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Intergenerational discrepancies of parental control among Chinese American families: Links to family conflict and adolescent depressive symptoms

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Abstract

This study investigated how discrepancies between adolescents' and parents' endorsement of parental control contribute to adolescent depressive symptoms. Family conflict was hypothesized to mediate the link between parent–adolescent discrepancies and depressive symptoms. The sample consisted of 166 pairs of Chinese American adolescents and their parents. The results indicated that, as predicted, greater discrepancies between adolescents and their parents on parental control related to greater adolescent depressive symptoms. Furthermore, adolescent's perceived degree of family conflict partially mediated this relation. Both parents and adolescents are changing and adapting to their cultural contexts; some in synchrony and some not. Identifying areas where parents and adolescents diverge concerning values, behaviors, and beliefs, is an important avenue to understanding Chinese American adolescents' mental health.

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Keywords: Chinese American adolescents; Intergenerational discrepancies; Parental control; Family conflict; Depressive symptoms

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Introduction

Adolescents of immigrant families have unique difficulties not shared by adolescents of non-immigrant families, in part because the changes of adolescence are embedded within the context of acculturation. For instance, one of the normative tasks of adolescence involves developing a set of personal values, beliefs and behaviors. Because adolescents from immigrant families tend to acquire the values and behaviors of the new culture at a faster rate than their parents (Kao, 1999; Nguyen & Williams, 1989), intergenerational discrepancies in values and behaviors (dissonant acculturation) may result (Portes & Rumbaut, 2001). Importantly, greater discrepancy is related to poorer adolescent adjustment in terms of lower self-esteem and academic performance (Portes & Rumbaut, 2001; Zhou, 1997).

The aspect of adjustment we focus on in our study is depressive symptoms. Several studies have indicated that depression is among the most important mental health concerns for Asian American youth. For instance, The National Center for Health Statistics (1994) indicated that Asian American adolescent girls had the highest rates of depressive symptoms of all ethnic groups among females between 15 and 24 years of age. The Commonwealth Fund Survey (1997) of adolescent girls' health showed that 30% of Asian American girls in grade 5 through 12 reported depressive symptoms compared to non-Hispanic White (22%), African American (17%), and Hispanic (27%). Finally, compared to European American youth, Asian American youth reported more depressive symptoms and higher levels of psychological distress (Greenberger & Chen, 1996; Portes & Rumbaut, 2001; Ying, 1998). Clearly, attention to this population is needed to understand factors contributing to their psychological well-being. The acculturation literature has focused on intergenerational discrepancies as one important factor to understand well-being.

Intergenerational discrepancies may be expressed in various family issues sensitive to the acculturation process, such as family obligations and autonomy expectations. For example, discrepancies concerning family obligations increased with time in the US among Armenian and Vietnamese (but not Mexican) adolescents (Phinney, Ong, & Madden, 2000). More specifically, Armenian and Vietnamese parents endorsed higher levels of family obligations than their adolescents, and this difference widened over time. Furthermore, and perhaps more importantly, intergenerational discrepancies in family obligations were associated with lower levels of life satisfaction for Vietnamese adolescents in the US (Phinney & Ong, 2002) and Turkish and Vietnamese adolescents in Europe (Sam & Virta, 2003). In other words, adolescents who experienced greater discrepancies with their parents reported lower life satisfaction. Finally, greater intergenerational discrepancies concerning autonomy expectations were associated with more depressive symptoms, lower self-esteem, and poorer relationships with parents among Asian American late adolescents (Juang, Lerner, von Eye, & McKinney, 1999). Taken together, these findings suggest that identifying intergenerational discrepancies in areas related to the normative tasks of adolescence is useful to understanding adolescent well-being. To this end, the present study examined whether parent–adolescent discrepancies in another family variable—parental control—contributed to Chinese American adolescents' depressive symptoms.

Parental control is a critical and much studied dimension of parenting (Baumrind, 1971). We focused on parental control because it is a dimension of parenting that has very different meanings in Chinese versus European American culture. For Chinese families, the emphasis on filial piety means that obedience and deference to parents is highly encouraged (Bond & Hwang,

1986). As such, parental control is seen as a very positive and caring aspect of parenting (Chao, 1994). For mainstream European American families, however, parental control is seen as a negative, or even hostile, aspect of parenting (Rohner & Pettengill, 1985). Chinese adolescents in the US, then, are confronted with mainstream culture's notion of parental control as negative on the one hand and their family's notions of parental control as positive on the other. If, as acculturation researchers predict, adolescents adapt to the larger society's values faster than their parents (Portes & Rumbaut, 2001), this dissonance in beliefs concerning appropriate levels of parental control may be problematic for adolescents. Accordingly, the first objective of the current study was to examine the link between discrepancies in parents' and adolescents' endorsement of parental control and adolescent depressive symptoms. We hypothesized that greater discrepancies would be associated with greater adolescent depressive symptoms.

Intergenerational discrepancies in parental control, however, may not be *directly* linked to adolescent depressive symptoms. Although not explicitly tested in their studies, several researchers suggested that family conflict could explain the association between parent–adolescent discrepancies and adolescent well-being (Crane, Ngai, Larsen, & Hafen Jr., 2005; Phinney & Ong, 2002). For instance, Phinney and Ong (2002) argued that when adolescents reject the cultural values that are important to their parents (i.e., experience discrepancies), this should lead to greater parent–adolescent disagreements, leading to poorer well-being. Sociologists have also reported that in the process of acculturation, greater parent–adolescent acculturation discrepancies lead to greater conflict in the family. These conflicts place adolescents at risk for more negative adjustment (Portes & Rumbaut, 2001). However, a recent study reported that greater parent–adolescent discrepancies in acculturation were not related to greater family conflict among Mexican American families (Lau et al., 2005). Lau and her colleagues argue that the consequences for discrepancies between parents and adolescents may be somewhat overstated. To contribute to the debate, the second objective of the current study was to investigate whether family conflict indeed mediated the relation between discrepancies in parental control and adolescent depressive symptoms. We hypothesized that greater discrepancies would predict greater family conflict, and this, in turn, would predict greater adolescent depressive symptoms.

Method

Participants

The participants were 166 pairs of 9th and 10th grade Chinese American adolescents and their parents, recruited from two high schools in northern California. The adolescents' mean age was 14.82 years ($SD = .72$; range = 13–17; 60% female). The majority (61%) were second generation (i.e., born in the US with parents who immigrated), 31% were first generation (i.e., born outside the US and immigrated with their parents), and the remaining 7% were third or later generation (i.e., both adolescent and parent born in the US). The average length of stay in the US for first-generation adolescents was 5.65 years ($SD = 3.80$; range = 1–15). Finally, a majority of adolescents (88%) grew up with both parents.

Mostly mothers (70%) filled out the parent questionnaire. The parents' mean age was 45.81 years ($SD = 4.67$; range = 34–59). A majority (84%) were first generation, 10% were second

generation, and the remaining 2% were third or later generation. The average length of stay in the US for first-generation parents was 17.11 years ($SD = 9.54$; range = 1–43). Parent education was measured on a 6-point scale ranging from 1 = “elementary school or less”, 2 = “middle school”, 3 = “some high school”, 4 = “high school”, 5 = “some college” to 6 = “college graduate or more.” The average level of parent education was 3.91 ($SD = 1.42$), which approximately corresponds to a high school education. Mother’s and father’s education were highly correlated ($r = .64$, $p < .001$), therefore, the two values were averaged together to form a single parent education variable.

Procedure

Adolescents who obtained a signed guardian/parent consent form and signed an assent form were invited to participate. The survey was completed during classroom hours or after school. Surveys were offered in English and Chinese. The English version was translated into Chinese by three bilingual adults who were fluent in both English and Chinese. All of the adults were born outside of the US (two in Taiwan and one in Hong Kong) and had subsequently immigrated to the US in adolescence and young adulthood. Translators were chosen who were of differing generations (one translator was over 60 years old, the other two between 25–30 years old) and who were familiar with both Mandarin and Cantonese to account for variations in the Chinese language due to cohort and geographical differences.

A majority of adolescents (86%) completed the surveys in English and the rest in Chinese. Parent surveys were given to participating adolescents to take home. A majority of parents (68%) completed surveys in Chinese and the rest in English. The parents mailed back their completed surveys. Parents and adolescents were compensated \$15 each for participating.

Measures

Demographic information: Both adolescents and parents provided information on their age, sex, country of birth, generational status, family structure, and parental education level.

Child Rearing Practices Report—Parental Control (CRPR; Block, 1986): This 7-item subscale measured parents’ attitudes and values concerning appropriate levels of control with their children. A sample item is “Children should not be allowed to question parents.” If the wording of the original item used the first person for parents (e.g., “I have strict, well-established rules for my child”), these items were modified in order to obtain adolescents’ endorsement of parental control behaviors (e.g., “My mother/father should have strict, well-established rules for me”). The response scale ranged from (1) = strongly disagree to (5) = strongly agree. One of the items showing poor item-total correlation was dropped to improve the internal consistency of the measure for both parent and adolescent reports. Mean scores were calculated for the 6-item scale for parents and adolescents, with higher scores indicating greater parental control. The CRPR has demonstrated validity for Chinese populations in the US (Lin & Fu, 1990). Cronbach’s α in the current study was .62 for parents and .71 for adolescents, similar to other studies with Chinese parents (McHale, Rao, & Krasnow, 2000). The discrepancy scores between adolescent and parent scores on parental control were calculated by subtracting the parent’s scores from the adolescent’s score as in previous studies (Phinney & Ong, 2002; Phinney et al., 2000).

Center for Epidemiological Studies—Depression (CES-D; Radloff, 1977). This 20-item scale measured depressive symptoms. Using a scale ranging from (1) = rarely to (4) = most of the time, adolescents indicated how often they felt or behaved during the past week. They responded to items such as: “I was bothered by things that usually don’t bother me”. Positively worded items were reverse-coded and mean scores calculated so that a higher score indicated higher levels of depressive symptoms. This scale demonstrated adequate reliability with Chinese American populations (Ying, 1995). Cronbach’s α was .84 in the present sample.

Asian American Family Conflicts Scale—Likelihood (FCS; Lee, Choe, Kim, & Ngo, 2000). This 10-item scale measured the likelihood of family conflict typical in Asian American families. Using a scale ranging from (1) = almost never to (5) = almost always, adolescents responded to items such as “You want to state your opinion, but your parents consider it disrespectful to talk back.” Mean scores were calculated so that higher scores indicated a greater likelihood of conflict. This scale demonstrated good reliability and validity with Asian American (including Chinese) emerging adults. Cronbach’s α was .84 in the present sample.

Results

First, we examined the relationship between adolescents’ and parents’ endorsement of parental control and the demographic variables. Adolescents’ and parents’ endorsements of parental control did not significantly differ by the adolescent’s sex, nor was related to the adolescent’s age. The first-generation adolescents reported greater endorsement of parental control ($M = 2.91$, $SD = .69$) than second and later generation adolescents ($M = 2.56$, $SD = .61$; $t(164) = 3.34$, $p = .001$). For parents, however, generational status did not relate to parental control. For both first-generation adolescents and parents, the length of stay in the US was not correlated with parental control. However, parental education was negatively correlated with parental control ($r = -.31$, $p < .001$). In other words, the more educated parents were, the less they endorsed parental control.

The results of a paired-samples t -test indicated that overall, parents ($M = 3.28$, $SD = .53$) endorsed higher levels of parental control compared to their adolescents ($M = 2.68$, $SD = .66$; $t(165) = -9.40$, $p < .001$). However, the distribution of discrepancy scores between adolescents and parents indicated that there was much individual variation. Accordingly, we separated the respondents into two groups: (a) adolescents who reported less or equal endorsement of parent control beliefs than their parents ($n = 134$), and (b) adolescent who reported greater endorsement of parental control beliefs than their parents ($n = 32$). The former group will serve as the primary focus of our analyses, whereas analyses conducted on the latter group should be regarded as exploratory, due in part to sample size limitations. Results from t -tests indicated no significant differences in parent–adolescent discrepancy in parental control by the adolescent’s sex or generational status for either group. Furthermore, adolescents’ age was not significantly correlated with degree of discrepancy for either group. The descriptive statistics (means and standard deviations) of all the study variables for both groups are summarized in Table 1.

Following the procedure outlined by Baron and Kenny (1986), a series of hierarchical multiple regressions were conducted to test whether family conflict mediated the association between parental control discrepancy and adolescents’ depressive symptoms. The results of the following

Table 1
Descriptive statistics for all study variables separated by group

	Parent \geq adolescent		Parent < adolescent		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Adolescent endorsement of parental control	2.51	.57	3.36	.56	-7.68***
Parent endorsement of parental control	3.39	.47	2.81	.50	6.14***
Adolescent–parent discrepancy	-.88	.65	.55	.34	-12.07***
Adolescent family conflict	2.80	.92	2.68	.90	.67
Adolescent depressive symptoms	1.65	.39	1.75	.41	-1.26

Note: Parent \geq adolescent corresponds to the adolescents who reported less or equal endorsement of parent control beliefs than their parents ($n = 134$). Parent < adolescent corresponds to the adolescents who reported greater endorsement of parental control beliefs than their parents ($n = 32$).

*** $p < .001$.

Table 2
Partial correlations controlling for age, sex, generational status, and parent education for all study variables separated by group

	1.	2.	3.	4.	5.
1. Adolescent endorsement of parental control	—	.77***	.50**	-.14	.14
2. Parent endorsement of parental control	.23**	—	-.16	-.05	.33
3. Adolescent–parent discrepancy	-.73***	.51***	—	-.16	-.24
4. Adolescent family conflict	-.37***	-.03	.30***	—	.45**
5. Adolescent depressive symptoms	-.28**	.07	.30***	.41***	—

Note: Values below the diagonal are for the adolescents who reported less or equal endorsement of parent control beliefs than their parents ($n = 134$), and values above the diagonal are for the adolescents who reported greater endorsement of parental control beliefs than their parents ($n = 32$).

analyses are based only on the group of adolescents who reported lower or equal parental control beliefs compared to their parents ($n = 134$). Adolescent's age, sex, generational status, and parent education were used as covariates in all analyses (see Table 2 for a partial correlation matrix of the study variables controlling for the aforementioned variables). First, depressive symptoms were regressed on parental control discrepancy to establish that there was an association to be mediated. A significant relation was detected ($\beta = .29$, $p = .001$). In addition, the block of covariates was significant ($R^2 = .08$, $p = .05$), which was driven by the significant relation between age and depressive symptoms ($\beta = .26$, $p = .005$). Second, family conflict (the mediator) was regressed onto parental control discrepancy to establish an association between the independent variable and the mediator, which was indeed the case ($\beta = .30$, $p = .001$). In this step, however, the block of covariates was not significant ($R^2 = .05$, $p = .17$). Finally, when both family conflict and parental control discrepancy were entered into the regression model, the results revealed a significant positive relation between family conflict and adolescent's depressive symptoms, ($\beta = .35$, $p < .001$). Furthermore, the relation between parental control discrepancy and

Table 3
Hierarchical multiple regression predicting adolescent's family conflict and depressive symptoms

	Family conflict			Depression		
	<i>B</i>	β	ΔR^2	<i>B</i>	β	ΔR^2
Step 1 (covariates)						
Adolescent's age	.10	.08		.14	.26**	
Adolescent's sex ^a	-.39	-.21*		.03	.04	
Adolescent's generational status ^b	.05	.03		.14	.16	
Parent's education	-.08	-.11		.02	.08	
Step 2			.09***			.08***
Covariates						
Parent-adolescent discrepancy	.43	.30***		.18	.29***	
Step 3						.10***
Covariates						
Parent-adolescent discrepancy				.11	.19*	
Adolescent's perception of family conflict				.15	.35***	

Note: Final $R^2 = .14$ for family conflict and final $R^2 = .26$ for depression.

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

^aSex was coded with (1) = male, (2) = female.

^bGenerational status was dichotomized and coded (1) = first generation and (2) = second and later generation.

adolescent depressive symptoms attenuated ($\beta = .19$, $p = .03$), suggesting that family conflict partially mediated the association as hypothesized (Table 3). Partial mediation was further confirmed by Sobel's test of mediation (MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002; Sobel, 1982), $z = 2.68$, $p = .007$.

The same procedure was followed to test whether family conflict mediated the association between parental control discrepancy and adolescents' depressive symptoms for the group of adolescents who reported greater parental control beliefs than their parents ($n = 32$). First, depressive symptoms were regressed on parental control discrepancy. This result was not significant ($\beta = -.22$, $p = .22$), indicating that there was no association to mediate. We recognize, however, that the small sample size severely limits the power to detect a significant relation. Nonetheless, it is important to note that family conflict was associated with adolescent depressive symptoms in this smaller sample, even though discrepant parental control beliefs were not (Table 2).

Discussion

It is important to consider the acculturation experiences of both the adolescent and parent to understand where their notions of parenting (such as appropriate levels of parental control) may diverge. We found, as predicted, that greater parent-adolescent discrepancies concerning parental control related to higher adolescent depressive symptoms and, furthermore, that family conflict

partially mediated this relation. The findings contribute to the existing literature by identifying a mechanism (family conflict) through which intergenerational discrepancies is linked to poorer mental health among Chinese American adolescents.

We focused on depressive symptoms because it has been identified as one of the most important mental health concerns for Asian American adolescents (Commonwealth Fund Survey, 1997; National Center for Health Statistics, 1994). In our sample, however, we found very low scores on depressive symptoms. The mean age of our sample was 14.82 years, thus, perhaps our low levels of depressive symptoms could be due to our younger sample. It has been argued that depressive symptoms may be of concern for Asian American late adolescents in particular. For instance, Greenberger and Chen (1996) found that Asian Americans reported higher scores on depressed mood than European Americans, but only during late and not early adolescence. The authors argue that family conflicts over normative developmental issues (such as autonomy) that contribute to depressive mood may not arise until later adolescence for Asian Americans. Alternatively, most studies of Asian Americans and depression have not separated the different Asian groups. Although the groups share similarities (e.g., collectivistic orientation, centrality of the family), they are diverse in many ways (e.g., languages, customs, and histories) (Uba, 1994). A more nuanced view of depressive symptoms among various Asian groups reveals that Chinese adolescents may be at lower risk compared to others. For instance, Portes and Rumbaut's (2001) large-scale study of second-generation immigrants found that Chinese adolescents reported lower depressive symptoms compared to Filipino adolescents. Thus, finding low depressive symptom scores in our sample may be in line with the particular population.

One notable finding was the variation in parent–adolescent discrepancies. We often assume that parents are acculturating at a slower rate than their adolescents, and therefore embody more traditional cultural ideals. However, this is not always the case. In our study there were some parents who were less traditional (endorsed less parental control) than their adolescent, and some adolescents who were more traditional (endorsed more parental control) than their parents. These findings suggest that the rates of acculturation may be more variable within families than we commonly assume. One implication for finding such variability is for practitioners to recognize the complexity in parent–adolescent acculturation patterns and discrepancies. In working with immigrant families it will be important to assess the specific nature of discrepancies that can lead to poorer adolescent well-being. Perhaps adolescents who are more traditional than their parents (and thus in the minority) experience different challenges compared to adolescents who are just as or less traditional than their parents (and thus in the majority). Attention to such variations will provide a richer, more accurate picture of how family members are adapting to the new culture in relation to one another.

Importantly, we also found that greater parent–adolescent discrepancies concerning parental control predicted greater depressive symptoms among adolescents. This finding supports previous studies also showing that intergenerational discrepancies are linked to poorer adolescent well-being (Crane et al., 2005; Juang et al., 1999; Phinney & Ong, 2002; Sam & Virta, 2003). Having discrepant views from parents on a variety of acculturation issues (e.g., family obligations) may be normative for all adolescents, not just those from Chinese immigrant families. However, because Chinese culture greatly emphasizes respect for parents and family harmony (Fulgini, Tseng, & Lam, 1999), these differences may be less acceptable and more disturbing to Chinese American adolescents, especially if these differences erupt into family conflict.

Intergenerational discrepancies are often cited as being problematic to an adolescent's psychological health, yet few studies have identified mechanisms to explain this relation. We found that perceived family conflict is one such mechanism. Discrepancies concerning parental control are not problematic in and of themselves, but rather because they lead to conflict within the family. Notably, family conflict may have particularly dire consequences for adolescents of Chinese background. Indeed, one study found that parent–adolescent conflicts were more highly correlated with problem behavior (e.g., antisocial behavior, cigarette smoking, alcohol use, school misconduct) among Chinese American adolescents compared to European American adolescents (Chen, Greenberger, Lester, Dong, & Guo, 1998). Similarly, another study found that family conflict was more strongly associated with depression for Chinese adolescents compared to US adolescents (Greenberger, Chen, Tally, & Dong, 2000). Future studies should examine how conflict occurs vis-à-vis parent–adolescent discrepancies. For instance, why do some families manage to avoid conflict even though the parents and adolescents do not share similar views on important family issues? Perhaps individual characteristics of adolescents, such as coping abilities or resources (e.g., social support), mitigate the negative influence of discrepancies on adolescent outcomes.

Our discussion has focused on the group of adolescents who scored equal to or less than their parents in terms of endorsement of parental control. We have assumed that the other group (adolescents who endorse more control than their parents) may be qualitatively different, thus we separated them in our analyses. Because of the severe limitation in the sample size of the second group, we did not find a mediated relationship that would support our hypotheses. Nonetheless, it would be interesting to study this group in greater detail in the future to find out why these adolescents maintained more traditional Chinese values than their parents. For instance, did these adolescents feel the need to maintain their Chineseness because they saw their parents losing too much of their culture? In her study of Chinese Americans, Ting-Toomey (1981) found that the first generation were more likely to identify themselves with Chinese cultural values while the second and third generation were more likely to identify themselves with both American and Chinese values. However, *two-thirds* of the fourth generation identified with Chinese values and one-third with American. Ting-Toomey suggested that as the later generation realized they had lost a great deal of their cultural heritage, they began to reach back to their cultural roots to regain what was lost. It could be that adolescents in our sample who endorsed more Chinese cultural values than their parents felt the need to maintain their culture in the context of a less Chinese-oriented family. We do not have the data to examine this in such detail but future research could explore these possibilities.

Several limitations to the study should be noted. First, most of our parent data came from mothers, thus, we cannot reliably generalize our findings to both parents. Future research should include fathers, who are an understudied population in the parenting literature, especially immigrant fathers (Parke, Vega, Cookston, Perez, & Coltrane, *in press*). Second, only survey data was used. Future research could include other methodologies such as in-depth interviews. Doing so will offer more insight into the actual processes of how discrepancies in beliefs with parents lead to family conflict, and where the link is located (i.e., regarding strictness at home, restrictions of social involvement, etc.). Lastly, the adolescent's experience of aligning (or not aligning) with his or her parents' views concerning parental control may depend on how well the adolescent's values align with those of the surrounding contexts, such as the neighborhood or broader ethnic

community. This study was conducted in a very diverse urban setting with a high concentration of Chinese and other Asian American populations. Consequently, this context may provide more social support for adolescents in dealing with cultural issues than locations with fewer Asian American populations. Future research should draw samples from communities that vary by cultural support to test whether context moderates the relation between discrepancies and psychological outcomes. It is conceivable that discrepancies experienced by Chinese adolescents from other contexts with few Chinese (or Asians) would be even more problematic.

In sum, this study yielded insights into the relations among parent–adolescent discrepancies in parental control, family conflict, and adolescent depressive symptoms in Chinese American families. Both parents and adolescents are changing and adapting to their cultural contexts; some in synchrony with each other and some not. While typically adolescents are acculturating faster than their parents, in some cases the opposite is true. Identifying diverging areas of values, behaviors, and beliefs is an important avenue to understanding Chinese American adolescents' mental health.

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