THE FAMILY CONTEXT OF ACCULTURATION + ADOLESCENT MENTAL HEALTH

Lauren Chance + Catherine L. Costigan
University of Victoria
Learning Objectives

- Disseminate empirical research findings to broad audience
- Raise awareness about potential impact of acculturation within family system, with a specific focus on adolescent mental health
- Stimulate discussion regarding best practices for clinical work with immigrant families in child + youth mental health settings
Immigration in Canada

- First generation immigrants comprise 19.8% of Canadian population
  - 2031 projection: 25-28%

- 27.5% of population in British Columbia

- Median age of arrival = 29.8 years

- 14% immigrated from People’s Republic of China (2001-2006)
  (Chui, Tran, + Mayheux, 2007; Malenfant, Lebel, + Martel, 2010)
Acculturation

- Negotiation of two (or more) sets of cultural influences, in the context of ongoing contact between cultural groups

- Impacts behaviour, identity + values
  - Current study: behavioural acculturation
  - Cultural engagement in a variety of domains: language use, media, social circle, traditions observed, food, etc.

- Bidimensional: maintenance of heritage culture is parallel process to adoption of dominant culture in new country
  - Adopting Canadian culture does not necessarily mean loss of heritage culture

(Berry, 1997; Chia + Costigan, 2006; Schwartz, Unger, Zamboagna, + Szapocznik, 2010)
Acculturation + Mental Health

- Extensive research, mixed results
  - Inconsistent measurement of acculturation
  - Greatest consistency found in domain of adolescent + adult substance use

- Research suggests benefits of heritage culture maintenance (e.g., protective effects of ethnic identity)

- Various theories about effects of adopting new culture
  - Cultural competency – beneficial
  - Healthy immigrant effect – detrimental

(Koneru, Weisman de Mamani, Flynn, + Betancourt, 2007; Costigan, Koryzma, Hua, + Chance, 2010)
The Current Study

- Goal: Examine relations between adolescent acculturation and adolescent mental health, using bidimensional measurement of acculturation

- Important to understand family context of acculturation: how does parental acculturation relate to adolescent mental health?
The Current Study

- Fathers’ Acculturation
- Adolescents’ Acculturation
- Adolescent Mental Health
The Current Study

Mothers’ Acculturation

Adolescents’ Acculturation

Adolescent Mental Health
The Intercultural Family Study

- Goal: To evaluate how acculturation experiences, family relationships + parenting relate to cultural + psychological adjustment
  - Focus: Chinese Canadian immigrant families
  - Areas of study: ethnic identity, language brokering, parenting beliefs + expectations

- Unique Features
  - (Mostly) Representative sample ($N = 182$ families)
  - Longitudinal ($n = 152$; 18 months later)
  - Multiple independent informants
The Intercultural Family Study

- **Eligibility Criteria**
  - Self-identify ethnicity as Chinese
  - Both parents emigrated from the People’s Republic of China, Taiwan, or Hong Kong after age 18
  - Lived in Canada for at least 2 years
  - Adolescent aged 12-17 @ T1
  - Reside in Victoria or Vancouver areas

- **Recruitment Procedures**
  - 2/3 randomly recruited via survey research centre
  - 1/3 referred (participating families)
Demographics

- Current study: subset of larger sample \((n = 161)\)
  - married, 2-parent families + adolescent participation

- In majority of families, both parents immigrated from same region:
  - People’s Republic of China \((64.2\%)\)
  - Taiwan \((20.4\%)\)
  - Hong Kong \((11.1\%)\)

- Predominantly lived in urban areas prior to immigration
### Demographics

<table>
<thead>
<tr>
<th></th>
<th>Mothers</th>
<th>Fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>$M = 44.66$ years ($SD = 4.69$)</td>
<td>$M = 47.03$ years ($SD = 5.67$)</td>
</tr>
<tr>
<td>Length of residence</td>
<td>$M = 10.49$ years ($SD = 6.32$)</td>
<td>$M = 10.95$ years ($SD = 7.03$)</td>
</tr>
<tr>
<td>Highest level of education</td>
<td>High school (13.6%)</td>
<td>High school (11.2%)</td>
</tr>
<tr>
<td></td>
<td>Vocational/college (32.7%)</td>
<td>Vocational/college (20.4%)</td>
</tr>
<tr>
<td></td>
<td>University degree (33.3%)</td>
<td>University degree (27.2%)</td>
</tr>
<tr>
<td></td>
<td>Graduate/professional (14.2%)</td>
<td>Graduate/professional (33.5%)</td>
</tr>
<tr>
<td>Employment status</td>
<td>Full time (51.1%)</td>
<td>Full time (64.8%)</td>
</tr>
<tr>
<td></td>
<td>Part time (17.6%)</td>
<td>Part time (13.7%)</td>
</tr>
<tr>
<td></td>
<td>Unemployed/looking (9.3%)</td>
<td>Unemployed/looking (4.4%)</td>
</tr>
<tr>
<td></td>
<td>Unemployed by choice (19.8%)</td>
<td>Unemployed by choice (4.9%)</td>
</tr>
</tbody>
</table>
Demographics

- Mean age of adolescents @ T1 = 14.95 years (SD = 1.69)
- 52% female, 48% male

Generational Status
- 55% 1st generation (came to Canada after age 6)
  - Length of residence: $M = 6.30$ years, $SD = 1.98$
- 45% 2nd/1.5 generation
  - 1.5 generation: born in Canada or immigrated before age 6
## Measures

<table>
<thead>
<tr>
<th>Variable</th>
<th>Measure</th>
<th>Sample Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural Acculturation</td>
<td>Expanded + adapted ARSMA-II (Cuellar, Arnold + Maldonado, 1995)</td>
<td>• I enjoy Chinese language TV*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• I enjoy English language TV</td>
</tr>
<tr>
<td>Adolescent Mental Health</td>
<td>Youth Self-Report (Achenbach, 1991)</td>
<td><strong>Internalizing Symptoms:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• I worry a lot (Anxious/Depressed)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• I refuse to talk (Withdrawn/Depressed)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• I feel overtired without good reason(Somatic Complaints)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Externalizing Symptoms:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• I lie or cheat (Rule-Breaking Behaviour)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• I argue a lot (Aggressive Behaviour)</td>
</tr>
</tbody>
</table>

* Each item answered separately for Chinese and Canadian cultures on 5 pt scale (1 = not at all, 3 = Moderately, 5 = Extremely often or almost always)
Model 1A: Canadian Behavioural Acculturation (Fathers + Adolescents)

\[ \chi^2(10) = 20.78, p = .02 \ (CMIN/df = 2.01, CFI = .97, RMSEA = .08, RMSEA CI_{90} = .03 - .13) \]

* \( p < .05 \), ** \( p < .01 \), *** \( p < .001 \)
Model 1B: Canadian Behavioural Acculturation (Mothers + Adolescents)

*\( p < .05, **p < .01, ***p < .001 \)

\( \chi^2(10) = 18.43, p = .05 \) (CMIN/df = 1.84, CFI = .98, RMSEA = .07, RMSEA CI\(_{90}\) = .01 - .12)
Model 2A: Chinese Behavioural Acculturation (Fathers + Adolescents)

\[ \chi^2(10) = 15.65, p = .11 \text{ (CMIN/df = 1.57, CFI = .98, RMSEA = .06, RMSEA CI}_{90} = .00 - .11) \]

\[ *p < .05, **p < .01, ***p < .001 \]
Model 2B: Chinese Behavioural Acculturation (Mothers + Adolescents)

\[ \chi^2(10) = 13.94, p = .18 \text{ (CMIN/df = 1.39, CFI = .99, RMSEA = .05, RMSEA CI}_{90} = .00 - 11) \]

*\( p < .05 \), **\( p < .01 \), ***\( p < .001 \)

Mothers

\[ \text{Adolescent Internalizing Symptoms} \]

Adolescents

\[ \text{Adolescent Externalizing Symptoms} \]

Anxiety/Depression

Withdrawal/Depression

Somatic Complaints

Rule Breaking Behaviour

Aggressive Behaviour

\[ .22^* \]

\[ .16 \]

\[ .06 \]

\[ .23^{**} \]
Summary of Results

- Greater adolescent engagement in Canadian culture related to lower levels of internalizing symptoms
  - Less consistent pattern: greater adolescent engagement in Chinese culture related to higher levels of internalizing symptoms

- Greater maternal engagement in Chinese culture related to higher levels of adolescent externalizing symptoms
  - No relations between fathers’ behavioural acculturation and adolescent mental health
Discussion

- Greater adolescent engagement in Canadian culture related to fewer internalizing symptoms
  - Competence within new culture = better social relations with peers, less loneliness → Lower levels of depressive, anxiety, + somatic symptoms

- Link between engagement in Chinese culture + higher levels of internalizing symptoms highlights complexity of acculturation process
  - Literature supports heritage culture engagement as protective factor (particularly ethnic identity)
  - Integrated acculturation style (engagement in both heritage + new culture) predicts best mental health outcomes

(Berry, 1997)
### Adolescent Internalizing Symptoms

<table>
<thead>
<tr>
<th></th>
<th>Anxious/Depressed</th>
<th>Depressed/Withdrawn</th>
<th>Somatic Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents’ engagement in Canadian culture</td>
<td>-.31***</td>
<td>-.39***</td>
<td>-.21**</td>
</tr>
<tr>
<td>Adolescents’ engagement in Chinese culture</td>
<td>.17*</td>
<td>.07</td>
<td>.12</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01, ***p < .001
Absence of relation between adolescent engagement in Canadian culture + externalizing symptoms

- Healthy immigrant effect not seen in this context
- Low overall endorsement of adolescent substance use

Maternal engagement in Chinese culture related to higher levels of externalizing symptoms

- Consider parenting roles of mothers vs. fathers
- Might higher levels of adolescent externalizing symptoms influence mothers to seek out parenting support from Chinese sources?
Next Steps

- Longitudinal data analysis needed to untangle bidirectional effects

- Mechanisms linking maternal acculturation + adolescent mental health
  - Parenting practices as proximal indicator of broader acculturation processes

- What factors might interact with acculturation to influence mental health?
  - Context: SES, community support, discrimination
  - Individual: Interaction of Chinese + Canadian cultural engagement
Clinical Implications

- Working with immigrant families with adolescents in community mental health settings
  - Assisting parents in supporting adolescents as they navigate different cultures at home + at school
  - Engaging adolescents + families in treatment
  - Program development
Thank you!

- To the families who participated in the study
- To the research assistants
- To SSHRC for funding our IFS research
- Catherine L. Costigan, Lead Investigator


