N, *SD*/%	
Age	15.54 (.18)	15.24 (.17)	15.72 (.22)	
Gender				
Female	159 (42.4%)	56 (46.2%)	103 (51.2%)	
Male	163 (57.6%)	65 (53.7%)	98 (48.7%)	
Nativity				
Foreign-born	166 (54.4%)	42 (34.7%)	124 (61.7%)	
US-born	156 (45.6%)	79 (65.3%)	77 (38.3%)	
Family structure				
Two-biological parent family	294 (84.0%)	116 (95.9%)	178 (88.5%)	*
Step/adoptive/foster family	28 (16.0%)	5 (4.1%)	23 (11.4%)	
Mother's education				
Less than high school	52 (17.5%)	40 (33.1%)	12 (6.0%)	
High school	61 (20.8%)	26 (21.4%)	35 (17.4%)	
Some college	33 (8.3%)	8 (6.6%)	25 (12.4%)	
College degree or beyond	176 (53.4%)	47 (38.9%)	129 (64.9%)	
Father's education				
Less than high school	41 (13.9%)	28 (23.1%)	13 (6.5%)	
High school	71 (27.3%)	26 (21.5%)	45 (22.4%)	
Some college	48 (9.1%)	9 (7.4%)	39 (19.4%)	
College degree or beyond	162 (49.7%)	58 (47.9%)	104 (51.7%)	

*p<.05

Table 2

Descriptive Statistics for Study Variables, Total and by Country of Origin

Variables	Total (N = 322)	Chinese (n = 121)	Filipino (n = 201)	Chinese vs. Filipino
	M (*SD*), Range	*M* (*SD*	*M* (*SD*)	
Depressive symptoms	12.10 (1.05), 0-37	10.65 (.96)	12.89 (1.22)	
Family obligation	1.94 (.13), 0-3	1.57 (.09)	2.15 (.10)	***
Restricted autonomy	1.93 (.17), 0-7	1.69 (.32)	2.06 (.12)	
Parental academic expectations	8.76 (.23), 2-10	8.51 (.37)	8.90 (.24)	
Parent-adolescent conflict	.55 (.08), 0-2	.58 (.19)	.54 (.05)	

***p <.001

Table 3

Regression Analysis of Depressive Symptoms on Asian Cultural Expectations and Parent-adolescent Conflict in Chinese Sample (n = 121)

	Model I			Model II			Model III		
Variable	β	B	SE	β	B	SE	β	B	SE
Gender (ref: male)									
Female	-.11	-1.25	2.25	-.19	-2.22	1.79	-.18	-2.14	1.64
Age	.09	.53	0.64	.95	.95	.56	.14	.80	.57
Nativity (ref: US-born)									
Foreign-born	.09	1.09	1.12	.07	.84	1.11	.07	.87	1.09
Family structure (ref: step/adoptive/foster family)									
Two-biological parent family	.07	-4.30	3.03	.07	3.89	2.44	.07	3.95	2.25
Mother's education (ref: college degree or beyond)									
Less than high school	-.11	-1.35	2.90	-.02	-.31	2.88	-.10	-1.27	2.38
High school	.01	.19	2.84	.04	.58	2.19	-.01	-.08	2.18
Some college	.17	3.62	4.71	.13	2.80	3.92	.12	2.69	3.63
Father's education (ref: college degree or beyond)									
Less than high school	-.01	-0.26	3.18	-.26	-3.42	3.25	-.19	-2.56	3.34
High school	.42 *	5.56	2.13	.34 *	4.57	1.84	.42 *	5.56	2.28
Some college	-.04	-1.30	2.79	-.12	-3.50	2.66	-.10	-2.89	2.52
Family obligation				.23 *	1.85	.75	.21	1.66	.82
Restricted autonomy				.26	.98	.50	.23 *	.87	.39
Parental academic expectations				-.19	-.51	.31	-.14	-.38	.39
Parent-adolescent conflict							.12	.83	1.04
Intercept		-2.77	8.45		-7.70	7.44		-6.68	6.88
R^2		.232			.350			.359	
ΔR^2					.118***			.009	

*p <.05, ***p <.001

Table 4

Regression Analysis of Depressive Symptoms on Asian Cultural Expectations and Parent-adolescent Conflict in Filipino Sample (n = 201)

	Model I			Model II			Model III		
Variable	β	B	SE	β	B	SE	β	B	SE
Gender (ref: male)									
Female	.16	2.55	1.80	.11	1.69	1.53	.04	.66	1.05
Age	.08	.74	.77	.06	.50	.73	.01	07	.51
Nativity (ref: US-born)									
Foreign-born	.16	2.64	1.67	.18	2.83	1.36	.23 **	3.75	.92
Family structure (ref: step/adoptive/foster family)									
Two-biological parent family	.15	2.75	1.96	.17	-3.04	1.89	.22 *	3.97	1.62
Mother's education (ref: college degree or beyond)									
Less than high school	-.01	-.44	2.68	.02	.62	2.84	-.02	-0.51	2.30
High school	.11	2.14	1.65	.11	2.16	2.01	.14	2.76	1.69
Some college	.00	-.06	3.31	.03	.83	3.44	.00	0.05	2.92
Father's education (ref: college degree or beyond)									
Less than high school	.09	2.80	1.99	.13 *	3.91	1.76	.14 *	4.35	1.51
High school	-.12	-2.08	1.49	-.10	-1.71	1.74	-.17 *	-2.94	1.05
Some college	-.11	-2.72	1.73	-.12	-3.02	1.99	-.16 *	-3.97	1.50
Family obligation				.10	.94	.73	.09	.80	.71
Restricted autonomy				.16 *	78	.31	.09	.46	.30
Parental academic expectations				.14	.59	.50	.85	.85	.40
Parent-adolescent conflict							.31 **	3.28	.86
Intercept		-3.21	12.39		-8.58	12.80		-1.36	9.52
R^2		.136			.183			.259	
ΔR^2					.048 *			.076***	

*p <.05, **p <.01, ***p <.001