

©Copyright 2013

Gloria Youngju Nam



Associated Factors with Depressive Symptoms and Substance Use  
Among Korean American Adolescents

Gloria Youngju Nam

A dissertation  
submitted in partial fulfillment of the  
requirements for the degree of

Doctor of Philosophy

University of Washington  
2013

Reading Committee:  
Eunjung Kim, Chair  
Elaine Thompson  
Elaine Walsh

Program Authorized to Offer Degree:  
School of Nursing

University of Washington

**Abstract**

Associated Factors with Depressive Symptoms and Substance Use  
Among Korean American Adolescents

Gloria Youngju Nam

Chair of the Supervisory Committee:  
Associate Professor Eunjung Kim, Ph.D.  
Department of Family and Child Nursing, School of Nursing

The purpose of this dissertation study was to examine the relationships among perceived parental warmth, intergenerational family conflict, and racial discrimination distress, and how they are associated with depressive symptoms and substance use in Korean American adolescents. The specific aims were to (a) test the hypothesized model predicting the effects of perceived parental warmth on depressive symptoms among Korean American adolescents, as mediated by intergenerational family conflict; (b) examine relationships between racial discrimination distress and substance use among Korean American adolescents, potentially moderated by perceived parental warmth; and (c) explore Korean American adolescents' perception of parental warmth with the use of open-ended questions.

Using convenience and networking sampling methods, 101 Korean American adolescents, ages 14 to 18, were recruited from the Pacific Northwest area. Measurement scales included the Center for Epidemiologic Studies Depression Scale (CESD)-10, the Child Parental Acceptance-Rejection Questionnaire (CPARQ), the Adolescent Discrimination Distress Index (ADDI), and the Asian American Family Conflicts Scale (AAFCS). A substance use index

created by the researcher was also used. Open-ended questions were constructed to assess how Korean American adolescents perceive acceptance and rejection from their parents.

The first paper examines the mediating effects of intergenerational family conflict between perceived parental warmth and depressive symptoms. It reveals that mother-adolescent conflict was significantly mediating between perceived maternal warmth and depressive symptoms among Korean American adolescents in the study. The second paper describes how Korean American adolescents perceive racial discrimination distress and their patterns of substance use, followed by an examination of the moderating effect of perceived parental warmth between two variables. The outcome demonstrated an association between perceived racial discrimination distress and substance use, but perceived parental warmth did not moderate between two variables. The third paper uses content analysis to present the main themes of when and how the adolescents felt loved or not loved by their parents. It also examines the similarities and differences between the answers of open-ended data and survey data. The results showed that the Korean American adolescents perceived parental acceptance through verbal affirmation, acts of service and/or sacrifice, time spent together, physical contact, gift-giving, and parental prayer. Parental rejection was perceived when participants experienced verbal hostility, neglect, uncaring behavior, physical punishment, and argument engagement. These findings suggest that health care professionals and counselors should screen for depressive symptoms and substance use in Korean American adolescents. This dissertation study will contribute to developing culturally and developmentally appropriate interventions for Korean American adolescents and their parents.

*Keywords:* depressive symptoms, intergenerational family conflict, Korean American adolescents, parental warmth, racial discrimination distress, substance use

## TABLE OF CONTENTS

List of Figures .....	iii
List of Tables .....	iv
Chapter I: Introduction.....	1
Chapter II: Literature Review .....	7
Living in Dual Cultures .....	7
Korean culture.....	7
American culture.....	9
Depressive Symptoms.....	11
Adolescent Substance Use .....	12
Intergenerational Family Conflict.....	16
Perceived Parental Warmth and Korean Parenting.....	19
Racial Discrimination Distress .....	20
Chapter III: Mediating Effect of Intergenerational Family Conflict Between Perceived Parental Affection and Depressive Symptoms Among Korean American Adolescents .....	26
Abstract .....	27
Introduction.....	28
Theoretical Framework.....	28
Method .....	33
Findings.....	38
Discussion.....	40
Conclusion .....	42
Chapter IV: Racial Discrimination Distress and Substance Use Among Korean American Adolescents: Potential Moderating Effects of Perceived Parental Affection .....	48
Abstract .....	49
Introduction.....	50
Conceptual Framework.....	52
Method .....	54
Findings.....	58
Discussion.....	60
Conclusion .....	63
Chapter V: Understanding of Korean American Adolescents' Perception of Parental Warmth .....	69
Abstract .....	70
Introduction.....	71
Conceptual Framework.....	73
Method .....	74
Findings.....	78
Discussion.....	84

Conclusion .....	88
Chapter VI: Summary and Conclusion .....	93
References .....	96
Appendices	
Appendix 1. Demographic Information .....	113
Appendix 2. Center for Epidemiologic Studies Depression Scale (CESD)-10 .....	115
Appendix 3. Substance Use Index .....	116
Appendix 4. Child Parental Acceptance-Rejection Questionnaire (CPARQ) .....	118
Appendix 5. Adolescent Discrimination Distress Index (ADDI) .....	119
Appendix 6. Asian American Family Conflicts Scale (AAFCS) .....	120
Appendix 7. Open-Ended Questions.....	121
Appendix 8. Screening Questions.....	123
Appendix 9. Assent/Consent Information Statement.....	124
Appendix 10. Flyer .....	126
Appendix 11. Correlations Between Demographic Variables and Dependent Variables .....	128

## List of Figures

Figure 3-1. Mediating Model.....	46
Figure 3-2. Mediating Effects of Intergenerational Family Conflict Between Perceived Parental Warmth and Depressive Symptoms.....	47

## List of Tables

Table 3-1. Demographic Information .....	44
Table 3-2. Correlation, Means, Standard Deviation for the Study Variables .....	45
Table 4-1. Perceived Racial Discrimination Distress Among Korean American Adolescents ....	65
Table 4-2. Patterns of Substance Use .....	66
Table 4-3. Logistic Regression Testing the Moderating Effects of Maternal Warmth on the Association Between Perceived Racial Discrimination and Substance Use Among Korean American Adolescents .....	67
Table 4-4. Logistic Regression Testing the Moderating Effects of Paternal Warmth on the Association Between Perceived Racial Discrimination and Substance Use Among Korean American Adolescents .....	68
Table 5-1. Correlations Matrix for Single Item Ratings and CPARQ Measures of Parental Acceptance and Rejection.....	89
Table 5-2. Means and Standard Deviation of Single Item Ratings Scores and CPARQ Subscale Scores .....	90
Table 5-3. Comparison Between Qualitative and Quantitative Data (Mother) .....	91
Table 5-4. Comparison Between Qualitative and Quantitative Data (Father).....	92

## ACKNOWLEDGEMENTS

I would like to thank God first. I started my program because of Him and was able to finish my studies because of Him. My special gratitude goes to my dissertation chair, Dr. Eunjung Kim. She has been such a great mentor and advisor throughout my studies. Even with limited time in her busy schedule, she remained available any time I needed her assistance and wisdom. I would also like to thank the other committee members: Dr. Elaine Thompson, Dr. Elaine Walsh, and Dr. Nancy Kenney. Without their expertise and support, I would not have been able to complete my course of study.

I would like to thank my family. First and foremost, I would like to thank to my parents. Although my father passed away six years ago, I still thank him for the many sacrifices he made during his life and for passing along so many of his fine traits. My mother has lived a very difficult life, and I will never fully understand her sorrow and tears from the loss of her loving husband and three of her children. However, she has always been strong and never gave up hope. Without her, I would not have been able to accomplish my goals. Finally, I would like to thank my sister, who made sure I had healthy lunches and a clean home so I could focus on my schoolwork and not worry about the chores of daily life.

Special thanks must be given to Mr. Jack Meeker and Mrs. Okhui Meeker. Mrs. Meeker has been my spiritual mentor, praying for me and encouraging me when I have been low. Mr. Meeker allowed me to work with our church's youth group and helped me with coursework essays. I would like to thank the prayer team at my church, my bosses, Dr. Young H. Lee and Mrs. Misun Lee, and the staff at my workplace. Finally, I would like to thank the many people involved with my study, especially those Korean American adolescents who willingly participated in the online surveys.

## Chapter I

### Introduction

Adolescence is defined as “the period of physical and psychological development from the onset of puberty to adulthood” (“Adolescence,” n.d.). The word *adolescence* is from the Latin word *adolescere*, which means “to grow up into maturity” (Lerner & Steinberg, 2009). The transition from the immature childhood into the mature adulthood occurs in every society, but there is no simple way to define the beginning and end of adolescence (Steinberg, 2011). In this study, the target adolescents are between the ages of 14 and 18 years.

The purpose of this dissertation study was to examine the relationships among perceived parental warmth, intergenerational family conflict, and racial discrimination distress on depressive symptoms and substance use among Korean American adolescents.

The specific study aims were as follows:

1. Test the hypothesized model predicting the effects of perceived parental warmth on depressive symptoms among Korean American adolescents, as mediated by intergenerational family conflict.
2. Examine relations between racial discrimination distress and substance use among Korean American adolescents, potentially moderated by perceived parental warmth.
3. Explore Korean American adolescents’ perception of parental warmth using open-ended questions.

The primary task of adolescents is to become healthy and responsible members of society. In order to achieve this goal, adolescents face and overcome multiple challenges. At times during this period of change, they may experience mental health crises, such as depression

and anxiety, and may become involved in substance use, an involvement which often continues into adulthood.

Depressive symptoms are defined as conditions that include multiple symptoms with emotional, cognitive, motivational, and physical components, such as decreased pleasure in typical activities; low self-esteem; feelings of sadness, hopelessness, and/or boredom; poor appetite, low energy or listlessness; and sleep disturbances (Steinberg, 2011). Developmentally, adolescents are more likely to try risk-taking behaviors in their efforts to explore adult life, to challenge themselves, to defeat developmental difficulties, and to obtain peer affiliation (Spear, 2010). Adolescent substance use (alcohol, tobacco, illicit drugs) has always been a great concern in our society. Adolescents tend to binge in substance use because of their lack of insight of negative outcomes. Early adolescents who use substances tend to develop substance dependency in adulthood (Spear, 2010). Substance use is also generally associated with dropping out of school, mental and physical problems, and violence (Shih, Miles, Tucker, Zhou, & D'Amico, 2010; Wallace & Fisher, 2007; L. Wu, Woody, Yang, Pan, & Blazer, 2011). In particular, early initiation of substance use may result in long term adverse effects on psychosocial functioning and brain development (L. Wu et al., 2011).

Depressive symptoms and substance use among Korean American adolescents are of great concern to healthcare professionals and adults in the Korean communities (Otsuki, 2003). Korean American adolescents have to deal with physical, emotional, social, psychological, and relational changes within the different cultural settings of traditional Korean culture and American culture, which may result in increased depressive symptoms and substance use. However, because of a strong cultural stigma toward depressive symptoms and substance use, Korean American adolescents hesitate to share their depressive symptoms or substance use with

their parents (Kwon-Ahn, 2001; Shin 2002). In addition, Korean Americans are viewed as a *model minority*, meaning that they (like other Asian Americans) are considered to be well-adjusted within American society and to be able to deal well with cultural conflicts and discrimination (Liang, Li, & Kim, 2004). The myth of the model minority is that Asian Americans immigrated voluntarily for political and economic reasons and accepted that overcoming language barriers and cultural conflicts was necessary to succeed (Rosenbloom & Way, 2011). However, Korean American adolescents may experience problems with depressive symptoms and substance use even though they do not speak out. Health care professionals and counselors need to acknowledge the unique circumstances faced by Korean American adolescents, including what factors may influence their depressive symptoms and substance use.

Perceived parental warmth is defined as an adolescent's perception of their parents' love (Rohner, Khaleque, & Cournoyer, 2005). The concept has attracted the attention of researchers because it has been associated with the psychosocial, emotional, and mental health of adolescents around the world. Without adequate parental nurturance and affection, adolescents may not develop self-confidence or the ability to maintain supportive relationships with others (Betts, Gullone, & Allen, 2009). In addition, they may experience a high level of intergenerational family conflict, which is defined as disagreement between parents and their adolescent children. Intergenerational family conflict commonly occurs in early adolescence and resolves in late adolescence or young adulthood (Steinberg, 2011), but it increases during late adolescence and young adulthood among Asian Americans (Lee, Su, & Yoshida, 2005). Korean American adolescents also have reported experiencing a high level of intergenerational family conflict due to cultural differences between Korean traditional culture and American culture (Chung, 2001; Kim, Yang, Atkinson, Wolfe, & Hong, 2001). Due to the history of

discrimination against Asian Americans in the U. S. (Gee, Ro, Shariff-Marco, & Chae, 2009), Korean American adolescents may also experience racial discrimination, defined as unfair treatment toward a minority group of people due to their ethnic or racial background (Chou, Asnaani, & Hofmann, 2011).

As many adolescents may experience depressive symptoms and engage in substance use, so to might Korean American adolescents. However, the prevalence of the model minority myth effectively ignores the possibility of depressive symptoms or substance use among Korean American adolescents. In addition, the differences between Korean traditional culture and American culture may add to Korean American adolescents' struggles. Korean traditional culture is collectivistic in nature with a strong influence of Confucianism emphasizing interpersonal relationships and self-control (Kim, 1996; Pyke, 2000). Conversely, American culture focuses on autonomy, independence, and self-expression (Triandis, 2001).

Current research associates perceived parental warmth, intergenerational family conflict, and racial discrimination distress with depressive symptoms and substance use among Asian American adolescents (Fang, Barnes-Ceeney, Lee, & Tao, 2011a; Grossman & Liang, 2008; Guilamo-Ramos et al., 2004; Hale, Van Der Valk, Engels, & Meeus, 2005; Juang & Cookston, 2009; Lee, Choe, Kim, & Ngo, 2000; Rivas-Drake, Hughes, & Way, 2008). Although previous researchers reported that intergenerational family conflict and parental warmth were associated with depressive symptoms among Korean American adolescents (Choi, Stafford, Meininger, Roberts, & Smith, 2002; Kim & Cain, 2008), it is not known if intergenerational family conflict mediates between parental warmth and depressive symptoms in this population. In addition, a few studies reported the prevalence of substance use among Korean American adolescents, but only the consumption of alcohol and the smoking of cigarettes were examined (Cook, Hofstetter,

Kang, Hovell, & Irvin, 2009; Nakashima & Wong, 2000; Unger, Trinidad, Weiss, & Rohrbach, 2004; Weiss, Garbanati, Tanjasiri, Xie, & Palmer, 2006). There have been no published studies to report any prevalence of illicit drug use in Korean American adolescents. Furthermore, there are no published studies indicating how perceived racial discrimination distress may be associated with substance use among Korean American adolescents.

The possibility exists that the effect of perceived parental warmth on depressive symptoms is mediated by intergenerational family conflict for Korean American adolescents; researchers recently found that intergenerational family conflict mediated between parental control and depressive symptoms among Chinese American adolescents (Juang, Syed, & Takagi, 2007). Perceived parental warmth may also serve as a moderator in the relationships between racial discrimination distress and substance use. This is based on the fact that an earlier study found parenting practices to be associated with depressive symptoms, substance use, and delinquency as well as serving as a moderator (Griffin, Botvin, Scheier, Diaz, & Miller, 2000). Gibbons et al. (2010) reported that supportive parenting moderated between discrimination and substance use among children aged 10-12 years.

The population of Korean American immigrants is growing rapidly. The United States (U.S.) Bureau of the Census (2011) reported that Korean immigrants number over 1.4 million in the U. S., ranking them as the fifth largest subgroup among Asian immigrants. This, in turn, means that the numbers of Korean American adolescents are increasing. This study's findings provide a knowledge base of the relationships that exist between perceived parental warmth, intergenerational family conflict, and racial discrimination distress, and the influence of these factors on depressive symptoms and substance use among Korean American adolescents. These

findings are particularly important for developing culturally and developmentally appropriate interventions for Korean American adolescents and their families.

This dissertation contains a review of literature (Chapter II) designed to provide an overview of the differences between traditional Korean culture and American culture, to assess the studies to date that have focused on Korean American adolescents, and to determine where knowledge gaps exist. In addition, three main papers that will be submitted for publications are written as part of the composition of the dissertation. The first paper (Chapter III) examines how perceived parental warmth is associated with depressive symptoms and the mediating effects of intergenerational family conflict between the two variables. The second paper (Chapter IV) describes patterns of substance use and how the Korean American adolescents perceive racial discrimination distress, followed by examination of the moderating effect of perceived parental warmth between two variables. The third paper (Chapter V) presents a content analysis of the qualitative data to draw main themes of when and how the adolescents felt loved or not loved by their parents. It also examines the similarities and differences between the open-ended answers data and survey data. The last section of the dissertation (Chapter IV) concludes all three previous sections and provides future recommendations and implications for nursing science and practice.

## Chapter II

### Literature Review

#### Living in Dual Cultures

Korean American adolescents are caught between Korean and American cultures. Traditional Korean culture is represented as collectivistic and Confucian while American culture focuses on individualism and autonomy. These two cultures are significantly different in many ways, especially in terms of values, assumptions, habits, thoughts, and ideas.

**Korean culture.** Traditional Korean culture is collectivistic and heavily influenced by Confucianism (Park, Rehg, & Lee, 2005; Yang & Rettig, 2003). Confucianism has been a main tradition and guideline over many centuries in Korea (Keum, 2000). It has provided the standards for an individual's moral character, society's moral order, and the moral relations between nations. Its emphasis on education in schools and training at home as the main contributors to self-cultivation is a core concept of Confucianism (Keum, 2000). Additionally, since self-cultivation through learning and its practice is the core concept, being a scholar is considered the highest occupation to which one could strive. Commercial activities and menial work are considered the lowest in the job hierarchy. A university professor is one of the most highly respected occupations in Korea, representing the model of the noble man (Kim, 1996).

Korea is considered the most Confucian country in Asia. The culture emphasizes the blood relations of one's immediate family (Yang & Rettig, 2003), and Confucianism provides a firm order in which family members must interact with one another. Younger members are required to show respect, deference, and obedience to older members. Wives are expected to show the same toward their husbands and parents-in-law (Pyke, 2000).

The Confucian tradition in Korea places a high priority on the values of wisdom and competence. Academic success is viewed as the key to the security for one's future, a measure of competence, and a reflection of the family. The main reason for immigration to the United States among Korean families is to provide their children with a better education (Yang & Rettig, 2003). In addition to Confucianism, Taoism and Buddhism have also influenced Korean society. An acceptance of suffering is considered a natural part of life, and overcoming difficulties and enduring hardships are main guidelines of Taoism and Buddhism. Therefore, the self-control of one's behavior and emotions is considered a visible marker of one's strength and intelligence (Park & Bernstein, 2008).

Korean culture also exhibits collectivistic values (Park et al., 2005). People are expected to make their personal needs and desires fit with the group's goals. People are required to be obedient or sensitive to the group's demands while avoiding the expression of any opinions that may interrupt harmony. They are trained to be loyal, dependable, and cohesive. Confrontation and conflict with others are undesirable. Direct confrontation might be considered as rude or a betrayal (Park et al., 2005).

Under the influence of Confucianism and collectivistic culture, parental authority in Korean culture is absolute and requires unconditional obedience (Yang & Rettig, 2003). In the Korean family, the father is viewed as the breadwinner, leader, and authority figure (Kim, 2008). Trained from birth to suppress their emotions, parents think that love is expressed by providing food, clothing, housing, and education, rather than by displaying physical and verbal signs of affection (Kim & Cain, 2008). Emotional expression is discouraged while self-control is emphasized (Pyke, 2000). Traditionally, Korean parents have unidirectional communication with their children (from parents to children). It is considered "talking back" and disrespectful

behavior when children express their opinion. Korean parents usually get upset when their children talk back or do not follow their advice, and their children are coerced not to argue (Kim & Cain, 2008). Korean children are not encouraged to be independent of their parents; rather, the parents consider their children as extensions of themselves (Yim, 1998).

Traditionally, Korean people consider mental health as an interaction of mind, body, and nature, and depression is viewed as an imbalance of the body's energy flow (Park & Bernstein, 2008). In addition, some people believe depression comes from supernatural powers, such as evil spirits, or from one's weakened vigor. The social stigma that arises from these views often causes Koreans to hesitate to disclose their depressive problems (Park & Bernstein, 2008). Depression is translated as *woo-ul-jeung*, which means out of balance between body and mind (Shin, 2002). A focus group interview among Korean American adults in New York City revealed that participants delayed treatment of depression due to strong stigmatization (Shin, 2002).

In the Korean American communities, the use of illicit drugs is forbidden. Whereas consuming alcohol is socially acceptable, there is a strong stigma toward illicit drug use (Kwon-Ahn, 2001). Many Korean American parents assume that their teens must not have any substance or emotional problems as long as the children do well at school. The parents also think adolescents with substance abuse problems are just "bad kids." Korean American adults consider substance abuse a result of a lack of will power and will power may be increased by listening to advice from authority figures such as pastors, teachers, parents, or doctors (Kwon-Ahn, 2001).

**American culture.** American culture, represented as an individualistic culture, is characterized by a sense of independence and autonomy (Triandis, 2001). Its core concept is "I" instead of the "we" of a collectivistic culture. In an individualistic society, people are considered

autonomous and independent from their groups. Their personal goals have priority over those of the group. Justice comes first, and people are willing to go to court to settle disputes (Triandis, 2001). In individualistic cultures, there is emotional detachment, independence, and privacy for the adolescents. People in individualistic cultures are good at meeting outsiders, forming new groups, and getting along with new people. They have greater skills in getting in and out of new social groups. They make new friends very easily, but a new friendship does not necessarily mean an intimate relationship (Triandis, Bontempo, & Villareal, 1988).

Adolescents in American families are encouraged to be autonomous, independent, and emotionally expressive and to communicate openly and honestly (Pyke, 2000). In addition, the American family system emphasizes family affection, intimacy, and democracy (Pyke, 2000).

In American society, depressive symptoms are considered common psychological problems among adolescents (Steinberg, 2011). Adolescents with severe depressive symptoms are encouraged to seek counseling and medical treatment. Sometimes antidepressants are used to treat adolescents (Steinberg, 2011). In addition, adolescents who use substances are not necessarily viewed as bad kids. Since adolescents are at high risk for substance use because of high levels of stress, hormonal changes, and developmental tasks, their substance use is often seen as part of the developmental process of risk-taking in the U. S. (Spear, 2010; Steinberg, 2011).

In summary, traditional Korean culture differs greatly from American culture. Korean culture emphasizes interdependence, self-control, and educational success, and treats an adolescent's uniqueness and initiative as wickedness to be discouraged, while American culture focuses on autonomy, independence, and emotional expression. Self-expression, critical thinking, and participating in discussion, all encouraged in the U.S. public school system, are not always

considered good behaviors in a traditional Korean family (Kim, 2004). However, Korean American adolescents are expected to maintain these traditional Korean values while also living their daily lives in the world of American individuality and independence (Yeh et al., 2005).

### **Depressive Symptoms**

Adolescents populate one of the top risk groups for depressive symptoms (Betts et al., 2009) as they experience emotional instability and stressful events while transitioning from childhood to adulthood (Choi et al., 2002; Steinberg, 2011). Although adolescents may merely present traits of low-grade moodiness and sadness during this period, they may also experience major depression, anxiety, psychosomatic complaints, substance abuse, eating disorders, and suicidal ideation (Choi et al., 2002; Steinberg, 2011). Depressed adolescents also tend to exhibit panic, phobia, and obsessive thinking (Steinberg, 2011). The incidence of severe depression is 2% among young children, and increases to 28% among adolescents by the age of 19 (Lewinsohn, Rohde, and Seeley, 1998).

The causes of depressive symptoms among adolescents include a genetic component as well as increased stress (Steinberg, 2011). Recent findings of a biological predisposition, limited to hormones and brain development, may explain the difficulty of emotional regulation that some adolescents experience (Spear, 2010). Adolescents who experience high family conflict, low family cohesion, and poor peer relationships—all causes of increased stress—report higher depressive symptoms. Asian American adolescents, in particular those who experience high expectations from their parents to succeed, also report psychological problems (Steinberg, 2011).

A school-based survey among adolescents in the sixth, eighth, and tenth grades reported that Asian American adolescents had lower rates (17%) of depressive symptoms than Caucasian (18%) and Hispanic (22%) adolescents, but higher rates than their African American (15%) peers

(Saluja et al., 2004). However, Asian American adolescents were identified as experiencing more isolation and emotional difficulties than Caucasian adolescents (Cho & Bae, 2005). Many Asian American adolescents act as translators because of their parents' limited English skills and are expected to care for younger siblings, both of which contribute to increased stress levels among this population (Yeh et al., 2008). Furthermore, Korean American adolescents experience unique stressful situations due to their parents' high expectations of academic success in secondary school followed by admission into a highly-ranked university (Choi et al., 2002; Cho & Bae, 2005). In fact, studies have shown that Korean American adolescents have a higher prevalence of depression than other Asian American adolescents, such as Chinese, Filipino, and Japanese (Choi et al., 2002). A recent study reported that approximately 40% of Korean American adolescents in the Pacific Northwest area have experienced depressive symptoms (Kim & Cain, 2008).

### **Adolescent Substance Use**

Substance use among adolescents can cause irreversible negative impact because an adolescent's brain is very vulnerable to the harmful effects of substances (Steinberg, 2011). Although our society has put a lot of effort into decreasing substance use among adolescents, numerous studies have revealed that substance use continues to increase in this population (Fang, Barnes-Ceeney, & Schinke, 2011b; Griffin et al., 2000; Harachi, Catalano, Kim, & Choi, 2001; Shih et al., 2010; Wallace & Fisher, 2007; L. Wu et al., 2011). The National Surveys on Drug Use and Health (NSDUH) from 2005 to 2008 revealed that 37.0% of adolescents aged 12 to 17 years used alcohol or drugs in the past year (L. Wu et al., 2011). This study also reported that Native American adolescents had the highest rates of substance use, followed by Caucasian

adolescents, whereas Asian American adolescents had the lowest prevalence of substance use among the ethnic groups.

However, substance use among Asian American adolescents has become a serious problem in the past few decades. An analysis of NSDUH data reported that Asian American adolescents had lower rates of most illegal drug use (17.9%) compared to Caucasian adolescents (30.3%), but Ecstasy use rates among Asian American adolescents (3.7%) were similar to Caucasian adolescents (3.8%) and higher than other ethnic groups (P. Wu, Liu, Kim, & Fan, 2011).

Subsamples of Adolescent Health (Add Health) in Wave I (1995), which surveyed 1248 Asian American adolescents (9<sup>th</sup> to 12<sup>th</sup> grades) including Filipino, Chinese, Korean, Japanese, Vietnamese, and Asian Indians) revealed that peer substance use and the level of acculturation were positively associated with alcohol, smoking, and marijuana use (Tai, Connell, & Tebes, 2010). Also, Asian American adolescents who had high academic achievement reported less substance usage. In this study, acculturation was assessed by the following criteria: (a) English use at home; (b) place of birth; and (c) length of residency in the U.S. Therefore, the accuracy of this measurement may be argued. Hahm, Lahiff, and Guterman (2003) also analyzed the data from Add Health Wave I (1995) and Wave II (1996), which surveyed 714 Asian American paired samples. Their study reported an increase of heavy drinking (defined as drinking five drinks or more in a row) from Wave I (15.1%) to Wave II (32%). Older adolescents (aged 16-18 years) appeared to be heavier drinkers than younger adolescents (aged 14-15 years) in both Wave I (20.7% vs. 8.3%) and Wave II (38.4% vs. 25.8%). There was a dramatic increase of heavy drinking by younger adolescents between Wave I and Wave II, from 8.3% to 25.8%. The study also found that a high level of acculturation, assessed by summing binary variables of US-born,

length of stay in the U.S., and English spoken at home, was positively associated with heavy drinking behavior. Peer alcohol and tobacco use mediated the relationship between acculturation and heavy drinking (Hahm et al., 2003).

A study surveying 328 Asian American adolescents from 16 to 19 years old in New York reported that 19.8 % were current smokers and 17.4% had experienced smoking during their lifetime (Rosario-Sim & O'Connell, 2009). Factors associated with being current smokers were age, the use of English at home, poor academic achievement, depressive symptoms, and the presence of siblings and peers who smoke. Surprisingly, this study reported that 51% of the participants had depressive symptoms (Rosario-Sim & O'Connell). Another statewide study in California surveyed 2093 Asian American 10<sup>th</sup> graders (Unger et al., 2004), and reported that Korean American adolescents had the highest prevalence (36%) of smoking in the 30 days prior to the study, followed by Japanese American adolescents (23%), Vietnamese American adolescents (14%), and Chinese American adolescents (13%). Acculturation was assessed based on English being spoken at home, and a high level of acculturation (speaking more English at home) was determined to be a risk factor for smoking (Unger et al., 2004).

Weiss and Garbanati (2004) surveyed 106 Asian American adolescents between 15 and 19 years old on their smoking behavior and reported that 63% of the boys and 36% of the girls had tried smoking cigarettes. Using the Suinn-Lew Asian Self-Identity Acculturation Scale (Suinn, Rickard-Figueroa, Lew, & Vigil, 1987), the researchers found that adolescents who scored low acculturation and low family functioning reported positive attitudes toward smoking. However, the low acculturation was negatively associated with smoking when family functioning was high. This study revealed family functioning as a moderator between acculturation and smoking behavior (Weiss & Garbanati, 2004). Although the level of

acculturation seems to be associated with substance use/abuse among Asian American adolescents, it was not a significant predictor among Korean American adolescents specifically (Cook et al., 2009). Instead, peer influence, poor academic performances, and current smoking were positively associated with drinking alcohol among Korean American adolescents (Cook et al., 2009).

In a focus group interview, 31 Asian American adolescents (15-18 years old) reported they commonly used alcohol, cigarettes, and marijuana (Fang et al., 2011a). The associated risk factors included peer pressure, low self-esteem, stress, poor parent-child relationships, low parental monitoring, and family substance use, whereas protective factors consisted of self-efficacy and positive communication with parents on substance-related topics (Fang et al., 2011a). Good communication with parents, parental expression of warmth, and parental limit-setting were protective against progressing from light experimentation to heavy alcohol drinking among adolescents (Guilamo-Ramos et al., 2004). High parental supervision and respect toward parents were other protective factors among Asian American adolescents (Shih et al., 2010; Wallace & Fisher, 2007). Unger et al. (2002) reasoned that these strong family factors were from the Asian cultural values of filial piety and familism, even though collectivism was not significantly linked with substance use.

A few studies found high rates of substance use among Korean American adolescents. One study surveyed 578 Korean American adolescents (9th and 12th graders) and reported 66.3% of the females and 75.3% of the males as having experienced drinking alcohol at some point in their lives (Nakashima & Wong, 2000). This study also revealed that 23.1% of the females and 31.1% of the males reported being intoxicated at some point, and 19.9% of the adolescents suffered from negative consequences of heavy alcohol use, such as passing out and engaging in

fighting with other adolescents (Nakashima & Wong, 2000). Another study reported that Korean American adolescents had the highest “ever-trying smoking” prevalence (31.3%) in their life time when compared to Vietnamese (20.7%), Filipino (28.3%), and Chinese (19.4%) adolescents (Weiss et al., 2006). The study reported that positive family functioning was negatively associated with this variable among Korean and Chinese American adolescents (Weiss et al., 2006).

In general, adolescent males use substances more than females (Griffin et al., 2000; Guilamo-Ramos et al., 2004; Weiss & Garbanati, 2004; Yu, Hahm, & Vaughn, 2010), but a few studies found no significant gender differences (Cook et al., 2009, Nakashima & Wong, 2000; Hahm et al., 2003, 2004). A study with 135 Asian American young adolescent girls (11-14 years old) reported that 38.5% had consumed alcohol and 14.8% had used illicit drugs in the 12 months prior (Fang et al., 2011b). Self-efficacy, maternal monitoring, and positive communication between mother and daughter were negatively associated, while peer and mother substance use were positively associated with substance use (Fang et al., 2011b). Also, low self-esteem and depression were found to be positively associated with cigarette smoking and alcohol use among Asian American adolescents (Fang et al., 2011b; Otsuki, 2003).

### **Intergenerational Family Conflict**

Today’s adolescents grow up in different social environments than their parents. They may develop different values, attitudes, and beliefs while trying to establish their own personal identity, value systems, and social relationships. As a result, tension often develops between adolescents and their parents (Lee et al., 2005; Steinberg, 2011). Although intergenerational family conflict between adolescents and their parents is a normal developmental process, it often increases the risks of depression and substance use among adolescents (Herrenkohl, Kosterman,

Hawkins, & Mason, 2009). Investigators report that the quality of family relationships, parental warmth, family support, and positive parent-child interaction are negatively associated with depression and substance use (Fang et al., 2011a; Guilamo-Ramos et al., 2004; Lee et al., 2000; Sheeber, Hops, Alpert, Davis, & Andrews, 1997). In contrast, family conflict, persistent disagreement with parents, and parental rejection are positively related with internalizing disorders, such as depression and anxiety, and substance use (Fang et al., 2011a; Hale et al., 2005; Rueter, Scaramella, Wallace, & Conger, 1999).

Intergenerational family conflict happens more frequently among Asian American immigrant families. In general, children of immigrant parents adapt to American culture faster than their parents. The resulting acculturative difference is defined as the different rates of how much adjustment and adaptation to a host culture occurred between the immigrant parents and their children (Lee et al., 2000). Adaptation occurs not only in behaviors, but also in traditional values. Common Asian cultural values include collectivism, conformity to norms, emotional self-control, family recognition through personal achievement, filial piety, and humility (Kim et al., 2001). These values are in contrast to the American cultural values of individualism, self-respect, and independence. First-generation Asian American parents tend to maintain their traditional values and lifestyle and use their native language, while their second generation adolescents have Western-oriented individualistic values and lifestyles. Furthermore, the parents expect their children to learn and retain the traditional values, while the children want to follow a more Western lifestyle in order to be successful in school and society (Farver, Narang, & Bhadha, 2002; Lee et al, 2000; Lee & Liu, 2001). As a result, Asian American families experience more intergenerational family conflict and family dysfunction than other minority groups (Lee et al., 2000; Farver et al., 2002).

According to Lee et al. (2000), American college students from families with hierarchical communication styles exhibited more family conflicts than students from families with open and positive communication. Tsai-Chae and Nagata (2008) surveyed 93 Asian American college students. Their study found that parent-child conflicts occurred in the areas of conforming to family norms, discussing education and career issues, and respecting elders. Additionally, Chung (2001) found that Asian American college females reported more frequent family conflict than males on dating and marriage issues, and Korean American and Southeast Asian college students experienced a high level of family conflicts around family expectations.

Parent-child conflict is one of the common reasons for Asian American college students to seek counseling (Lee et al., 2005), and it is highly associated with school misconduct, antisocial behavior, anxiety, depression, and low self-esteem (Lee et al., 2005). Intergenerational family conflict is also negatively associated with psychological adjustment and depressive symptoms among Chinese American adolescents (Juang et al., 2007; Qin, Rak, Rana, & Donnellan, 2012). Herrenkohl et al. (2009) reported that the level of family conflict between the ages of 14 and 18 increased each year, and a high level of family conflict during adolescence predicted depressive symptoms in adulthood. A high level of family conflict prior to college entrance is also associated with poor academic performance and psychological distress among Asian American college students (Bahrassa, Syed, Su, & Lee, 2011).

Korea is considered the most Confucian country in Asia (Yang & Rettig, 2003). Intergenerational family conflict tends to occur because first-generation Korean American parents choose to retain the Korean language and traditional values, while their second generation children do not place much importance on Korean traditions and ethnicity (Kim & Wolpin, 2008; Park, 2003). Korean American adolescents who had experienced unresolved

family conflict reported high depressive symptoms and low self-esteem (Cho & Bae, 2005; Kim & Cain, 2008; Park, 2003). A recent study measured the association between depressive symptoms and family cohesion and family conflict among 166 Korean American adolescents (aged 11 to 15 years; Park, Kim, Cheung, & Kim, 2010). The results revealed that their depressive symptoms were significantly related with a low level of family cohesion and a high level of family conflict (Park et al., 2010).

### **Perceived Parental Warmth and Korean Parenting**

When there is low parental warmth, adolescents experience a high level of depressive symptoms (Kim & Cain, 2008). As Amato and Fowler (2002) noted, parental support, monitoring, and avoidance of harsh punishment are associated with their children's adjustment, school grades, and behavioral problems regardless of the parents' ethnicity, family structure, or income. In addition, perceived parental warmth is shown to be related to psychological (mal)adjustment among children and adults, with the results being similar among families from different cultural, ethnic, and language backgrounds (Khaleque & Rohner, 2002).

According to Baumrind (1971), there are four types of parenting styles, each of which differs in the ways and degrees that the parents express their values, behaviors, and standards. The first type is the authoritative parenting style. The parents show a high degree of both responsiveness and controls. In this environment, the parents are consistent, affectionate, responsive, and supportive (Baumrind, 1971). The second type is the authoritarian style. The parents have a high degree of controls but a low degree of responsiveness. This type of parent requires absolute obedience and respect to parental authority while allowing little freedom and autonomy, without much emotional warmth and responsiveness. The third type is the permissive parenting style. The parents have less authority and fail to set appropriate limits and standards for

the children. The fourth type is the rejecting-neglecting style. This type of parent is neither responsive nor controlling (Baumrind, 1971).

Generally, authoritative parenting is known to have a positive influence on adolescents while authoritarian parenting is often associated with low self-esteem and poor psychological adjustment (Steinberg, 2011). However, authoritarian parenting does not always have a negative impact among Asian American adolescents. A qualitative study with 18 Korean American college students reported that the students retrospectively reassessed their parents with sympathy and appreciation (Kang, Okazaki, Abelman, Kim-Prieto, & Lan, 2010). Although the students experienced high intergenerational conflicts, they understood their parents' sacrifice and how they endured the immigrant challenges for their children (Kang et al., 2010).

Kim and Rhoner (2002) reported that perceived parental warmth was significantly associated with academic achievement among Korean American adolescents. In addition, studies reported that perceived parental warmth was positively related with psychological adjustment (Kim, 2008) and negatively associated with depressive symptoms among Korean American adolescents (Kim & Cain, 2008). Also, positive parent-adolescent relationships were negatively associated with depressed moods among Asian American adolescents (Greenberg & Chen, 1996). Low parental warmth was found to be associated with substance use among Caucasian, African, Asian, and Hispanic American adolescents (Rohner et al., 2005). Another study reported that perceived low parental warmth was positively associated with depression and aggressive/withdrawn behaviors among Dutch adolescents aged 10 to 19 years (Hale et al., 2005).

### **Racial Discrimination Distress**

Over time, racism, racial discrimination, and ethnic discrimination have been used interchangeably in literature. Racism refers "to the beliefs and practices that denigrate and

exclude individuals or groups of people because of their race or color of skin” (Yoo & Lee, 2008, p. 63). Although there has been a long history of discrimination against Asian Americans in the United States (Gee et al., 2009), Asian Americans were left out of the mainstream of discrimination-related research due to the myth of the model minority (Rosenbloom & Way, 2011). In recent years, as the Asian immigrant population rapidly grew and reports of anti-Asian incidents increased (Liang et al., 2004), researchers started to pay attention. The Philadelphia Weekly reported that Asian American high school students in Philadelphia often became victims of racism, including name-calling, robberies, verbal threats, and random punches, in cafeterias and hallways and on school buses (Miller, 2009). USA TODAY (2005) also reported numerous Asian American students were harassed and bullied severely by their other ethnic group classmates, and sometimes fatal incidents occurred against Asian American adolescents and adults. Some adolescents reported that they joined gangs to protect themselves.

Numerous articles reported a strong relation between perceived discrimination and mental health, even if there has been no actual discrimination (Broudy et al., 2007; Cassidy, O’Conner, Howe, & Warden, 2004; Chou et al., 2011; Green, Way, & Pahl, 2006; Juang & Cookston, 2009; Noh & Kaspar, 2003; Yoo & Lee, 2008). Gee and his colleagues (2009) reviewed 62 empirical articles to assess the relation between discrimination and health issues among the Asian American population, including adults and adolescents. Among the 62 articles, 40 studies reported that discrimination was linked to poorer mental health, including poor psychosocial functioning, low self-esteem, and depressive disorders. Another 16 of the articles found increased risks for physical health problems, including cardiovascular diseases, diabetes, breathing and cholesterol problems, and obesity. Twenty studies found discrimination was associated with an increased risk for alcohol abuse, smoking, and illicit drug use, as well as

decreased preventive health behavior, including a lack of utilization of mental health services. Additionally, several studies found social support and education moderated between discrimination and physical health. Another meta-analysis by Lee and Ahn (2011) reviewed 23 independent studies and reported that racial discrimination was linked with depression and anxiety in the Asian American population.

There have been a few studies comparing the outcomes of discrimination among ethnic minority adult groups. Chou et al. (2011) surveyed 793 Asian Americans, 951 Hispanic Americans, and 2795 African Americans, and reported that perceived racial discrimination was linked with a higher prevalence of mental health disorders, including mood issues, anxiety, and eating disorders, among all three groups. This study also found that Hispanic Americans tended to have more mood disorders than African Americans and Asian Americans. However, Broudy et al. (2007) reported ethnic discrimination was positively related with daily anger and negative social interactions among African Americans and Hispanic Americans without any significant group differences. One study by Barry and Grilo (2003) compared three East Asian groups, including Chinese, Japanese, and Korean Americans. This study reported that East Asian Americans perceived higher discrimination as an ethnic group than personal discrimination. However, Korean immigrants were more likely to experience personal discrimination than Chinese immigrants. Those who reported decreased collective self-esteem and lower English skills were more likely to perceive personal discrimination than group discrimination.

Although experiencing discrimination is one of the common stressors among Asian American adolescents, discrimination-related research did not look at this population until the late 1990s. Previous studies suggest that there has been discrimination in employment, education, juvenile justice, and social support systems among Asian minority adolescents (Fisher, Wallace,

& Fenton, 2000). Many first-generation Asian immigrant parents hesitate to discuss ethnically-based unfair treatment with their children, even though elementary-aged children can understand discrimination (Fuligni, Hughes, & Way, 2009), because of a desire to give their children a positive view of the world. However, experiences with discrimination increase during the adolescent years, and those without any preparation for negative treatment may perceive higher discrimination (Fuligni et al., 2009).

Fisher et al. (2000) also found that the perceived discrimination was associated with distress across minority adolescents. Older African American and Hispanic American adolescents experienced institutional discrimination distress in stores and by police, while Asian American adolescents experienced peer discrimination distress, often from other ethnic peer groups. Rosenbloom and Way (2004) reported similar results to Fisher's. Their study explained that teachers preferred Asian students as they tended to be quiet and academically successful, but Hispanic American and African American adolescents were stereotyped as loud and as "bad kids." As a result, Asian American adolescents became the target of discrimination by their African American and Hispanic American peers. In a three-year longitudinal study, Green et al. (2006) surveyed 225 ninth and tenth grade adolescents, mainly Puerto Rican and Chinese American. Their study reported an increased level of discrimination by adults over time, while discrimination by peers remained at the same level over time. Also, Asian and Dominican adolescents experienced higher discrimination by peers and adults, which was linked with decreased self-esteem and depressive symptoms. Cokley, Hall-Clark, & Hicks (2011) also reported that Asian and Latino American college students, when compared to European Americans, experienced higher discrimination, which was associated with mental and emotional distress.

Similar results occurred when each ethnic group was studied. Several studies supported the idea that perceived discrimination distress was associated with depressive symptoms among Chinese American adolescents (Grossman & Liang, 2008; Juang & Cookston, 2009; Rivas-Drake et al., 2008). Shin et al. (2011) reported that 29% of 295 Korean American adolescents had experienced high rates of being bullied. Those adolescents being bullied experienced a higher level of depressive symptoms than their peers.

Discrimination distress not only impacted negative psychological outcomes, but was also associated with substance use. Gibbons et al. (2010) reported that perceived discrimination was associated with distress and substance use by both parents and their 10 to 12 year-old children on separate surveys among African American families. Anger and hostility were the mediators between discrimination and substance use for the parents. The researchers also found that supportive parenting served as a moderator between discrimination and substance use for the children. Five years later, adolescents from the same sample reported increased substance use and perceived higher discrimination distress. They also reported a stronger willingness to use substance when given discriminating scenarios. Again the effect was mediated by anger, while moderated by supportive parenting (Gibbons et al., 2010). Few studies indicated that experiencing unfair treatment was highly associated with prescription drug use, illicit drug use, alcohol abuse, and cigarette smoking among Asian American adults (Chae et al., 2008a, Chae et al., 2008b; Gee, Delva, & Takeuchi, 2007; Landrine, Klonoff, Corral, Fernandez, & Roesch, 2006). However, there have not been enough studies on discrimination distress among Korean American adolescents and the association between it and substance use among Korean American adolescents to support the idea of a connection between them.

In summary, Korean American adolescents experienced higher levels of depressive symptoms than other ethnic groups. Also, Korean American adolescents have higher rates of alcohol consumption and tobacco use than other Asian American minority groups. Studies reported that perceived parental warmth and intergenerational family conflict are associated with depressive symptoms among Korean American adolescents and racial discrimination distress is related with substance use in Asian American adolescents. However, the role of intergenerational family conflict between perceived parental warmth and depressive symptoms in Korean American adolescents is not clear. There was not enough data explaining the patterns of substance use other than alcohol and cigarettes among Korean American adolescents, nor how racial discrimination distress may be associated with substance use in this population. Additionally, it is not clear as to the role perceived parental warmth plays in perceived racial discrimination distress and substance use among Korean American adolescents.

### **Chapter III**

## **The Mediating Effect of Intergenerational Family Conflict Between Perceived Parental Warmth and Depressive Symptoms Among Korean American Adolescents**

### **Abstract**

Depressive symptoms are one of the biggest mental health issues among Korean American adolescents. Previous studies have found that parental warmth and intergenerational family conflict impact depressive symptoms in this population. This study examines the mediating role of intergenerational family conflict between perceived parental warmth and depressive symptoms among 97 Korean American adolescents aged 14 to 18 years and based in the Pacific Northwest region. The depressive symptoms were measured by the Center for Epidemiologic Studies Depression Scale (CESD) 10, parental warmth was measured by the Child Parental Acceptance-Rejection Questionnaire (CPARQ, short version), and intergenerational family conflict was measured by the Asian American Family Conflicts Scale (AAFCS). The results revealed that 60% of participants experienced depressive symptoms, with mother-adolescent conflict significantly mediating between perceived parental warmth and depressive symptoms while father-adolescent conflict did not. The finding suggests the necessity of intervention program development for Korean American adolescents and their parents to understand the differences between Korean culture and American culture, to identify early signs of depressive symptoms, and to decrease intergenerational family conflict by teaching parents to express parental warmth in alternative ways.

*Key words:* depressive symptoms, intergenerational family conflict, Korean American adolescents, mediating effects, parental warmth

## **Introduction**

The Korean immigrant population in the US is growing and currently ranks as the fifth largest subgroup among Asian immigrants (United States Bureau of Census, 2011). However, researchers are not addressing the mental health issues of Korean Americans. A recent cross-sectional study reported that up to 40% of Korean American adolescents experienced a high level of depressive symptoms (Kim & Cain, 2008). Studies have found that parental warmth is associated with psychological adjustment, depressive symptoms, and academic achievement among Korean American adolescents (Kim, 2008; Kim & Cain, 2008; Kim & Rhoner, 2002). Another factor that may influence depressive symptoms is intergenerational family conflict. As Korean American adolescents grow up in American society, they may develop different cultural values and attitudes than their Korean parents. The differences between the two cultures lead to a cultural gap that may put Korean American adolescents into increased conflict with their parents (Kim & Wolpin, 2008; Lee, et al., 2005; Park, 2003; Steinberg, 2011). In several studies, those Korean American adolescents who experienced high family conflict reported high depressive symptoms and low self-esteem (Cho & Bae, 2005; Kim & Cain, 2008; Park, 2003; Park, et al., 2010). However, the possible mediating role of intergenerational family conflict between parental warmth and depressive symptoms in Korean American adolescents has not been reported. The purpose of this study is to examine this role.

## **Theoretical Framework**

The parental acceptance-rejection theory and acculturative family distancing theory guided this study. According to parental acceptance-rejection theory, the warmth dimension of parenting is formed on a continuum of acceptance and rejection. One end is parental acceptance, which is defined as the affection, care, support, and love that children may receive from their

parents. The other end is parental rejection, which is the absence of acceptance-feeling behaviors from the parents. “Children everywhere need a specific form of positive response from parents and other primary caregivers” (Rohner et al., 2005, p.1). When this basic need is not met, adolescents may perceive themselves as rejected by their parents and exhibit behavior problems, conduct disorders, and depressive symptoms (Rohner et al., 2005).

Acculturative Family Distancing Theory was constructed to explain the problematic distance between parents and their children due to acculturative difference in immigrant families (Hwang, 2006). This acculturation difference is defined by how much an immigrant adjusts and adapts to a host culture compared to his or her children (Lee et al., 2000). Children may follow their parents when they are young, but constant exposure to American culture can change the value systems among Asian immigrant children (Hwang, 2006). As immigrant families have increased acculturative family distancing, they experience greater family conflict, which may cause individual and family dysfunction. When there is a distancing between parents and their children due to differences in cultural value systems, it increases the risk of the children developing difficult relationships with their parents (Hwang, 2006).

### **Literature Review**

Depressive symptoms have been one of the most prevalent mental health issues among adolescents during their transition from childhood to adulthood. Although adolescents may experience moodiness and sadness, they may also develop severe mental health problems, including major depression, anxiety, eating disorders, substance abuse, and suicidal ideation (Choi et al., 2002; Steinberg, 2011). The causes of depressive symptoms among adolescents include multiple factors, such as a genetic component, hormones, brain development, increased stress, and emotional instability (Spear, 2010; Steinberg, 2011). In particular, adolescents who

experienced increased stress due to high family conflict, low family cohesion, and poor peer relationships reported higher depressive symptoms. Asian American adolescents who experience high levels of conflict with their parents also reported poor psychological outcomes (Steinberg, 2011).

Previous studies reported that Asian American adolescents had lower rates (17%) of depressive symptoms compared to their Caucasian (18%) and Hispanic (22%) counterparts, but higher than African American adolescents (15%) (Saluja et al., 2004). A recent study reported that approximately 40% of Korean American adolescents in the Pacific Northwest area have experienced depressive symptoms (Kim & Cain, 2008). Asian American adolescents also experienced more isolation and emotional instabilities compared to European American adolescents (Cho & Bae, 2005). Especially, Korean American adolescents reported higher prevalence of depression compared to other Asian American adolescents, such as Chinese, Filipino, and Japanese (Choi et al., 2002). The factors associated with depressive symptoms were found to be poor self-esteem, higher level of conflict with parents, low parental warmth, poor relationship with peers (Cho & Bae, 2005; Kim & Cain, 2008)

Perceived parental warmth is defined as an adolescent's perception of parental love (Rohner et al., 2005). It has been related to psychological (mal)adjustment among children and adults across different cultures, languages, and ethnic backgrounds (Khaleque & Rohner, 2002). In addition, parental support and monitoring and the avoidance of harsh punishment were positively related to their children's psychosocial adjustment, school grades, and behavioral problems (Amato & Fowler, 2002). On the other hand, when adolescents perceived rejection from their parents, they tended to engage in substance use/abuse, a phenomenon seen across ethnicity and race within adolescents (Rohner et al., 2005). Perceived parental rejection was also

positively associated with depression and aggressive/withdrawn behaviors among Dutch adolescents (Hale et al., 2005).

In every society, adolescents try to establish their own personal identity, value systems, and social relationships, which may be different than those of their parents. As a result, intergenerational family conflict, defined as disagreement between adolescents and their parents, can occur (Lee et al., 2005; Steinberg, 2011). This intergenerational family conflict is a normal developmental process, but it often increases the risk of mental health issues for the adolescent (Herrenkohl et al., 2009). A study reported that persistent intergenerational family conflict was positively associated with depression and anxiety among adolescents (Rueter et al., 1999).

Increased stress due to intergenerational family conflict was one of the common reasons for Asian American college students to seek counseling when they struggled with school misconduct, antisocial behavior, anxiety, depression, and low self-esteem (Lee et al., 2005). Studies reported that Korean American adolescents who experienced unresolved family conflict reported high depressive symptoms and low self-esteem (Cho & Bae, 2005; Kim & Cain, 2008; Park, 2003; Park et al., 2010). Intergenerational family conflict was also associated with psychological adjustment and depressive symptoms among Asian American adolescents, which may continue into adulthood (Herrenkohl et al., 2009; Juang et al., 2007; Qin et al., 2012). As Korean American parents have similar cultural values to other Asian American parents, a high level of intergenerational family conflict occurs in Korean American families (Chung, 2001; Kim et al., 2001; Tai-Chae, & Nagata, 2008).

### **Possible mediating role of intergenerational family conflict**

Adolescence is a period of achieving psychosocial tasks and establishing identity, autonomy, intimacy, and sexuality (Steinberg, 2011). As adolescents seek more independence

and autonomy, adolescents' curfews, clothing, and leisure time activities are common issues that adolescents argue with their parents about (Steinberg, 2011).

The characteristics of Korean culture—interdependence, self-control, educational success, and absolute obedience to parents—may create higher levels of conflict between Korean parents and their US-raised adolescents. Most first-generation Korean American parents retain their place-of-origin culture and values, while their second-generation children care less than their parents about Korean traditions and ethnicity (Kim & Wolpin, 2008; Park, 2003). A previous study found that parental warmth and intergenerational family conflict are associated with depressive symptoms among Korean American adolescents (Kim & Cain, 2008). This study reported that lower perceived maternal warmth and higher paternal-based intergenerational conflict were associated with depressive symptoms in this population (Kim & Cain, 2008). Knowing that adolescents who perceive less parental warmth were more likely to have interpersonal-relationships problems (Rohner, 1986), a correlation between parental warmth and intergenerational family conflict was noted from the correlation table (Kim & Cain, 2008). However, it is not clear whether intergenerational family conflict serves as a mediator. The mediator role explains why and how such outcomes occur between the independent and dependent variables. Considering the high level of intergenerational family conflict between Korean parents and their children due to cultural differences, it is possible that intergenerational family conflict mediates between perceived parental warmth and depressive symptoms in the current study. In other words, if Korean American adolescents perceive less warmth from their parents, they may have a high level of intergenerational family conflict. Then the high level of intergenerational family conflict may cause more depressive symptoms among Korean American adolescents. A previous study reported that Korean American adolescents perceived higher

conflict with their mothers than their fathers. Therefore, the current study measured maternal-based intergenerational family conflict separately from its paternal-based counterpart.

### **Hypotheses**

This study was based on two hypotheses:

1. Intergenerational family conflict with the mother will mediate the association between perceived maternal warmth and depressive symptoms among Korean American adolescents.
2. Intergenerational family conflict with the father will mediate the association between perceived paternal warmth and depressive symptoms among Korean American adolescents.

### **Method**

#### **Design and Sample**

A cross-sectional design utilizing an online survey was used in this study. Participants included 101 Korean American adolescents (14-18 years old) living in the Pacific Northwest. To recruit a variety of Korean American adolescents, a convenience, network sampling method was used. The inclusion criteria were Korean American adolescents who (a) can read, write, and understand English fluently; (b) are 14 to 18 years old, and in grades 9 through 12; (c) have at least one parent who is Korean American; and (d) are currently living with their parent(s). Those Korean adolescents who are living abroad in the United States were excluded. In this study, the term *Korean American* includes U.S.-born Koreans, naturalized U.S. citizens who were born in Korea, and Korean citizens who are permanent U.S. residents.

#### **Power Analysis**

From the literature, the association between parental warmth and depressive symptoms among Korean American adolescents is negatively associated, typically with a correlation ranging from  $-.34$  to  $-.53$ . Also, the correlation between intergenerational family conflict and

depression is reported as  $r = .48$  (Kim, 2008; Kim & Cain, 2008). The G\*-Power analysis program was used to determine appropriate samples sizes, based on regression analysis,  $R^2$  of .3. An  $\alpha$  of .05, two-tailed test, power of .90, yield a sample size of 88 participants.

### **Data Collection Procedures**

Before participant recruitment began, the study procedures were reviewed and approved by the University of Washington Institutional Review Board (IRB) to ensure the protection of human subjects. The data collection took place from August 2012 through December 2012.

The researcher created an online survey using WebQ, an application approved by the IRB for use with research participants. WebQ is convenient and allows the researcher to create an online survey with anonymous survey responses. The researcher contacted the youth pastors at local Korean churches to gain permission to recruit the Korean American adolescents through their programs. After receiving permission, the researcher visited the churches' youth services, presented the study's purpose and procedures, and distributed flyers that included the online website address. Adolescents were also encouraged to share information about the study with friends who may not attend church. When participants went to the survey website, they were able to view the Information Statement and were asked whether they agreed or disagreed to participate in the study. Adolescents gave their assent by clicking, "I agree." The following screen asked participants if they met the inclusion criteria. If they did not meet the criteria, the survey automatically stopped. After finishing the demographic data, the participants were able to print a page to receive a \$10 gift card. Once they printed the page, they were asked to click the "submit" button. In order to maintain the anonymity of the online survey process, participants were required to mail the printed page to the researcher to claim their gift cards. After the researcher mailed the gift card, the participant's personal information was destroyed. Once the

required number of participants was reached, the researcher closed the survey site, and all data were imported into Statistical Package for the Social Sciences (SPSS) 19 program via Microsoft Excel.

### **Instruments**

**Center for Epidemiologic Studies Depression Scale (CESD) 10.** The original 20-item self-report scale was developed to measure depressive symptoms in the general population, including adolescents and young adults (Radloff, 1991). The 10-item short version is convenient and easier to complete (Andersen, Malmgren, Carter, & Patrick, 1994). This scale includes 2 items of positive affect and 8 items of depressive affect and somatic retardation. It utilizes a 4-point Likert-type scale with response options that vary from “rarely, less than 1 day/week” to “almost or all of the time, 5-7days/week”. Total scores range from 0 to 30, and a score of 10 or greater is considered as positive for depressive symptoms (Andersen et al., 1994). Sample items include “I felt fearful” for depressive affect, “my sleep was restless” for somatic retardation, and “I felt hopeful about the future” for positive affect. This scale was determined acceptable when used with adolescents (Bradley, Bagnell, & Brannen, 2010). The coefficient alpha for adolescents was 0.85, and two-factor construct validity was established among an adolescent population (Bradley et al., 2010). The Cronbach alpha for the current study was 0.78.

**The Child Parental Acceptance-Rejection Questionnaire (CPARQ, short version).** In order to measure parental warmth, the CPARQ short version, a 24-item self-report questionnaire, was used. This scale measures an adolescent’s perceptions of parental warmth in four categories: (a) affection, (b) hostility/aggression, (c) indifference/neglect, and (d) undifferentiated rejection. The affection section assesses the parent-child relationship from the point that an adolescent perceives his/her parents as loving and affectionate without any qualification (e.g., “my mother

says nice things about me”). The hostility/aggression section assesses whether an adolescent perceives his/her parents as angry and resentful parents, and if he/she believes the parents try to hurt him/her physically and verbally (e.g., “my mother goes out of her way to hurt my feelings”). The indifferent/neglect scale assesses whether adolescents see their parents as unconcerned or uninterested (e.g., “my mother pays no attention to me”). The undifferentiated scale examines adolescents’ perceptions of their parents’ rejection without the showing of unaffectionate, aggressive, or neglecting behaviors (e.g., “my mother seems to dislike me”) (Rohner, 2005). The CPARQ uses a 4-point Likert-like scale with response options ranging from 1 (almost always true) to 4 (almost never true). The CPARQ scores were used with reverse coding ranges from 24 (maximum perceived rejection) to 96 (maximum perceived acceptance). Rohner (2005) reported evidence of convergent and discriminant validity. Reliability coefficients for the CPARQ were reported as 0.70 for mothers and 0.57 for fathers among Jamaican youths (Steely & Rohner, 2006). The Cronbach alpha for the current study was 0.96 for mothers and 0.95 for fathers.

**Asian American Family Conflicts Scale (AAFCS).** In order to measure intergenerational family conflict, the AAFCS was used. This is a 10-item questionnaire covering typical conflict situations that reflect parent-adolescent disagreements in values and practices. The situations are described in two-part statements to capture the conflict between parents and adolescents (Lee et al., 2000). A sample statement is “My mother/father tell me what to do with my life, but I want to make my own decisions.” It is a 5-point Likert-type scale ranging from 1 (almost never) to 5 (almost always). Higher scores indicate a higher frequency of conflict, and the scores range from 5 to 25. The Cronbach’s alpha was 0.89 (Gamst et al., 2011), with 0.85 for mother-adolescent conflict and 0.82 for father-adolescent conflict among Korean American families (Kim & Cain, 2008). The validity was demonstrated by statistically significant correlations

between the AAFCS scores and the Social, Attitudinal, Familial, and Environmental Acculturation Stress Scale scores (Gamst et al., 2011). The Cronbach's alpha for the current study was 0.90 for mother-adolescent conflict and 0.91 for father-adolescent conflict.

**Demographic data.** The demographic data obtained from participants included age, grade, gender, GPA, length of stay in the U.S., family income, languages spoken at home, place-of-origin, ethnic identity, religious preference, parents' education level, parents' length of stay in the U. S., participants' perception of acculturation level of their parents, and number of Korean and American friends. The survey asked what language the adolescent used when speaking to his or her mother and father and what language the mother and father used to speak to the adolescent separately.

### **Analysis**

All the collected data were kept in the closed survey site in WebQ. The data were scored according to scale coding systems for each instrument and entered into the SPSS software program. For the data analysis and plan, the researcher consulted with a statistician. Descriptive statistics were calculated for means, standard deviations, ranges, and distributions to establish demographic profiles and describe key study variables. Demographic variables were evaluated to identify any covariates and controlled during the analysis. None of them significantly changed the outcome. There were less than 5% missing data across the variables except CPARQ. One case had no data for mother CPARQ, while 3 cases had no data for father CPARQ.

Based on the data, the Pearson correlation among the study variables was computed. The CPARQ was calculated separately for the mother and the father. The CESD 10 score was calculated accordingly. The researcher examined for the mediating effects of intergenerational family conflict between perceived parental warmth and depressive symptoms. The most

commonly used method is the class mediation testing by Baron Kenny (1986), which should meet certain criteria in normal sampling distribution. Criteria for establishing a mediator include (a) the independent variable affecting the dependent variable, (b) the independent variable accounting for significant variation in the mediator, (c) the mediator variations accounting for significant variation in the dependent variable, and (d) the significant associations between the independent variable and the dependent variable being no longer significant and the indirect effect becoming zero when both the independent and mediator variable enter simultaneously in the regression equation (Baron & Kenny, 1986). However, the direct effects do not have to be significant for mediation to occur in a small sample. They can be non-significant but still have mediating effects (Preacher & Hayes, 2008). Also, an alternative nonparametric re-sampling bootstrapping procedure can be used with construction of confidence intervals for indirect effect. Figure 3-1 illustrates a mediation design. Panel A represents the direct effect of the independent variable on the dependent variable (path c). Panel B represents the indirect effects of the independent variable on the dependent variable through a mediator. For the current study, the sampling distribution was not normal and an SPSS Macro (Preacher & Hayes, 2008) with 5000 bootstrap samples was used.

### **Findings**

Table 3-1 summarizes the demographic information of participants. Overall, 74% of total participants were girls (n=72), while boys accounted for 26% (n=25). The age ranged from 14 to 18 years, with a mean age of 15.82 (SD = 1.19) years. The average length of stay in the U.S. for the participants was 12.39 (SD = 4.58) years, and participants identified themselves as Korean (23.7%), Korean American (68.1%), or American (8.2%). The average number of years lived in the U.S. for their mothers was 15.71 (SD = 9.28), and for fathers was 16.97 (SD = 10.92).

Fifty-nine (60.8%) adolescents presented positive for depressive symptoms. Also, 29 (29.9%) adolescents revealed serious rejection from their mothers, and 23 (23.7%) adolescents expressed serious rejection from their fathers. The mean mother-adolescent conflict score was 21.14 (SD = 9.63), and the mean father-adolescent conflict score was 20.33 (SD = 9.65).

Table 3-2 presents the means, standard deviation, and correlation for study variables. The perceived paternal warmth, mother-adolescent conflict, and father-adolescent conflict were significantly correlated with depressive symptoms. The perceived maternal warmth was correlated with depressive symptoms, but it was not statistically significant. However, 5 outliers with very low maternal warmth but no depressive symptoms were noted. When those 5 outliers were excluded, the perceived maternal warmth significantly correlated with depressive symptoms.

Figure 3-2 illustrates the mediating model of intergenerational family conflict between perceived parental warmth and depressive symptoms. The direct effect of maternal warmth on depressive symptoms was not significant ( $t = -1.73$ ,  $p = ns$ ). Maternal warmth was significantly associated with mother-adolescent conflict ( $t = -7.10$ ,  $p < .001$ ), and the mother-adolescent conflict was significantly associated with depressive symptoms ( $t = 3.44$ ,  $p < .001$ ). The CI (95% of  $-.12$  to  $-.03$ ) revealed that mother-adolescent conflict was a significant mediator between perceived maternal warmth and depressive symptoms. The mediation model explained 13% of the variance in Korean American adolescents' depressive symptoms. Therefore, hypothesis 1 was supported.

The direct effect of paternal warmth on depressive symptoms was significant ( $t = -2.27$ ,  $p < .05$ ). Paternal warmth significantly related to father-adolescent conflict ( $t = -6.56$ ,  $p < .001$ ), but the father-adolescent conflict was not significantly associated with depressive symptoms ( $t =$

1.07,  $p = ns$ ). The CI (95% of  $-.07$  to  $.03$ ) revealed that the father-adolescent conflict was not a significant mediator between perceived paternal warmth and depressive symptoms. Therefore, hypothesis 2 was not supported.

### **Discussion**

The results fully supported Hypothesis 1 and did not support Hypothesis 2. The findings suggested that mother-adolescent conflict significantly impacted depressive symptoms among Korean American adolescents. Although maternal warmth did not have a significant direct effect on depressive symptoms, mother-adolescent conflict still mediated between two variables from the results. However, it is not clear why maternal warmth was not significantly associated with depressive symptoms in the current study. Previously, low maternal warmth was associated with depressive symptoms among Korean American adolescents (Kim & Cain, 2008). This study's different outcome may be due to outliers who reported low maternal warmth but no depressive symptoms. In fact, adolescents who have the capacity to cope with low parental warmth may not experience emotional and mental health problems (Rohner et al., 2005).

It is also not clear why father-adolescent conflict did not have a mediating effect between paternal warmth and depressive symptoms. This may be due to a lack of interaction between Korean American adolescents and their fathers. In Korean culture, the mother is in charge of a child's education and is the primary caregiver, while the father is viewed as an authority figure and is less involved in childrearing. Korean fathers tend to work long hours and follow the traditional role of breadwinner (Choi, Kim, Park, & Dancy, 2012). These factors may contribute to less communication and interaction between Korean fathers and their adolescent children.

Results indicate that a perception of less parental warmth relates to a high level of conflict between Korean American adolescents and their parents. However, this cross-sectional

data collection does not clarify which of these two variables comes first. It is debatable whether adolescents perceiving less parental warmth will have a higher level of intergenerational conflict or if a high level of conflict with parents leads adolescents to perceive less parental warmth. This issue needs to be explored further.

It is troubling that 60% of the participating adolescents were revealed to have high depressive symptoms. This is 1.5 times higher than that (40%) reported in a previous study among Korean American adolescents (Kim & Cain, 2008). The age range in the Kim and Cain (2008) study was from 11 to 17 years old, while the age range of the participants in the current study was from 14 to 18 years old. Since Lewinsohn and colleagues (1998) reported depression rates increasing as adolescents grow older, a comparison of the findings suggests that Korean American adolescents may experience higher depressive symptoms as they age. Also, the timing of the current study's data collection may have had an influence on the high level of depressive symptoms. The participants may have experienced a high level of stress due to the start of a new school year. Nevertheless, this high level of depressive symptoms among Korean American adolescents is a concern for health care providers. Korean parents may think that being moody during adolescence is a normal part of development and have a strong bias against depression. This may cause delay of medical treatment for their depressed adolescents. This finding suggests the importance of screening for depressive symptoms among Korean American adolescents and making appropriate referrals and initiation of treatment. The results also revealed that Korean American adolescents experienced higher perceived rejection from their parents (29.9% from mothers and 23.7% from fathers). These results were higher than a previous study that focused on the general American youth population, which reported 7-10% of the participants experiencing serious parental rejection (Rohner, 2005).

It is recommended that intervention and educational programs acknowledging the early signs of depressive symptoms and providing strategies to cope with parental conflicts be developed for Korean American adolescents. Additionally, culturally appropriate intervention programs for Korean parents need to be developed to decrease conflict levels and teach them ways to express warmth towards their children.

One study limitation was the use of participants' self-report questionnaires for data collection. As noted earlier, if an adolescent in general had less interaction and communication with their fathers, he or she may have answered no or less conflict to questions relating to that behavior. Other causes such as coping skills or temperament within the Korean American adolescent may also influence depression and conflicts with parents. In addition, participants were recruited from local churches, thus limiting the group's diversity; adolescents who routinely attend church may have better support systems and resources. However, local Korean Christian churches tend to be the first choice for recruitment of this ethnic population because up to 70% of Korean American immigrants attend ethnic churches (Kim, 2009; Min, 1992). In order to minimize this limitation, the researcher utilized a network sampling method to recruit Korean American adolescents outside the churches; however, 88% of participants identified as Protestant.

### **Conclusion**

In conclusion, the study findings revealed mother-adolescent conflict was mediating between maternal warmth and depressive symptoms among Korean American adolescents. They also showed a higher prevalence of depressive symptoms in this population. Future research with a diverse sample is needed. Additionally, in order to develop generalizations within this population, research needs to be done on other factors that may influence Korean American adolescents' mental health, such as coping skills, self-esteem, and temperament. A longitudinal

research design is necessary to examine how the mediating effect of intergenerational family conflict between perceived parental warmth and depressive symptoms changes over time.

The study's findings suggest the need to develop culturally and developmentally appropriate intervention programs for Korean American adolescents and their parents. First, it is important to educate Korean parents about developmental characteristics and tasks that their adolescents should accomplish. The intervention also needs to include information focusing on the de-stigmatization of mental health issues and building strategies to empower parents to express parental warmth. Second, Korean parents and Korean American adolescents should learn to recognize the cultural differences they face daily and discover methods to negotiate and communicate with each other. Healthcare professionals and school counselors should know the unique challenges and issues that Korean American adolescents face and be able to provide support, education, and counseling.

Table 3-1

*Demographic Information (Girls = 72 (74%), Boys = 25 (26%))*

Variable	N	Mean (SD)
Age	97	15.82 (1.19)
Grade	97	10.61 (1.11)
Adolescent's length of stay in the USA	97	12.39 (4.58)
Mother's length of stay in the USA	89	15.71 (9.28)
Father's length of stay in the USA	89	16.97 (10.92)
		n (%)
Birthplace		
Korea	45 (46.4)	
U.S.	51 (52.6)	
Other	1 (1.0)	
Identity		
Korean	23 (23.7)	
Korean American	66 (68.1)	
American	8 (8.2)	
Religious preference		
Protestant	85 (87.6)	
Catholic	7 (7.2)	
Buddhist	1 (1.0)	
None	3 (3.1)	
Other	1 (1.0)	

Table 3-2

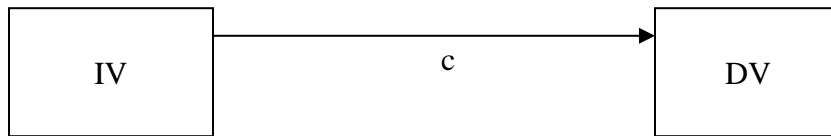
*Correlation, Means, Standard Deviation for the Study Variables*

	Maternal warmth	Paternal warmth	Depressive symptoms	Mother-adolescent conflict	Father-adolescent conflict	Means	SD
Maternal warmth	---					74.33	19.18
Paternal warmth	-.59**	---				74.85	17.58
Depressive symptoms	-.17	-.24*	---			11.53	5.46
Mother-adolescent conflict	-.59**	-.44**	-.38**	---		21.14	9.63
Father-adolescent conflict	-.37**	-.57**	-.21*	-.67**	---	20.33	9.95

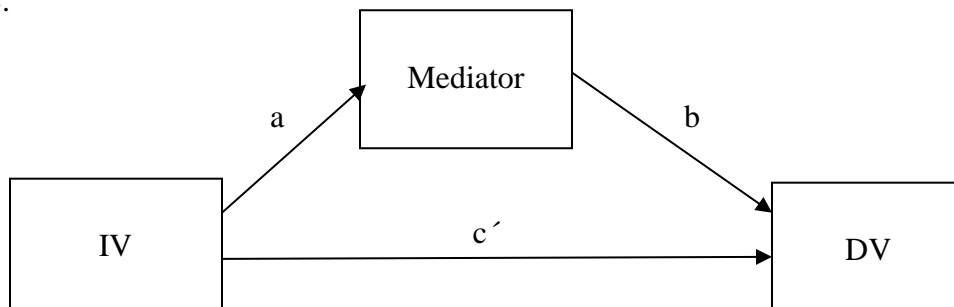
\* $p < .05$ , \*\* $p < .01$  (2-tailed)

Figure 3-1. Mediating Model.

Panel A.



Panel B.



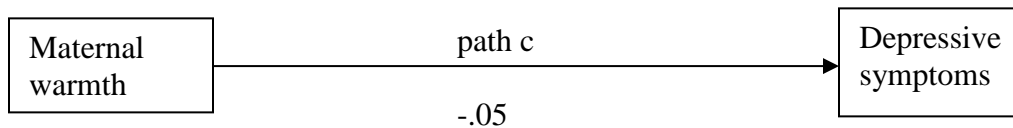
Panel A: Illustration of a direct effect. IV affects DV

Panel B: Illustration of a mediation design. IV affects DV indirectly through Mediator

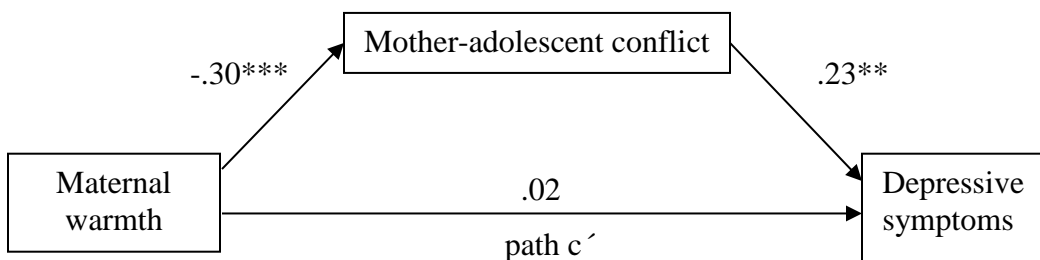
IV = independent variable; DV = dependent variable

Figure 3-2. Mediating Effects of Intergenerational Family Conflict Between Perceived Parental Warmth and Depressive Symptoms

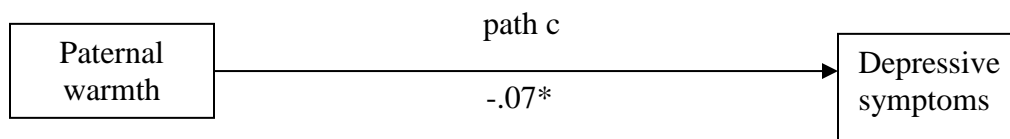
Panel A.



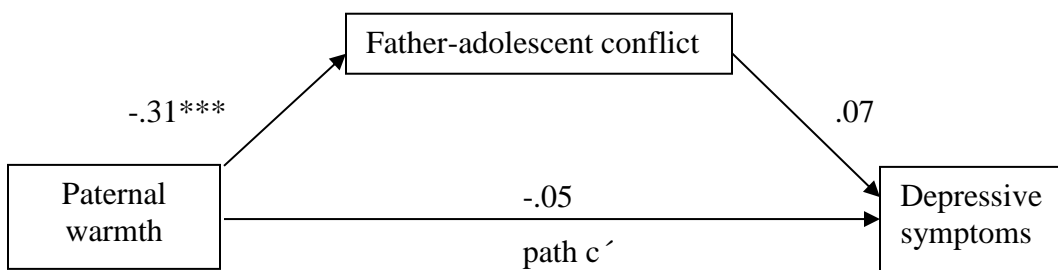
Panel B.



Panel A.



Panel B.



Note: Numbers indicate unstandardized coefficient

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

## **Chapter IV**

### **Racial Discrimination Distress and Substance Use Among Korean American Adolescents: Potential Moderating Effects of Perceived Parental Warmth**

### **Abstract**

Substance use among adolescents is a great concern in our society, and perceived racial discrimination distress has been associated with substance use in minority adolescents. The goal of this study was to examine the association between perceived racial discrimination distress and substance use and the moderating effect of perceived parental warmth among 101 Korean American adolescents from 14 to 18 years old. Eighty nine percent of participants reported perceiving racial discrimination distress, and 21% of participants had used at least one kind of substance in the month prior to taking the survey. The most frequently used substance was alcohol, followed by marijuana and tobacco products. Logistic regression analysis revealed a link between perceived racial discrimination distress and substance use (OR = 2.03). However, parental warmth did not moderate between racial discrimination distress and substance use. Results show that perceived racial discrimination distress is positively associated with substance use among Korean American adolescents. Future research is needed to expand knowledge of substance use among Korean American adolescents in the community. Health care professionals and counselors should screen for substance use in this population and attend to the likelihood of discrimination distress when treating substance use problems. Additionally, results indicate a need for interventions to reduce substance use and provide strategies to cope with discrimination distress in Korean American adolescents.

### **Keywords**

Korean American adolescents, Parental warmth, Racial discrimination distress, Substance use

## Introduction

Substance use (use of alcohol, tobacco, illicit drugs) among adolescents has been increasing in our society despite our considerable efforts at prevention (Fang et al., 2011a; Griffin et al., 2001; Harachi et al., 2001; Shin et al., 2010; Wallace & Fisher, 2007; L. Wu et al., 2011). Those who use substances during their adolescence may experience irreversible negative outcomes because of their developing brains' vulnerability (Steinberg, 2011). The National Surveys on Drug Use and Health (NSDUH) from 2005 to 2008 revealed that 37.0% of adolescents between 12 and 17 years of age had tried alcohol or illicit drugs, with alcohol reported as the most frequently used substance among American adolescents (Substance Abuse and Mental Health Services Administration, 2010). Although substance use among Asian American adolescents (11.7%) was lower than Native American (31%), Caucasian (20%), Hispanic (18.3%), and African American (18.6%) adolescents (L. Wu et al., 2011), Ecstasy use rates were similar to those of Caucasian adolescents and higher than other ethnic groups (P. Wu et al., 2011). Paired Asian American adolescent subsamples (N = 714) of Adolescent Health (Add Health) Wave I (1995) and Wave II (1996) instruments indicated an increase in heavy drinking, defined as drinking five drinks or more in a row, from Wave I (15.1%) to Wave II (32%; Hahm et al., 2003). Several studies also reported high rates of smoking cigarettes among Asian American adolescents; in these studies, Korean American adolescents formed the highest user group (Rosario-Sim & O'Connell, 2009; Unger et al., 2004; Weiss & Garbanati, 2004). The risk factors for substance use included peer pressure, low self-esteem, stress, poor parent-child relationships, low parental monitoring, and family substance use, whereas protective factors were self-efficacy, a positive relationship with parents, and parental warmth (Fang et al., 2011b; Guilamo-Ramos et al., 2004). A few studies also reported Korean American adolescents having

high rates of trying alcohol (66.3% females and 75.3% of males) and smoking (31.3%) at least once (Nakashima & Wong, 2000; Weiss et al., 2006).

One of the factors associated with substance use is perceived racial discrimination distress. Racial discrimination refers “to the beliefs and practices that denigrate and exclude individuals or groups of people because of their race or color of skin” (Yoo & Lee, 2008, p. 63). There have been increased reports of anti-Asian incidents in the past two decades (Liang et al., 2004) as the Asian immigrant population in the United States has rapidly grown. Numerous studies reported a strong association between perceived racial discrimination distress and mental health, even if no actual discrimination existed (Broudy et al., 2007; Cassidy et al., 2004; Chou et al., 2012; Green et al., 2006; Juang & Cookston, 2009; Noh & Kaspar, 2003; Yoo & Lee, 2008). Although experiencing racial discrimination is a common stressor among Asian American adolescents, this population was not represented in the mainstream of discrimination-related research until the late 1990s. Studies have uncovered discrimination distress towards minority adolescents in the areas of employment, education, juvenile justice, and social support systems (Fisher et al., 2000).

Perceived racial discrimination distress has been reported as associated with depressive symptoms among minority adolescents (Fisher et al., 2000; Grossman & Liang, 2008; Juang & Cookston, 2009; Rivas et al., 2008; Shin et al., 2011). Perceived racial discrimination distress also has been related to substance use, including prescription drug use, illicit drug use, alcohol abuse, and cigarette smoking, among Asian American adults and adolescents (Chae et al., 2008a; Chae et al., 2008b; Gee et al., 2007; Landrine et al., 2006; Park, 2008). However, the association between perceived discrimination distress and substance use among Korean American adolescents in particular is unclear because of a lack of rigorous and recent research in this area.

This study examined the possible moderating role of perceived parental warmth between perceived racial discrimination distress and substance use. The perception of low parental warmth was related to substance use among European, African, Asian, and Hispanic American adolescents (Rhoner et al., 2005). Conversely, a high level of parental warmth was associated with lower levels of substance use among Asian American adolescents (Guilamo-Ramos et al., 2004). Other research revealed that parenting monitoring served as a moderating factor between gender/family structure and substance use among minority adolescents (Griffin et al., 2001). When adolescents perceived less parental warmth, they tended to more frequently interacting with friends who used substances and engaged in substance experimentation (Duncan, Tildesley, Duncan, & Hops, 1995; Weiss & Garbanati, 2004). It is possible that when adolescents perceive high levels of discrimination distress and low parental warmth, they may not choose to communicate with their parents and instead interact with their substance-using peers. However, if adolescents perceive a high level of discrimination distress, but also perceive high parental warmth, they may not use substances. Consequently, perceived parental warmth may moderate the association between perceived racial discrimination distress and substance use among Korean American adolescents. The purpose of this study was to describe perceived racial discrimination distress, patterns of substance use, and the association between these two variables among Korean American adolescents.

### **Conceptual Framework**

A perception of discrimination has been proven to be a social stressor that may lead to psychological and physical strain (Pascoe & Smart Richman, 2009). According to Lazarus and Folkman (1984), stress leads to two types of cognitive appraisals. Primary appraisals are harm-loss, threat, and challenge. Harm-loss refers to damage or loss that has already occurred. Threat

applies to possible damage and loss in the near future. Challenge refers to a positive outcome that could be an opportunity to gain skills and ability. Secondary appraisal consists of the feeling that the individual can or cannot deal with the situation.

In our society, people are surrounded by social or group pressures that influence the likelihood of conformity to group norms regardless of whether behavior is right or wrong. Because people need approval and confirmation from others, they conform with or without realizing whether they are doing wrong. Individuals may realize the actions are wrong but commit them due to group pressure (Lazarus, 1991). When an adolescent feels approved and loved by his/her parents, he/she is more likely to have positive worldview and self-esteem (defined as feeling of self-worth; Rohner, 1986). This may lead adolescents to deal with stressful situations appropriately (Rohner et al., 2005). It is reasonable to posit that when Korean American adolescents perceive high levels of racial discrimination distress and do not want to stand out from their group, they may be influenced to use substances if their peers do so. However, when they perceive high parental warmth, they have more positive ways to deal with stress from perceived racial discrimination. Accordingly, the following hypotheses were tested assuming parental warmth would have direct effect on substance use:

- (1) Perceived racial discrimination distress is positively associated with substance use among Korean American adolescents.
- (2) Perceived parental warmth moderates the relationship between perceived racial discrimination distress and substance use.

## Methods

### Participants and Data Collection

A cross-sectional design utilizing an online survey was used in this study. Participants included 101 Korean American adolescents (14 to 18 years old) living in the Pacific Northwest. Convenience and network sampling methods were used to recruit a variety of Korean American adolescents. The inclusion criteria were Korean American adolescents who (1) can read, write, and understand English fluently; (2) were 14 to 18 years old, in grades 9 through 12, during the data collection period; (3) have at least one parent who is Korean American; and (4) are currently living with their parent(s). Those Korean adolescents who are living abroad in the U.S. were excluded. In this study, the term *Korean American* includes U.S.-born Koreans, naturalized citizens of Korean ethnicity who were born outside of the U. S., and Korean citizens who are permanent U.S. residents.

Before participant recruitment began, the study procedures were reviewed and approved by the University of Washington Institutional Review Board (IRB) to ensure the protection of human subjects. Data collection took place from August 2012 through December 2012. The survey was completed by 101 Korean American adolescents from ten local Korean ethnic churches.

The researcher created an online survey using WebQ, an online tool approved by the IRB for use with research participants. WebQ is convenient and allows the creation of anonymous online surveys. The researcher contacted the youth pastors at local Korean churches to gain permission to recruit Korean American adolescents through their programs. When participants went to the survey website, they were able to view the Information Statement and were asked whether they agreed or disagreed to participate in the study. Adolescents gave their assent by

clicking “I agree.” The next screen listed the inclusion criteria and asked participants if they met them. The survey automatically stopped if the inclusion criteria were not met. After finishing the demographic data, participants were able to print a page to receive a \$10 Panera Bread gift card. After printing the page, they were asked to click the “submit” button. Once the required number of participants was reached, the researcher closed the survey site, and all data were imported into the SPSS program via Microsoft Excel.

### **Instruments**

**Substance use index.** This includes four sections of a self-reporting questionnaire asking about the use of substances such as alcohol, tobacco products, marijuana, Ecstasy, cocaine, LSD, heroin, PCP, and stimulants, as well as gas- or fume-sniffing. Questions focus on lifetime experience, usage in the month prior to taking the survey, frequency of use, and usage by family and/or friends. The last section asks for reasons why the participant uses substances. Created by the researcher, this index is based on the National Institute on Drug Abuse (NIDA) screening tool (NMAssist, n.d.), which is used in general medical settings by clinicians. The NIDA screening tool asks about the use of alcohol, tobacco products, and illegal drugs in the past year. For the current study, this index asks whether the participant had ever tried a substance and his or her substance usage in the past month. Participants were asked to report their frequency of use to assess the severity of substance use. Finally, the index inquires if family members or friends use substances. A study reported 100% sensitivity and 73.5% specificity detecting lifetime experience of substances and 92.9% sensitivity detecting current use in adult population (Smith, Schmidt, Allensworth-Davies & Saitz, 2010). The Cronbach’s alpha for the current study was 0.59 for past month use and 0.81 for lifetime experience.

**Adolescent Discrimination Distress Index (ADDI).** This is a 15-item self-reported scale to measure adolescents' perceptions of whether they feel discriminated against within institutional, educational, and peer contexts (Fisher et al., 2000). Each situation asks if they have experienced discrimination because of their race or ethnicity through dichotomous responses of "no" or "yes." An answer of no was scored as 0. Adolescents who answered yes were then asked to rate how upsetting the experience was to measure distress level by using a 5-point Likert-like scale ranging from 1(not at all upsetting) to 5 (extremely upsetting). Sample questions are "you were given a lower grade than you deserved" for educational context, "you got hassled by police" for institutional context, and "other kids called you racially insulting names" for peer context. The score ranged from 0 to 75, and higher scores indicated greater levels of perceived racial discrimination distress. Although this scale has not been used with Korean American adolescents, a sample of African, Hispanic, Asian, and European American adolescents resulted in a Cronbach's alpha of 0.72 for the institutional subscale, 0.60 for the educational subscale, and 0.60 for the peer subscale (Gamst et al., 2011). The validity of the measure was established based on a strong inverse relationship between self-esteem scores and ADDI among African American and Asian American adolescents (Fisher et al., 2000). The Cronbach's alpha for the current study was 0.86.

**The Child Parental Acceptance-Rejection Questionnaire (CPARQ, short version).**

The CPARQ short version is a 24-item self-report questionnaire to measure an adolescent's perceptions of parental acceptance or rejection (perceptions about mother and father assessed separately). The acceptance subscale has 8 items that assess the parent-child relationship from the perspective of the adolescent (e.g., "my mother says nice things about me"). The rejection scale consists of 16 items focusing on hostility/aggression, neglect, and undifferentiated rejection.

The sample questions are “my mother pays no attention to me” and “my mother seems to dislike me” (Rohner, 2005). The CPARQ uses a 4-point Likert-like scale with response options ranging from 1 (almost always true) to 4 (almost never true). The CPARQ scores were reversely coded to measure parental warmth. It ranges from 24 (maximum perceived rejection) to 96 (maximum perceived acceptance). Rohner (2005) reported evidence of convergent and discriminant validity. Reliability coefficients for the CPARQ have been reported as 0.70 for mothers and 0.57 for fathers when rated by Jamaican youths (Steely & Rohner, 2006). The Cronbach’s alpha for the current study was 0.96 for mothers and 0.95 for fathers.

**Demographic variables.** The demographic variables obtained from participants included age, grade, gender, GPA, length of stay in the U.S., family income, languages spoken at home, place-of-origin, ethnic identity, religious preference, parents’ education level, parents’ length of stay in the U. S., participants’ perception of their parents’ acculturation level, and number of Korean and American friends. The survey asked what language the adolescent used when speaking to his or her mother and father and what language each parent used to speak to the adolescent.

### **Analysis**

There were less than 5% missing data across the variables except CPARQ. One case had no data for mother CPARQ, while 3 cases had no data for father CPARQ. Descriptive analysis was used to describe demographic information, racial discrimination, and the patterns of substance use. The substance use data were divided into two groups; an answer of “no use” for use of substances in the prior month was coded into 0, and any type of substance use was coded into 1. Logistic regression was then used to examine the association between perceived discrimination distress and substance use. Age, identity, and birthplace were found to be

correlated with substance use and were controlled in data analysis. Logistic regression analysis was conducted to test the moderating effects of perceived parental warmth on the association between racial discrimination distress and substance use. Age, identity, and birthplace were entered in Step 1, followed by the entry of racial discrimination distress in Step 2. In Step 3, CPARQ was entered, and the interaction term (racial discrimination distress x CPARQ) was entered in Step 4. To serve as moderator, the interaction term should be statistically significant (Baron & Kenny, 1986).

### **Findings**

The study sample includes 73 girls and 28 boys, with ages ranging from 14 to 18 years, and a mean age of 15.83 years ( $SD = 1.17$ ). The average length of stay in the U.S. for the participants was 12.40 years ( $SD = 4.65$ ), and the participants identified themselves as Korean (23.8%), Korean American (68.3%), and American (7.9%). Forty-six adolescents (45.5%) were born in Korea, 54 adolescents (53.5%) were born in the U.S., and 1 adolescent was born in Canada. Eighty-nine adolescents (88.1%) were Protestant, 7 adolescents were Catholic Christian, and 5 adolescents stated they were Buddhist or no religion. The average number of years lived in the U.S. for their mothers was 15.63 ( $SD = 9.34$ ), and for their fathers, 17.2 ( $SD = 10.92$ ).

Among 101 adolescents, 91 (89.1%) participants reported that they experienced racial discrimination distress. Table 4-1 presents the description of racial discrimination distress for each item, ordered by the frequency by which each item was endorsed. The most frequent situation in which participants experienced racial discrimination distress was item 11, “other kids called you racially insulting names” ( $n=64$ ); 31 of 64 participants reported it as “from somewhat” to “extremely upsetting.” The next most frequently endorsed situations were “you were given a lower grade than you deserved” ( $n=59$ ), “you received poor service at a restaurant” ( $n=46$ ), and

“teachers expected more of you than of other students” (n=4 participants). The least frequently endorsed situations were “you got hassled by police” (n=11), and “other kids did not want you to join a school club” (n=13).

For substance use, 21 (20.8%) participants used at least one type of substance in the past month. The most frequently used substance was alcohol, with 18 adolescents [12 (16.4%) girls; 6 (21.5%) boys] having used it in the month prior. Among those adolescents, 14 had drunk alcohol less than once per week, while four participants had used it 1-2 times/week. Marijuana was the second most frequently used substance with 7 adolescents (4 girls; 3 boys) reporting usage. Only 4 participants (3 girls; 1 boy) reported using tobacco. Six participants had used more than one kind of substance, and 21 (20.8%) participants had used at least one kind of substance.

Lifetime experience with substance use among these adolescents was much higher, as reported in Table 4-2. Forty-two (41.6%) participants had tried alcohol (30 (41.1%) girls; 12 (42.9%) boys), and 11 (10.9%) participants had tried tobacco (7 girls; 4 boys) and marijuana (7 girls; 4 boys) in the past. Also, 34 (33.7%) participants had friends who drank alcohol, 35 (34.7%) participants had friends who used marijuana, and 17 (16.8%) participants had friends who used tobacco. The most common reasons given for using substances were to have fun (n=8) and to relieve stress (n=7), followed by curiosity (n=4), and peer pressure (n=2).

The association between racial discrimination distress and substance use was examined using logistic regression analysis. After controlling for age, identity, and birthplace, perceived racial discrimination distress was predictive of substance use [ $b = .71$  (SE = .31), Wald (1) = 5.11,  $p < .05$ , OR = 2.03, 95% CI = 1.10, 3.76,  $r^2 = .26$ ], indicating that, on average, 1 unit (15 points) change of perceived racial discrimination distress increased substance use by 2.03 times. Age also predicted substance use [ $b = .60$  (SE = .25), Wald (1) = 5.66,  $p < 0.5$ , OR = 1.82),

showing that a one-year change in age increased substance use by 1.82 times. However, identity and birthplace did not significantly predict substance use among Korean American adolescents. Therefore, the prediction that perceived racial discrimination distress is positively associated with substance use among Korean American adolescents (hypothesis 1) was supported.

To examine the moderating effects of perceived parental affection between racial discrimination distress and substance use, a series of logistic regression analyses was conducted while controlling for age, identity, and birthplace. Tables 4-3 and 4-4 summarize the logistic regression analyses. The influence of racial discrimination distress on substance use was significant [ $B = .78$  ( $SE = .32$ );  $Wald(1) = 5.70, p < .05$ ]. Maternal warmth, when added to the equation, was not statistically significant [ $B = -.01$  ( $SE = .02$ );  $Wald(1) = .22, ns$ ]. The test for the moderating effect of maternal warmth was nonsignificant [ $B = -.01$  ( $SE = .02$ );  $Wald(1) = .01, ns$ ], indicating that maternal warmth did not serve as moderator.

To test the influence of paternal warmth, the analysis steps were repeated. Racial discrimination distress was a significant predictor of substance use [ $B = .86$  ( $SE = .36$ );  $Wald(1) = 5.67, p < .05$ ]. The direct effect of paternal warmth was nonsignificant [ $B = -.02$  ( $SE = .02$ );  $Wald(1) = 1.97, ns$ ]. Finally, tests of the interaction [ $B = -.02$  ( $SE = .02$ ),  $Wald(1) = .63, ns$ ] revealed that paternal warmth did not serve as moderator between perceived racial discrimination distress and substance use. Without the controlling variables, parental warmth still did not serve as a moderator. Thus, hypothesis 2 was not supported.

### **Discussion**

Results indicated that 89.1 percent of Korean American adolescents perceived racial discrimination distress. The most frequent situation that Korean American adolescents experienced was being called racially insulting names, and it caused somewhat to extreme

distress in half of the surveyed adolescents. This finding was consistent with a previous study's conclusion that Asian American adolescents report high levels of racially insulting name-calling (Fisher et al., 2000). Getting hassled by police was the least frequent situation. This might be because Korean Americans, in general, tend to be in fewer situations where they might face police. Discouraged from joining a school club was a less-frequent situation, but 37 adolescents did respond that they were excluded from other kids' activities. They also felt they had received a lower grade than deserved due to their ethnicity. These findings suggest Korean American adolescents may experience a high level of discrimination distress in school settings, raising new academic risk concerns for this population.

The study also found that alcohol was the most frequently used substance among Korean American adolescents, consistent with a national report (Substance Abuse and Mental Health Services Administration, 2010). The reported alcohol use rate (approximately 18%) among Korean American adolescents in this study was smaller than previously reported findings (38.5% among Asian American; Fang et al., 2011a). The lifetime experience rate for alcohol use was also smaller than previously reported (41.6% vs. 66.3% for girls; 42.9% vs. 75.3% for boys; Nakashima & Wong, 2000). This finding may be influenced by the fact that participants were recruited from churches rather than from the general community. Although churchgoers may drink alcohol, one study found that, among Korean American immigrants, Protestant church attendees consumed less alcohol than those who attended Catholic churches or no church (Kang Sim et al., 2013). In fact, 89 participants were Protestant, which may have contributed to the low number of substance use reports in this study.

As predicted, the results showed that perceived racial discrimination distress was associated with substance use among Korean American adolescents, thus supporting hypothesis

1. Studies have reported that racial discrimination distress was associated with mental health problems among Asian Americans (Fisher et al., 2000; Grossman & Liang, 2008; Juang & Cookston, 2009; Rivas et al., 2008; Shin et al., 2011). Several studies have also reported that perceived discrimination distress was related to substance use among Asian American adults and adolescents (Chae et al., 2008a; Chae et al., 2008b; Gee et al., 2007; Landrine et al., 2006; Park, 2008).

This study examined for the potential moderating effects of maternal and paternal warmth on the association between perceived racial discrimination distress and substance use. However, neither maternal nor paternal warmth moderated significantly on the association between the two variables. It is not clear why there was no significant interaction term. It is possible that the substance use rate was considerably low and contributed to the non-significant results.

One study limitation was the sole reliance on self-reports from the adolescent participants, which could bring into question the validity of the findings. Also, because a negative stigma towards substance use is strong in Korean society, the adolescents may not have fully disclosed their substance use. However, the survey was completely anonymous and adolescents were encourage to be honest, factors that improve report validity among adolescents, as is true of most national surveys of adolescent substance use (Brener, Billy, & Grady, 2003). Also, study participant recruitment was limited to a convenience sample from local ethnic churches; thus few non-church going Korean American adolescents participated in the study. The substance use among Korean American adolescents may be higher within the community at large.

## Conclusion

For the first time, the relationship between perceived racial discrimination distress and substance use among Korean American adolescents was examined, as were the potential moderating effects of parental warmth. The study findings suggest that Korean American adolescents perceive a high level of racial discrimination distress, and it is associated with substance use in this population. Future investigations that include longitudinal designs and utilize larger, randomly selected, and more diverse samples are needed in order to generalize the study results and to examine for multivariate influences on adolescent substance use as well as potential mediating and moderating factors, such as self-efficacy and coping skills, in this population. It is also necessary to study the association between racial discrimination distress and other health outcomes, such as mental health or delinquent behavior. Additionally, future research needs to focus on intervention programs designed to reduce both substance use and racial discrimination distress among Korean American adolescents.

The findings highlight critical research needed to advance prevention science within the Korean American adolescent population. Health care professionals and counselors should be aware of discrimination-related distress, and should routinely screen for substance use, especially alcohol consumption, among Korean American adolescents. Resources are needed that provide help and support to Korean American adolescents experiencing racial discrimination distress and encountering substance-related issues in their lives. Concurrently, Korean American parents would benefit from tailored educational programs that address adolescent developmental milestones, the impact of social discrimination distress, health risk behaviors and signs of early substance use involvement. Parents would benefit from culturally sensitive and appropriate

intervention approaches that provide parenting support, enhance communication skills, and teach strategies effective in parenting adolescents.

Table 4-1

*Perceived Racial Discrimination Distress Among Korean American Adolescents (N = 101)*

Item	Yes <i>n</i> (% of total)	No or little upsetting, <i>n</i> (% of total)	Somewhat to extremely upsetting, <i>n</i> (% of total)	Missing
Other kids called you racially insulting names.	64 (63.4%)	33 (32.6%)	31 (30.8%)	0
You were given a lower grade than you deserve.	59 (58.4%)	8 (7.9%)	51 (50.5%)	0
You received poor service at a restaurant.	46 (45.5%)	14 (13.8%)	32 (31.7%)	0
Teachers expected more of you than of other students.	43 (42.6%)	33 (32.7%)	10 (9.9%)	0
Other kids thought you didn't know English very well.	39 (38.6%)	19 (18.8%)	20 (19.8%)	0
Other kids did not include you in their activities.	37 (36.6%)	14 (13.8)	23 (22.8%)	0
People acted like they thought you were not smart.	35 (35.0%)	17 (17.0%)	18 (18.0%)	1
You were not selected to be in an honors or advanced level class.	27 (27.0%)	12 (12.0%)	15 (15.0%)	1
You were unfairly disciplined or given after-school detention.	25 (24.8%)	5 (5.0%)	20 (19.8%)	0
People acted like they were afraid of you.	18 (18.0%)	12 (12.0%)	6 (6.0%)	1
You were threatened by other kids.	18 (17.8%)	5 (5.0%)	13 (12.8%)	0
Teachers expected less of you than of other students.	17 (16.8%)	8 (7.9%)	9 (8.9%)	0
Other kids did not want you to join a school club.	13 (12.9%)	5 (5.0%)	8 (7.9%)	0
You got hassled by a store clerk or store guard.	13 (12.9%)	4 (4.0%)	9 (8.9%)	0
You got hassled by police.	11 (10.9%)	3 (3.0%)	8 (7.9%)	0

*Note.* Adolescent Discrimination Distress Index (ADDI)

Table 4-2

*Patterns of Substance Use (N=101)*

Type of substances	Past month use	Lifetime experience	Any Family member use	Number of friends who use		
				none	1-4	5 and more
Alcohol	18	42	46	67	11	23
Tobacco	4	11	29	84	12	5
Marijuana/pot/grass/pot/weed	7	11	2	66	15	20
Ecstasy/rave/love drug/XTC	1	3	0	96	2	3
Cocaine/Crack/coke	1	2	1	96	3	2
LSD/mushrooms/acid/boomers	0	3	0	95	3	3
Heroin/opiates/poppy/murphy	1	1	1	97	2	2
PCP/Angel dust/peace pill	0	2	0	100	0	1
Stimulants/fen-phen/speed	1	2	1	100	0	1
Benzodiazepines/transx/downers	0	1	0	100	1	0
Crosstops/whites/speed/Dexies/Christmas	0	2	0	100	1	0
Sniffing gases/fumes/glue	0	1	1	99	1	1

Table 4-3

*Logistic Regression Testing the Moderating Effects of Maternal Warmth on the Association Between Perceived Racial Discrimination and Substance Use Among Korean American Adolescents (N=97)*

Variable	B	SE	Wald	OR
Step 1				
Age	.51	.24	4.70*	1.67
Identity	.99	.58	2.91	2.69
Birth Place	.65	.59	1.23	1.92
Step 2				
Racial Discrimination distress	.78	.33	5.70*	2.18
Step 3				
Maternal Warmth	-.01	.02	.22	.99
Step 4				
Racial Discrimination distress x				
Maternal Warmth	-.01	.02	.01	1.00

\* $p < .05$  (2-tailed)

Table 4-4

*Logistic Regression Testing the Moderating Effects of Paternal Warmth on the Association Between Perceived Racial Discrimination and Substance Use Among Korean American Adolescents (N=97)*

Variable	B	SE	Wald	OR
Step 1				
Age	.50	.24	4.40*	1.65
Identity	.95	.58	2.69	2.58
Birth Place	.72	.58	1.54	2.06
Step 2				
Racial Discrimination Distress	.86	.36	5.67*	2.36
Step 3				
Paternal Warmth	-.02	.02	1.97	.98
Step 4				
Racial Discrimination Distress x				
Paternal Warmth	-.02	.02	.63	.98

\* $p < .05$  (2-tailed)

**Chapter V**

**Understanding Korean American Adolescents' Perception of Parental Warmth**

### **Abstract**

The goal of this cross-sectional and convergent mixed method study was to explore how Korean American adolescents perceive parental acceptance and rejection by comparing qualitative and quantitative data. Using convenient and networking sampling methods, the researcher recruited 101 Korean American adolescents from 14 to 18 years old and living in the Pacific Northwest area. The results indicated that participants perceived parental acceptance through verbal affirmation, acts of service and/or sacrifice, physical contact, spending time together, gift-giving, and prayer. Parental rejection was perceived by the adolescents based on verbal hostility, physical/emotional neglect, uncaring behavior, physical punishment, and argument engagement. The Korean American adolescents generally perceived their parents as loving and sacrificing even though survey scores indicated low acceptance and/or high rejection. The findings indicate a need for the development of culturally appropriate interventions for Korean American parents to support expressing acceptance and minimizing rejecting behaviors.

**Keywords:** Korean American Adolescents, Mixed Method, Parental Acceptance, Parental Rejection

## Introduction

Parental acceptance, defined as warmth, affection, care, comfort, nurturance, support, or love that children receive from their parents, is important in promoting adolescents' psychosocial well-being. As Amato and Fowler (2002) noted, parental support, monitoring, and avoidance of harsh punishment are associated with their children's positive adjustment, better school grades, and less behavioral problems, regardless of the parents' ethnicity, family structure, or income. On the other hand, parental rejection is revealed in the absence or withdrawal of positive feelings and behaviors and/or the existence of rejecting behaviors, such as verbal hostility or physical harassment. This parental rejection was found to be positively associated with depression and aggressive/withdrawn behaviors among Dutch adolescents aged 10 to 19 years (Hale et al., 2005). In addition, perceived parental rejection was shown to be related to negative psychological adjustment among children and adults, and the results were similar among families with different cultures, ethnic backgrounds, and languages (Khaleque & Rohner, 2002). Even if there are no actions of rejection by the parents, a child's perception of rejection could impact his or her psychosocial well-being (Rohner et al., 2005).

A few studies using quantitative data have reported parental acceptance and rejection as being associated with psychosocial adjustment and depressive symptoms among Korean American adolescents (Kim, 2008; Kim, 2011; Kim & Cain, 2008). Although Korean parents are known as warm and sensitive, with Korean mothers being especially viewed as caring and self-sacrificing, it is not known how Korean American adolescents perceive parental acceptance and rejection. The purpose of this mixed method study was to explore how Korean American adolescents perceive parental acceptance and rejection.

Korean culture, characterized by Confucianism and collectivism, is very different from the individualistic culture of the United States (U.S.) (Kim & Cain, 2008). Under the influence of Confucianism, Korean parents are encouraged to suppress the expression of their emotions towards their children (Kim & Cain, 2008). Also in the collectivistic traditions of Korean culture, Korean parents consider their children as part of themselves (Yim, 1998). Parental authority is absolute and requires unconditional obedience (Yang & Rettig, 2003).

In general, authoritative parenting, characterized as warm and involved but firm with consistent guidelines and limit-setting, is known to have a positive influence on adolescents (Steinberg, 2011). Adolescents raised by authoritative parents tend to develop their own opinions and beliefs and have better psychological and mental health compared to adolescents raised nonauthoritatively. In contrast, authoritarian parenting, characterized as a high degree of controls and a low degree of expression of acceptance, is often associated with low self-esteem and poor psychological adjustment in adolescents (Steinberg, 2011). This authoritarian style is the common parenting practice among Asian American families. However, authoritarian parenting does not always have a negative impact among Asian American adolescents. In fact, studies have found that Chinese and Korean American adolescents perceived parental control as caring, and it has been positively associated with school adjustment and a high level of academic performance (Sung, 2010; Yang & Shin, 2008). As Shrake (1996) found, Korean American adolescents perceived their parents as warm despite the parents' strict authoritarian control.

Beyond depressive symptoms, quantitative studies have found parental acceptance and rejection to be associated with several health outcomes such as aggression and psychological maladjustment (Hale et al., 2005; Kim, 2008; Kim, 2011; Kim & Cain, 2008). In addition, Korean American college students retrospectively reinterpreted their parents' parenting as

sacrifice and love (Kang et al., 2010). However, it is not clear how Korean American adolescents perceive parental acceptance and rejection and whether their perception is correlated with quantitative findings. This research used a mixed method approach to generate an explanation of relationships among parenting variables and build a deeper understanding of parenting acceptance and rejection in Korean American adolescents. The specific focus was on (a) how and when Korean American adolescents perceive parental expression of acceptance, (b) how and when Korean American adolescents perceive parental expression of rejection, and (c) the commonalities and differences in perceptions of parental acceptance and rejection collected using quantitative versus qualitative approaches.

### **Theoretical Framework**

In the Parental Acceptance-Rejection theory (PARTheory), the parent is defined as whoever provides primary caregiving for a child (Rohner et al., 2005). According to PARTheory, parental acceptance and rejection are on a continuum, reflecting a parental warmth dimension associated with enduring affectional bonds between parents and their adolescents. One end of the continuum is parental acceptance, represented as perceived warmth, love, affection, care, and support. Parental rejection, on the other hand, refers to the absence of such parental behaviors and the presence of hurtful actions, such as verbal abuse, negligence, and physical punishments. Parental rejection may contribute to physically and psychologically negative behaviors and emotions in adolescence (Rohner et al., 2005). Parental acceptance and rejection can be expressed physically (kissing and hugging versus hitting and kicking) and verbally (praising and complimenting versus cursing and shouting). When parents are neglectful and/or aggressive and hostile physically, socially, and emotionally, adolescents experience feeling unloved or rejected (Rohner et al., 2005).

## Method

### Design

This study used a cross-sectional and convergent mixed methods design. It was assumed that the qualitative data would provide a detailed description how Korean American adolescents perceived parental acceptance and rejection, while the quantitative data would provide general statistical findings of the parental accepting and rejecting behaviors.

To recruit a variety of Korean American adolescents, convenience and network sampling approaches were used. The inclusion criteria were Korean American adolescents who (a) could read, write, and understand English fluently, (b) were 14 to 18 years old and in grades 9 through 12, (c) had at least one parent who is Korean American, and (d) were currently living with their parent(s). Korean adolescents who were visiting or living abroad in the United States were excluded from the sample. In this study, the term Korean American included U.S.-born Koreans, naturalized U.S. citizens who were born in outside of U.S., and Korean citizens who were permanent U.S. residents.

The data collection took place from August 2012 through December 2012. A sample of 101 Korean American adolescents from 10 local Korean ethnic churches completed the survey. Overall, 72.3% were girls and 27.7% were boys. The age of adolescents ranged from 14 to 18 years, with a mean age of 15.83 years ( $SD = 1.17$ ). The average length of stay in the U.S. for the participants was 12.40 years ( $SD = 4.65$ ), and the participants identified themselves as Korean (23.8%), Korean American (68.3%), and American (7.9%). Forty-six (45.5%) adolescents were born in Korea, 54 (53.5%) adolescents were born in the U.S., and one adolescent was born in Canada. The parents' education level questions revealed that 74.2% of their mothers had a college-level or higher education, and most fathers (87.6%) also had a college-level or higher

education. The average number of years lived in the U.S. for the participants' mothers was 15.63 (SD = 9.34). Fathers had lived in the U.S. for an average of 17.2 years (SD = 10.92). Most participants rated their mothers' Americanization as low (45.3%), followed by somewhat (37.1%). Only 16.6% rated their mothers' Americanization as high. Participants rated their father's Americanization as low (33%), followed by somewhat (45.4%) and high (21.6%).

### **Data Collection Procedures**

The researcher created an online survey using WebQ, which was approved by the University of Washington IRB for use with research participants. WebQ is a convenient web-based tool that allows investigators to create an anonymous online survey. The researcher contacted the youth pastors at local Korean churches to gain permission to recruit Korean American adolescents through their programs. After receiving permission, the researcher visited the churches' youth services, presented the study's purpose and procedures, and distributed flyers that included the online website address. Adolescents were also encouraged to share information about the study with friends who may not attend church. When participants went to the survey website, they were able to view the Information Statement and were asked whether they agreed or disagreed to participate in the study. Adolescents gave their assent by clicking, "I agree." The following screen asked participants if they met the inclusion criteria. If they did not meet the criteria, the survey automatically stopped. The first part was open-ended questions, with enough space given for the participants to answer the questions thoroughly. Then the participants were asked to answer survey questions. Once the required number of participants was reached, the researcher closed the survey site, and all the data were imported into Statistical Package for the Social Sciences (SPSS) 19 program via Microsoft Excel.

## **Instruments**

**Open-ended questions.** Structured open-ended questions were developed by the researcher to obtain data on how Korean American adolescents perceived parental acceptance and rejection from their mother and father. The participants were asked to describe their perception of parental acceptance and rejection. Sample questions were “When and how do you know your mother/father loves you?” and “When do you feel your mother/father does not love you?” Additionally, the questions asked adolescents to score on a single item rating score from 0 (my mother/father does not love me at all) to 10 (my mother/father loves me entirely) how much they think their parents love them, followed by a question asking how much they love their parents on the same single item rating score from 0 to 10. This scale allows participants to quantify their perceptions and feelings. Participants were also asked if there were differences between their scores of parental love versus scores of love they felt toward their parents.

### **The Child Parental Acceptance-Rejection Questionnaire (CPARQ, short version).**

The CPARQ short version is a 24-item self-report questionnaire to measure an adolescent’s perceptions of parental acceptance or rejection in four categories: (a) warmth/affection; (b) hostility/aggression; (c) indifference/neglect; and (d) undifferentiated rejection. The acceptance subscale has eight items that assess the parent-child relationship from the perspective of the adolescent (e.g., “my mother says nice things about me”). The rejection scale consists of 16 items focusing on hostility/aggression, neglect, and undifferentiated rejection. It assesses the participant’s perception of his/her parents as angry and resentful, and if he/she believes their parents purposely attempt to hurt him/her physically and verbally (e.g., “my mother goes out of her way to hurt my feelings”). Additionally, adolescents are queried if their parents seem unconcerned or uninterested (e.g., “my mother pays no attention to me”) and if their perceived

parental rejection comes from their parents' exhibition of unaffectionate, aggressive, or neglecting behaviors (e.g., "my mother seems to dislike me"; Rohner, 2005). The CPARQ uses a 4-point Likert-like scale with response options ranging from 1 (almost always true) to 4 (almost never true). Several items are reverse scored to minimize response bias. The acceptance subscale scores range from 8 (minimum perceived acceptance) to 32 (maximum perceived acceptance). The rejection subscale scores range from 16 (minimum perceived rejection) to 64 (maximum perceived rejection). Rohner (2005) reported evidence of convergent and discriminant validity. Reliability coefficients for the CPARQ were reported as 0.70 for mothers and 0.57 for fathers among Jamaican youths (Steely & Rohner, 2006). The Cronbach's alpha for the current study were 0.93 for mother's acceptance, 0.95 for mother's rejection, 0.91 for father's acceptance, and 0.96 for father's rejection.

**Demographic data.** The demographic data obtained from participants included age, grade, gender, GPA, length of stay in the U.S., family income, languages spoken at home, birth place, ethnic identity, religious preference, parents' education level, parents' length of stay in the U. S., and participants' perception of acculturation level of their parents.

### **Analysis**

For open-ended interview questions, the data were transferred to an MS Word document and coded with the NVIVO 9 software program. Because these were brief descriptions, content analysis was implemented to analyze the data for overarching themes. The researcher identified keywords from the raw data, and they were coded by different situations, or conditions, under which the participants reported feeling loved or unloved by their mother or father. For questions concerning differences between parental love for the adolescent and adolescent love for the parents, core themes were identified in order to explore why adolescents perceive differences

between what they feel for their parents and what they report parents feel for them. The CPARQ subscale for acceptance and rejection was calculated separately.

### **Findings**

The major study results pertaining to the adolescents' perceptions of parental acceptance and rejection are presented first. Then the single rating scale score and CPARQ survey data are described, followed by an integration of the qualitative data and the quantitative data.

#### **Acceptance**

##### **When and how do you know your mother/father loves you?**

Six themes were identified, including verbal affirmation, acts of service and/or sacrifice, physical contact, spending time together, gift-giving, and prayer. Verbal affirmation includes compliments, praise, verbal expressions of love, support, encouragement, and trust. Fifty adolescents stated that they felt love from their mothers and 40 adolescents felt love from their fathers when they received verbal affirmation. The results revealed that a majority of adolescents perceived love from their parents with verbal expressions. For example, a 17 year-old girl wrote, "... I rarely receive praise from her, so that's nice too." A 15 year-old girl wrote, "...when my dad talks to me (because he is not a very talkative person)... and actually gives effort to pay attention to what's going on my life..."

The second theme was service and/or sacrifice, which included parental tasks like cooking, giving rides, shopping for their children, and working hard to support the family. Forty four adolescents felt loved by their mothers and 37 adolescents perceived love from their fathers when they saw their parents' sacrifice or received help from them. One 15 year-old girl wrote:

In everything my mother does. She cooks, cleans, prays, and supports me in my decisions. She only wants what's best for me and I can see how much she cares for me in the little things that are automatic to her. An example is when she needs to take me to

an extra-curricular activity she will use her only lunch hour to drop me off and pick me up and not complain at all. She's always putting our family needs before herself.

Also, a 17 year-old boy wrote, "I don't see my father as much also due to his job, but he does continue to show his support and I think that's enough to show that he loves me." From the results, adolescents perceived love from their parents when they saw how much their parents sacrificed.

The third theme was tied to physical contact, including hugging and kissing. Twenty adolescents remarked that they received physical affection from their mothers, while only 10 adolescents reported such physical demonstrations of love coming from their fathers. Apparently, adolescents receive more physical contact from their mothers than from their fathers. This may be because their fathers worked long hours and spent less time with the adolescents. For example, one 17 year-old boy wrote, "...I feel loved when my father always find[s] time to give me a big hug every time he comes home."

The fourth theme that emerged was spending time together. Fourteen adolescents stated they felt love from their mothers when they spent time together, and 25 reported the same feelings when their fathers spent time with them. The results implied that adolescents appreciated when their fathers took time to do things together more than their mothers' efforts to do the same. As one 15 year old girl wrote, "My father loves me because he has 3 jobs and he tries to spend time with me." A 14 year-old boy commented, "My dad didn't spend much time with me but when he did it was an extremely good experience."

The fifth theme that demonstrated parental warmth was gift-giving. This included money, presents, and wants (rather than needs) being met by parents. Nine adolescents perceived love from their mothers when the mothers gave them things; 17 adolescents perceived love from their

fathers under the same circumstances. For example, a 16 year-old girl wrote, "... and most importantly when she gives me my allowance." A 15 year-old girl stated that she felt loved by her father when he bought presents for her.

The last theme was prayer. Seven adolescents stated that they felt loved when they saw their parents pray for them.

## **Rejection**

### **When do you feel your mother/father does not love you?**

Sixty-one adolescents stated they never felt that their parents did not love them. Five themes were found in the answers to this question: verbal hostility, neglect, uncaring behavior, physical punishment, and argument engagement. The most frequently reported form of rejection was verbal hostility, which included yelling, getting mad, nagging, citing complaints, and saying negative words. Thirty-eight adolescents reported perceived rejection from their mothers and 26 from their fathers when they encountered verbal hostility from these parents. For example, a 17 year-old boy wrote, "When he yells, and lectures about how a good looking GPA isn't like a 3.5–4.0., etc." A 17 year-old girl said:

When she yells at me, makes fun of me, does not respect my privacy, treats me sub-humanly, takes away my independence and individuality, forces me to go to church, nags me, is stubborn and pig-headed, or comes into my room just to argue. She often doesn't let me engage in a civilized, calm conversation, preferring instead to argue and yell and take away my phone. She treats me like I'm five, not like I'm almost 18. It's infuriating.

The second theme was neglect. It included parents who paid no attention, ignored their children, or were not present when adolescents needed them. Thirty seven adolescents (20 for mothers and 17 for fathers) indicated feelings of parental rejection through experiences of neglect. One 17 year-old girl stated, "When she ignores my thought and never spends time with

me and instead hangs out with someone else.” Many adolescents stated their mothers were too busy to talk, did not take time to listen to them, or never asked how their day went. Also several adolescents wrote that their fathers focused on other things, such as work, golfing, and watching TV or being on the computer instead of talking with them.

The third theme was uncaring behavior from parents. This included parental expression of disappointment with their children, comparison with other similarly-aged children, and high parental expectations. Nineteen adolescents stated that their mothers were disappointed with their actions or school grades. Additionally, eight adolescents stated that their fathers put pressure on them concerning school, blamed them for causing conflicts, and were generally disappointed with them. For example, one 17 year-old girl commented:

I do not feel loved when she calls me names, she tells me I cannot accomplish things, she tells me what to do, she acts like I am a terrible person, she never sees my point of view, when she dislikes the things that I like, when she never appreciates the amount of work I do to make her happy, when I am trying my best and it doesn't matter to her, when she compares me to other kids.

The fourth theme that arose from the data concerned physical punishment and/or harassment. Only seven adolescents (four for mothers and three for fathers) wrote that their parents used physical punishment and/or harassment. These adolescents reported that they felt rejected when their parents hit, slapped, or beat them. The last theme was argument engagement. Seven adolescents indicated they felt rejection when they became engaged in arguments over random issues or fought with their parents.

### **Understanding the parent-adolescent relationship**

The reasons given for the difference between a parent’s love to the participant, and the participants’ love to their parents were parents’ unconditional love, a lack of independence allowed by the parents, miscommunication, and lack of connection and emotional expression.

**If there is any difference between your perception of love from your mother and your love toward to your mother, why do you think that is?**

Thirteen adolescents stated that their mother's love was unconditional, self-sacrificing, and selfless. For example, a 15 year-old girl wrote,

I think even though I love my mother entirely, her love for me is way bigger than my love for her because she is able to sacrifice whatever and would do whatever to benefit and protect me. I think that is because her purpose as a parent is to do whatever that is good for me but my purpose as a teen is to do well in school, learn about life, etc.

A few adolescents expressed that their mothers treated them like a baby while they wanted to be more independent. Several adolescents also noted the presence of misunderstandings and miscommunication, which caused distance between them and their mothers. For example, one 16 year-old girl answered, "... I think there's a difference because we do not understand each other and have not been able to communicate in a normal way." Another reason given for the distance between mothers and adolescents was a negative relationship built in the past. A 16 year-old girl said, "I know my mom loves me a lot... but it's hard to love her when I think about all the negative things she's done towards me as a mom and just as an individual person."

**If there is any difference between your perception of love from your father and your love toward to your father, why do you think that is?**

Only two adolescents stated that a father's love was unconditional and sacrificing. Nine adolescents commented that their fathers did not express emotions much. A 16 year-old girl wrote, "Because my dad never expresses his love toward me, it is hard for me to love him back. He is barely kind to me, so it is also hard to be nice and respect him back." Five adolescents stated a lack of communication as a reason for the distance between them and their fathers. In

addition, paternal strictness and a lack of connection were addressed. A few adolescents said they did not have as much connection with their fathers as they did with their mothers. A 16 year-old boy wrote, “The difference is how I view him and I do not connect or socialize with him as often as my mom.”

### **Single item rating score and CPARQ**

Table 5-1 presents the correlation between the single item rating score and the parental acceptance-rejection subscale scores. The single item rating scores for mother were positively correlated with the CPARQ score of mother’s acceptance and negatively correlated with the CPARQ score of mother’s rejection. Also, the single item rating scores for father were positively correlated with the CPARQ score of father’s acceptance and negatively correlated with the CPARQ score of father’s rejection. Table 5-2 presents the means and standard deviation of the single item rating scores and CPARQ scores. A majority of the participants scored 8 and greater on the perception of maternal (n=91) and paternal (n=87) love on the single item rating score. The mean single item rating scores were 9.24 (SD = 1.36) for mother’s love and 8.72 (2.56) for father’s love. The mean CPARQ scores were 23.50 (SD = 7.00) for maternal acceptance, 22.89 (SD = 6.79) for paternal acceptance, 29.21 (SD = 12.96) for maternal rejection, 28.29 (SD = 13.08) for paternal rejection.

### **Comparison between qualitative data and quantitative data**

To understand the discrepancies between the single item rating score and the CPARQ score, the qualitative data were compared to the quantitative data. When the single item rating score was compared to the CPARQ score, 13 cases with high levels of discrepancies were noted. The discrepancies were evident in cases where adolescents rated the single item ratings high, but reported low parental acceptance and/or high parental rejection on the CPARQ subscales. Tables

5-3 and 5-4 depict the comparisons of these cases. Some adolescents reported high scores on the single item rating while reporting low maternal acceptance and high maternal rejection (ID3, ID4, ID8, ID52, ID59, ID66, ID67, and ID74). For participants ID68 and ID89, the single item rating score and maternal acceptance were high, and maternal rejection was also high. Participants ID53 and ID73 showed lower single item rating scores, high CPARQ maternal acceptance, and low maternal rejection. On the other hand, participants ID3, ID4, ID59, and ID74 registered high on the single item rating score but reported low paternal acceptance and high paternal rejection. Participants ID8, ID66, ID67, ID68, and ID89 revealed high scores on the single item rating, high paternal acceptance, and high paternal rejection scores. Lastly, ID98 showed a low score on the single item rating, but high paternal acceptance and low paternal rejection. Any commonalities were not identified among participants who showed similar trends.

### **Discussion**

According to PARTheory (Rohner et al., 2005), adolescents perceive acceptance from their parents by their parents' accepting behaviors such as verbal praise, compliments, physical contacts, and nurturing and supportive actions. The study results indicated that parental acceptance was expressed to Korean American adolescents as verbal affirmation, acts of service or sacrifice, spending time together, physical contact, gift-giving, and prayer. Chapman (2010) stated that teenagers perceive parental love through words of affirmation, physical touch, quality time, acts of service, and gifts. Also, teenagers want to be connected, accepted, and nurtured. When these desires are not met, they may become intellectually, emotionally, socially, morally, and spiritually impaired. The first theme, verbal affirmation, was the most frequent way that the participants perceived parental acceptance. This theme included parental praise, compliments, the verbal expression of "I love you", and supporting and trusting words. This may be very

recognizable as affection for the participating adolescents because Korean parents are traditionally discouraged from expressing their emotions or displaying verbal signs of affection toward their children (Kim & Cain, 2008). Since the average lengths of time lived in the U.S. for their parents were 15 -17 years, those parents might have learned to express warmth from the more open emotional climate of their adopted country.

The study's results demonstrated that many Korean American adolescents perceived parental acceptance when they saw their parents' acts of service and sacrifice, such as providing transportation, cooking and preparing meals, and working hard to support the family. This is similar to the traditional Korean parents' expressions of love - providing food, clothing, housing, and education (Kim & Cain, 2008). As Kang et al. (2010) noted, Korean American college students were able to reinterpret their parents' sacrifice and love, yet Korean American adolescents also acknowledged their parents' sacrifice and hard work.

Also, participants perceived parental acceptance when they spent time with their parents. This was often described as special attention and time by the Korean American adolescents, particularly since many Korean parents are known to work long hours and thus spend less time with their children (Choi et al., 2012; Kang et al., 2010). In particular, Korean fathers have less contact and involvement with their children than mothers do (Choi et al., 2012), and the current study finding also revealed that Korean American adolescents registered time with their fathers as more valuable than time spent with their mothers. Physical contact, gift-giving, and parental prayer were noted as indications of parental acceptance for Korean American adolescents.

Verbal affirmation was an important factor in Korean American adolescents' perceived parental acceptance, and verbal hostility was an important factor in their perceived parental rejection. In PARTheory (Rohner et al., 2005), children perceive rejection when their parents are

verbally aggressive, a term that includes cursing, sarcasm, shouting, and humiliation. The study finding revealed that many Korean American adolescents perceived rejection from their parents when their parents yelled, became angry, and used negative words. Chapman (2010) noted that many adolescents struggle with security and identity and need more affirming words, but parents often hurt their teen-aged children with negative words. Also, neglect and uncaring behavior constituted one of the main themes of perceived parental rejection. As noted, Korean parents tend to work long hours, which may contribute to missing their children's school activities and/or not having time together.

Only a few Korean American adolescents reported physical punishment. Since corporal punishment is a recognized and accepted form of discipline in Korean society (Kim & Hong, 2007; Yang, 2009), this finding suggests that Korean parents in the current study used physical punishment less than usual compared to their demographic counterparts. In addition, Korean parents might have adopted other disciplinary methods from their cultural immersion in American society (Kim & Hong, 2007).

The findings indicate that the Korean American adolescents understood the love from their parents as unconditional. They appreciated how much their parents sacrificed to support them and the family. However, they also wanted more connection and communication with and emotional expression from their parents, a finding similar to Pyke's (2000), which found that Korean and Vietnamese college students wished their parents were less strict, more open-minded, and more expressive. Loss or breakdown of effective communication between children and their parents results in misunderstandings, increased family conflict, and decreased family cohesion (Hwang, 2006).

Of particular interest was that, although some Korean American adolescents reported perceived low acceptance and high rejection, they nonetheless indicated having love for and feeling love from their parents. This suggests the adolescents acknowledged parental love even though their parents did not show accepting behavior and/or showed rejecting behavior. Kang and her colleagues (2010) found that understanding parental sacrifice was an important factor that helped Korean American college students positively transform their childhood hardships. Studies have reported that Korean American adolescents understood their struggles and hardships as typical situations in Korean immigrant families through formal and informal ethnic social networks, especially Korean churches (Kim, 2004; Zhou & Kim, 2006). Since most participants were recruited through local Korean churches, this may also explain their understanding of their parents' love and sacrifice.

The study findings need to be considered within the context of the study's limitations. One such limitation was using the Internet to obtain qualitative responses from study participants. Although time-efficient for raw data transcription, some participants provided very detailed descriptions while other gave brief responses. Additionally, recruiting through local churches limited the diversity of the sample, in part because adolescents who attend churches are likely to have better support systems and resources established in their lives than those who do not. However, because up to 70% of Korean American immigrants attend ethnic churches (Min, 1992; Kim, 2009), local Korean ethnic churches are a first choice for recruitment of this population

Notwithstanding, this study provides another avenue in understanding Korean American adolescents. It provides a working knowledge of when and how Korean American adolescents perceive both acceptance and rejection from their parents. This knowledge can be an essential contribution in both nursing science and preventive science when counseling and treating Korean

American adolescents. This research identifies specific and culturally appropriate concepts necessary for the development of preventive intervention programs for Korean parents and their teenagers.

### **Conclusion**

In conclusion, Korean American adolescents perceived parental acceptance through verbal affirmation, acts of service and/or sacrifice, time spent together, physical contact, gift-giving, and parental prayer. They also perceived parental rejection through verbal hostility, neglect, uncaring behavior, physical punishment, and argument engagement. In addition, Korean American adolescents were able to view their parents' hard work and sacrifice even though they needed more connection and communication with their parents.

Further studies with a more diverse sample are needed. Additionally, future qualitative studies with in-person interviews are necessary to understand the nuances in the parent-adolescent relationship among Korean immigrant families. It would be helpful to personally examine the differences between the parents and their adolescents, which may in turn provide more suggestions for developing intervention programs for both generations.

The findings point to the need to create culturally appropriate interventions for Korean parents that include educational components on adolescent developmental needs and explanations of when and how Korean American adolescents perceive parental acceptance and rejection. Interventions are needed that facilitate Korean parents' efforts to connect and communicate with their adolescents and provide skills and strategies for expressing emotions effectively with their adolescents, while minimizing rejecting behaviors. The findings will serve to guide healthcare professionals in acknowledging and responding to the uniqueness of Korean immigrant families and parent-adolescent relationships.

Table 5-1

*Correlations Matrix for Single Item Ratings and CPARQ Measures of Parental Acceptance and Rejection*

<u>Single Item Rating</u>	<u>CPARQ Scale</u>			
	Mother's acceptance	Mother's rejection	Father's acceptance	Father's rejection
Perception of mother's love	.48***	-.30**	.18	-.06
Perception of father's love	.06	-.04	.63***	-.38***
Adolescent's love score for mother	.42***	-.27**	.12	.01
Adolescent's love score for father	.12	-.07	.64***	-.40***

\*\* $p < .01$ , \*\*\* $p < .001$  (2-tailed)

Table 5-2

*Means and Standard Deviation of Single Item Ratings Scores and CPARQ Subscale Scores*

Variables	Means (SD)	Score Range (n)
<i><u>Single Item Ratings</u></i>		
Perception of mother's love	9.24 (1.36)	0-3 (1) 4-7 (9) 8-10 (91)
Perception of father's love	8.72 (2.56)	0-3 (7) 4-7 (7) 8-10 (87)
Adolescent's love for mother	9.21 (1.27)	0-3 (1) 4-7 (7) 8-10 (93)
Adolescent's love for father	8.43 (2.49)	0-3 (6) 4-7 (13) 8-10 (82)
<i><u>CPARQ Subscale Scores</u></i>		
Maternal acceptance	23.50 (7.00)	8 - 32
Maternal rejection	29.21 (12.96)	16 - 64
Paternal acceptance	22.89 (6.79)	8 - 32
Paternal rejection	28.29 (13.08)	16 - 64

Table 5-3

*Comparison Between Qualitative and Quantitative Data (Mother)*

Participant ID	Perception of Mother			Statements from Participants
	SIR	MA	MR	
#3	10	13	53	<b>16 year-old boy born in Korea.</b> My mother is the biggest supporter of my life, therefore I love her more than I can be aware of. I believe my mom feels the same as I do in ways of loving.
#4	10	10	61	<b>17 year-old boy born in the US.</b> She is my mom. She provides food, shelter, and clothing, and has taken care of me now for seventeen years. I never felt my mom doesn't love me.
#8	10	10	46	<b>16 year-old girl born in Korea.</b> Just sometimes it's hard to show love to her and sometimes she doesn't show me love but I know she loves me and I love her.
#52	10	18	38	<b>14 year-old boy born in Canada.</b> I feel loved when my mom shows her unconditional love to me, when we go through bad things and I know that she will always love me, when I mature and see all the things she has done for me in the past and how she never judges who I am.
#59	10	17	36	<b>14 year old boy born in Korea.</b> I feel loved every time I see my mom because she is always nice to me. I never felt my mom doesn't love me.
#66	10	8	64	<b>18 year old girl born in the US.</b> I feel loved when my mom compliments me and when she supports me no matter what I decide. I feel loved when my mom prays for me.
#67	10	17	64	<b>15 year-old girl born in Korea.</b> I just know that my parents love me as a fact. They always take care of me and support me all the time. They spent tons of time and money on me and always on my side.
#74	10	8	64	<b>15 year-old boy born in Korea.</b> My mother loves me 24/7 in anyway. I never felt my parents don't love me.
#68	10	23	48	<b>14 year-old girl born in Korea.</b> I never felt my parents don't love me.
#89	9	24	45	<b>16 year-old girl born in the US.</b> I know that my mother does love me but once in a while we yet into fights but she still loves me.
#53	7	19	30	<b>17 year-old girl born in Korea.</b> Well I don't really know how much she loves me but I think because she doesn't really show any affection toward me.
#73	5	21	25	<b>14 year-old boy born in Korea.</b> I need her and I know all the things she does for me has a purpose but she yells at me for the random things.

*Note.* SIR: single item rating, MA: maternal acceptance, MR: maternal rejection

Table 5-4

*Comparison Between Qualitative and Quantitative Data (Father)*

Participant ID	Perception of Father			Statements from Participants
	SIR	PA	PR	
#3	10	16	50	<b>16 year-old boy born in Korea.</b> I and my father both love each other dearly.
#4	10	15	58	<b>17 year-old boy born in the US.</b> My father works diligently every single day to provide for the family so we can afford things.
#59	10	14	37	<b>14 year old boy born in Korea.</b> My dad treats me as if I'm his pet sometimes. He hits me a lot.
#74	10	8	64	<b>15 year-old boy born in Korea.</b> My father loves me always. I never felt my parents don't love me.
#8	10	28	35	<b>16 year-old girl born in Korea.</b> I feel loved by my dad a lot. He always talks and makes an effort to get to know more about my life.
#66	10	21	45	<b>18 year old girl born in the US.</b> I never felt my father doesn't love me.
#67	10	23	61	<b>15 year-old girl born in Korea.</b> I just know that my parents love me as a fact. My father is always supportive and tries to make best environment for me. He will do the stuff that no one will do it for me.
#68	10	26	59	<b>14 year-old girl born in Korea.</b> I never felt my parents don't love me. My father says he is really proud of me.
#89	10	32	61	<b>16 year-old girl born in the US.</b> I never felt my father does not love me.
#98	7	29	22	<b>16 year-old girl born in the US.</b> I feel like we have the same problem, if we express our affection towards each other, I think we both feel uncomfortable. But the thing is, my dad loves me a lot but I think because I've hurt him countless times, he feels kind of scared or afraid to show his love and attention toward me.

*Note.* SIR: single item rating, PA: paternal acceptance, PR: paternal rejection

## Chapter VI

### Summary and Conclusion

The purpose of the study presented in this dissertation was to examine the relationships between perceived parental warmth, intergenerational family conflict, and racial discrimination, and their influence on depressive symptoms and substance use among Korean American adolescents aged 14 -18 years. The results were presented in three publishable papers.

In the first paper, the findings indicated a high rate (up to 60%) of depressive symptoms in this population, a higher result than that reported in previous studies. In addition, mother-adolescent conflict was found to mediate between perceived maternal warmth and depressive symptoms among Korean American adolescents. However, father-adolescent conflict was not mediating between the two variables.

The second paper indicated that 89.1% of Korean American adolescents perceived racial discrimination distress, which was predictive of substance use in this population. The most frequent situation that Korean American adolescents experienced was being called racially insulting names. Also it showed 21% of participants had used at least one kind of substance in the month prior to taking the survey. The most frequently used substance was alcohol, followed by marijuana and tobacco products. The study found that perceived parental warmth did not moderate on the association between perceived racial discrimination distress and substance use among Korean American adolescents.

In the third paper, the open-ended questions revealed that Korean American adolescents perceived parental acceptance through verbal affirmation, acts of service and/or sacrifice, time spent together, physical contact, gift-giving, and parental prayer. Parental rejection was perceived when participants experienced verbal hostility, neglect, uncaring behavior, physical

punishment, and argument engagement. In addition, Korean American adolescents acknowledged that their parents worked hard and sacrificed to support them and the family. However, they still wanted to have more connection and communication with and emotional expression from their parents.

Overall, the dissertation study findings suggest that many Korean American adolescents experience depressive symptoms and high levels of perceived racial discrimination distress. Although the substance use rate was lower than that found in previous studies, it is still of concern that 18% of participants reported drinking alcohol. It was also noted that Korean American adolescents perceive parental warmth and acknowledge that they understood their parents' hard work and sacrifice. However, they still experienced a high level of intergenerational family conflict, which was associated with depressive symptoms in this population.

Further studies using a longitudinal design with a larger and more diverse sample are needed to support these findings. Also, in-person interviews including both Korean American adolescents and their Korean parents are needed to understand family dynamics and compare the two generations. A family intervention program aimed at decreasing depressive symptoms and substance use while increasing positive parent-adolescent relationships is needed.

The findings suggest that healthcare professionals and counselors working with Korean American adolescents should screen their clients for depressive symptoms and substance use so that the adolescents could get adequate referrals, counseling, and support. In addition, the creation of culturally and developmentally appropriate programs is greatly needed for both Korean parents and Korean American adolescents. Programs targeting parents should include information on differences between the Korean and American cultures; developmental processes

and changes during adolescence; and methods for communicating, building relationships, and expressing love with adolescents. A mentorship program may be appropriate for Korean American adolescents so that they may learn about cultural and parental practice differences, and how to deal with conflicts and stress experienced at home, at school, and in society.

## References

- Adolescence. (n.d.). In *The American heritage dictionary of the English language*. Retrieved from <http://ahdictionary.com/word/search.html?q=adolescence>
- Amato, P. R., & Fowler, F. (2002). Parenting practices, child adjustment, and family diversity. *Journal of Marriage and Family, 64*(3), 703-716. doi:10.1111/j.1741-3737.2002.00703.x
- Andresen, E. M., Malmgren, J. A., Carter, W. B., & Patrick, D. L. (1994). Screening for depression in well older adults: Evaluation of a short form of the CES-D (Center for Epidemiologic Studies Depression scale). *American Journal of Preventive Medicine, 10*(2), 77-84.
- Bahrassa, N. F., Syed, M., Su, J., & Lee, R. M. (2011). Family conflict and academic performance of first-year Asian American undergraduates. *Cultural Diversity and Ethnic Minority Psychology, 17*(4), 415-426. doi:10.1037/a0024731
- Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*(6), 1173-1182. doi:10.1037/0022-3514.51.6.1173
- Barry, D. T., & Grilo, C. M. (2003). Cultural, self-esteem, and demographic correlates of perception of personal and group discrimination among East Asian immigrants. *American Journal of Orthopsychiatry, 73*(2), 223-229. doi:10.1037/0002-9432.73.2.223
- Baumrind, D. (1971). Current patterns of parental authority. *Developmental Psychology, 4*(1, Pt.2), 1-103. doi:10.1037/h0030372
- Betts, J., Gullone, E., & Allen, S. (2009). An examination of emotion regulation, temperament, and parenting style as potential predictors of adolescent depression risk status: A

correlational study. *British Journal of Developmental Psychology*, 27, 473-485.

doi:10.1348/026151008X314900

Bradley, K. L., Bagnell, A. L., & Brannen, C. L. (2010). Factorial validity of the Center for Epidemiological Studies Depression 10 in adolescents. *Issues in Mental Health Nursing*, 31(6), 408-412. doi:10.3109/01612840903484105

Brener, N. D., Billy, J. O. G., & Grady, W. R. (2003). Assessment of factors affecting the validity of self-reported health-risk behavior among adolescents: Evidence from the scientific literature. *Journal of Adolescent Health*, 33, 436-457. doi:10.1016/S1054-139X(03)00052-1

Broudy, R., Brondolo, E., Coakley, V., Brady, N., Cassells, A., Tobin, J. N., & Sweeney, M. (2007). Perceived ethnic discrimination in relation to daily moods and negative social interactions. *Journal of Behavioral Medicine*, 30(1), 31-43. doi:10.1007/s10865-006-9081-4

Cassidy, C., O'Connor, R. C., Howe, C., & Warden, D. (2004). Perceived discrimination and psychological distress: The role of personal and ethnic self-esteem. *Journal of Counseling Psychology*, 51(3), 329-339. doi:10.1037/0022-0167.51.3.329

Chae, D. H., Takeuchi, D. T., Barbeau, E. M., Bennett, G. G., Lindsey, J. C., & Krieger, N. (2008a). Unfair treatment, racial/ethnic discrimination, ethnic identification and smoking among Asian Americans in the National Latino and Asian American Study. *American Journal of Public Health*, 98(3), 485-492.

Chae, D. H., Takeuchi, D. T., Barbeau, E. M., Bennett, G. G., Lindsey, J. C., Stoddard, A. M., & Krieger, N. (2008b). Alcohol disorders among Asian Americans: Associations with unfair treatment, racial/ethnic discrimination, and ethnic identification (the National

- Latino and Asian American Study 2002-2003). *Journal of Epidemiology Community Health*, 62, 973-979. doi:10.1136/jech.2007.066811
- Chapman, G. (2010). *The 5 love languages of teenagers: The secret to loving teens effectively*. Chicago, IL: Northfield Publishing.
- Cho, S., & Bae, S. (2005). Demography, psychosocial factors, and emotional problems of Korean American adolescents. *Adolescence*, 40(159), 533-550.
- Choi, H. Kim, M., Park, C. G., & Dancy, B. L. (2012). Parent-child relationships. *Journal of Psychosocial Nursing*, 50 (9), 21-27. Doi:10.3928/02793695-20120807-01.
- Choi, H., Stafford, L., Meininger, J., Roberts, R., & Smith, D. (2002). Psychometric properties of the DSM scale for depression (DSD) with Korean-American youths. *Mental Health Nursing*, 23, 735-756. doi:10.1080/01612840290052857
- Chou, T., Asnaani, A., & Hofmann, S. G. (2011). Perception of racial discrimination and psychopathology across three U.S. ethnic minority groups. *Cultural Diversity and Ethnic Minority Psychology*, doi:10.1037/a0025432
- Cokley, K., Hall-Clark, B., & Hicks, D. (2011). Ethnic minority-majority status and mental health: The mediating role of perceived discrimination. *Journal of Mental Health Counseling*, 33(3), 243-263.
- Cook, W. K., Hofstetter, R., Kang, M., Hovell, M. F., & Irvin, V. (2009). Rethinking acculturation: A study of alcohol use of Korean American adolescents in Southern California. *Contemporary Drug Problems*, 36(1), 217-244.
- Chung, R. H. G. (2001). Gender, ethnicity, and acculturation in intergenerational conflict of Asian American college students. *Cultural Diversity and Ethnic Minority Psychology*, 7(4), 376-386. doi:10.1037/1099-9809.7.4.376

- Creswell, J. W. & Clark, V. L. P. (2011). *Designing and conducting mixed methods research* (2<sup>nd</sup> ed.). Thousand Oaks: Sage Publications.
- Duncan, T. E., Tildesley, E., Duncan, S. C., & Hops., H. (1995). The consistency of family and peer influences on the development of substance use in adolescence. *Addiction, 90*(12), 1647-1660. doi:10.1046/j.1360-0443.1995.901216477.x
- Fang, L., Barnes-Ceeney, K., Lee, R. A., & Tao, J. (2011a). Substance use among Asian-American adolescents: Perceptions of use and preferences for prevention programming. *Social Work in Health Care, 50*, 606-624. doi:10.1080/00981389.2011.588115
- Fang, L., Barnes-Ceeney, K., & Schinke, S. P. (2011b). Substance use behavior among early-adolescent Asian American girls: The impact of psychological and family factors. *Women & Health, 51*, 623-642. doi:10.1080/03630242.2011.616575
- Farver, J. A. M., Narang, S. K., & Bhadha, B. R. (2002). East meets west: Ethnic identity, acculturation, and conflict in Asian Indian families. *Journal of Family Psychology, 16*(3), 338-350. doi:10.1037/0893-3200.16.3.338
- Fisher, C. B., Wallace, S. A., & Fenton, R. E. (2000). Discrimination distress during adolescence. *Journal of Youth and Adolescence, 29*(6), 679-695.
- Fuligni, A. J., Hughes, D. L., & Way, N. (2009). Ethnicity and immigration. In R. M. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology* (3<sup>rd</sup> ed.)(pp. 527-569). Hoboken, NJ: John Wiley & Sons, Inc.
- Gamst, G. C., Liang, C. T. H., & Der-Karabetian, A. (2011). *Handbook of multicultural measures*. Thousand Oaks, CA: SAGE Publications, Inc.

- Gee, G. C., Delva, J., & Takeuchi, D. T. (2007). Relationships between self-reported unfair treatment and prescription medication use, illicit drug use, and alcohol dependence among Filipino Americans. *American Journal of Public Health, 97*(5), 933-940.
- Gee, G. C., Ro, A., Shariff-Marco, S., & Chae, D. (2009). Racial discrimination and health among Asian Americans: Evidence, assessment, and directions for future research. *Epidemiologic Review, 31*. 130-151. doi:10.1093/epirev/mxp009
- Gibbons, F. X., Etcheverry, P. E., Stock, M. L., Gerrard, M., Weng, C., Kiviniemi, M., & O'Hara, R. E. (2010). Exploring the link between racial discrimination and substance use: What mediates? What buffers? *Journal of Personality and Social Psychology, 99*(5), 785-801. doi:10.1037/a0019880
- Green, M. L., Way, N. & Pahl, K. (2006). Trajectories of perceived adult and peer discrimination among Black, Latino, and Asian American adolescents: Patterns and psychological correlates. *Developmental Psychology, 42*(2). 218-238. doi:10.1037/0012-1649.42.2.218
- Greenberger, E., & Chen, C. (1996). Perceived family relationships and depressed mood in early and late adolescence: A comparison of European and Asian Americans. *Developmental Psychology, 32*(4), 707-716. doi:10.1037/0012-1649.32.4.707
- Griffin, K. W., Botvin, G. J., Scheier, L. M., Diaz, T., & Miller, N. L. (2000). Parenting practices as predictors of substance use, delinquency, and aggression among urban minority youth: Moderating effects of family structure and gender. *Psychology of Addictive Behaviors, 4*(2), 174-184. doi:10.1037/0893-164X.14.2.174
- Grossman, J. M., & Liang, B. (2008). Discrimination distress among Chinese American adolescents. *Journal of Youth and Adolescence, 37*, 1-11. doi:10.1007/s10964-007-9215-

- Guilamo-Ramos, V., Turrisi, R., Jaccard, J., Wood, E., & Gonzalez, B. (2004). Progressing from light experimentation to heavy episodic drinking in early and middle adolescence. *Journal of Studies on Alcohol and Drugs, 65*(4), 494-500.
- Hahm, H. C., Lahiff, M., & Guterman, N. B. (2003). Acculturation and parental attachment in Asian-American adolescents' alcohol use. *Journal of Adolescent Health, 33*(2), 119-129. doi:10.1016/S1054-139X(03)00058-2
- Hahm, H. C., Lahiff, M., & Guterman, N. B. (2004). Asian American adolescents' acculturation, binge drinking, and alcohol- and tobacco-using peers. *Journal of Community Psychology, 32*(3), 295-308. doi:10.1002/jcop.20002
- Hale III, W. W., Van Der Valk, I., Engels, R., & Meeus, W. (2005). Does perceived parental rejection make adolescents sad and mad? The association of perceived parental rejection with adolescent depression and aggression. *Journal of Adolescent Health, 36*(6), 466-474. doi:10.1016/j.jadohealth.2004.04.007
- Harachi, T. W., Catalano, R. F., Kim, S., & Choi, Y. (2001). Etiology and prevention of substance use among Asian American youth. *Prevention Science, 2*(1), 57-65. doi:10.1023/A:1010039012978
- Herrenkohl, T. I., Kosterman, R., Hawkins, J. D., & Mason, W. A. (2009). Effects of growth in family conflict in adolescence on adult depressive symptoms: Mediating and moderating effects of stress and school bonding. *Journal of Adolescent Health, 44*(2), 146-152. doi:10.1016/j.jadohealth.2008.07.005
- Hwang, W. (2006). Acculturative family distancing: Theory, research, and clinical practice. *Psychotherapy: Theory, Research, Practice, Training, 43*(4), 397-409. doi:10.1037/0033-3204.43.4.397

- Juang, L. P., & Cookston, J. T. (2009). Acculturation, discrimination and depressive symptoms among Chinese American adolescents: A longitudinal study. *Journal of Primary Prevention, 30*, 475-496. doi:10.1007/s10935-009-0177-9
- Juang, L. P., Syed, M., & Takagi, M. (2007). Intergenerational discrepancies of parental control among Chinese American families: Links to family conflict and adolescent depressive symptoms. *Journal of Adolescence, 30*(6), 965-975.  
doi:10.1016/j.adolescence.2007.01.004
- Kang, H., Okazaki, S., Abelmann, N., Kim-Prieto, C., & Lan, S. (2010). Redeeming immigrant parents: How Korean American emerging adults reinterpret their childhood. *Journal of Adolescent Research, 25*(3), 441-464.
- Kang Sim, D. E., Hofstetter, C. R., Irvin, V. L., Ayers, J. W., Macera, C. A., Ji, M., & Hovell, M. F. (2013). Do Christian denominations exhibit higher rates of alcohol consumption? A study of Korean American women in California. *Journal of Religion and Health, 52*, 285-298. doi:10.1007/s10943-011-9471-y.
- Keum, J. (2000). *Confucianism and Korean thoughts*. Seoul, Korea: Jimoondang Publishing Company.
- Khaleque, A., & Rohner, R. P. (2002). Perceived parental acceptance-rejection and psychological adjustment: A meta-analysis of cross-cultural and intracultural studies. *Journal of Marriage and Family, 64*(1), 54-64. doi:10.1111/j.1741-3737.2002.00054.x
- Kim, B. S. K., Yang, P. H., Atkinson, D. R., Wolfe, M., M., & Hong, S. (2001). Cultural value similarities and differences among Asian American ethnic groups. *Research Report, 7*(4), 343-361. doi:10.1037//1099-9809.7.4.343

- Kim, E. (2008). Psychological adjustment in young Korean American adolescents and parental warmth. *Journal of Child & Adolescent Psychiatric Nursing, 21*(4), 195-201.  
doi:10.1111/j.1744-6171.2008.00154.x.
- Kim, E. (2011). Intergenerational acculturation conflict and Korean American parents' depression symptoms. *Issues Mental Health Nursing, 32*(11), 687-695.  
doi:10.3109/01612840.2011.597017
- Kim, E., & Cain, K. (2008). Korean American adolescent depression and parenting. *Journal of Child and Adolescent Psychiatric Nursing, 21*(2), 105-115. doi:10.1111/j.1744-6171.2008.00137.x.
- Kim, E. & Hong, S. (2007). First-generation Korean-American parents' perceptions of discipline. *Journal of Professional Nursing, 23*(1), 60-68. doi:10.1016/j.profnurs.2006.12.002
- Kim, E. & Wolpin, S. (2008). The Korean American family: Adolescents versus parents' acculturation to American culture. *Journal of Cultural Diversity, 15*(3), 108-116.
- Kim, K. (1996). The reproduction of Confucian culture in contemporary Korea: An anthropological study. In W. Tu (Ed.), *Confucian traditions in East Asian modernity* (pp. 202-227). U.S.A.: the American Academy of Arts and Sciences.
- Kim, K. & Rohner, R. (2002). Parental warmth, control, and involvement in schooling: Predicting academic achievement among Korean American adolescents. *Journal of Cross-Cultural Psychology 33*, 127-140. doi:10.1177/0022022102033002001
- Kim, R. Y. (2004). Second-generation Korean American evangelicals: Ethnic, multiethnic or White campus ministries? *Sociology of Religion, 65*, 19-34.

- Kim, Y. (2009). *A constructive analysis of Christian women in a Confucian culture: In the cases of Korean-American clergy wives*. Retrieved from ProQuest Dissertations and Theses. (MSTAR\_304880075)
- Kwon-Ahn, Y. (2001). Substance abuse among Korean-Americans: A social-cultural perspective and framework for intervention. In S. Straussner (Ed.), *Ethnocultural issues in addiction treatment* (pp. 418-435). New York: Guildford Press.
- Landrine, H., Klonoff, E., Corral, I., Fernandez, S., & Roesch, S. (2006). Conceptualizing and measuring ethnic discrimination in health research. *Journal of Behavioral Medicine*, 29(1), 79-94. doi:10.1007/s10865-005-9029-0
- Lazarus, R. S. (1991). *Emotion and adaptation*. New York: Oxford University Press.
- Lazarus, R. S. & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Lee, D. L., & Ahn, S. (2011). Racial discrimination and Asian mental health: A meta-analysis. *The Counseling Psychologist*, 39(3), 463-489. doi:10.1177/0011000010381791
- Lee, R. M., Choe, J., Kim, G., & Ngo, V. (2000). Construction of the Asian American family conflicts scale. *Journal of Counseling Psychology*, 47(2), 211-222. doi:10.1037/0022-0167.47.2.211
- Lee, R. M., & Liu, H. T. (2001). Coping with intergenerational family conflict: Comparison of Asian American, Hispanic, and European American college students. *Journal of Counseling Psychology*, 48(4), 410-419. doi:10.1037/0022-0167.48.4.410
- Lee, R. M., Su, J., & Yoshida, E. (2005). Coping with intergenerational family conflict among Asian American college students. *Journal of Counseling Psychology*, 52(3), 389-399. doi:10.1037/0022-0167.52.3.389

- Lerner, R. M. & Steinberg, L. (2009). The scientific study of adolescent development. In R. M. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology (3<sup>rd</sup> ed.)*. (pp. 3-14). Hoboken, NJ: John Wiley & Sons, Inc.
- Lewinsohn, P. M., Rohde, P., & Seeley, J. R. (1998). Major depressive disorder in older adolescents: Prevalence, risk factors, and clinical implications. *Clinical Psychology Review, 18*(7), 765-794. doi: 10.1016/S0272-7358(98)00010-5
- Liang, C. T. H., Li, L. C., & Kim, B. S. K. (2004). The Asian American Racism-Related Stress Inventory: Development, factor analysis, reliability, and validity. *Journal of Counseling Psychology, 51*(1), 104-114. doi:10.1037/0022-0167.51.1.103
- Miller, G. W. (2009, September 1). Asian students under assault. *Philadelphia Weekly*. Retrieved from <http://www.philadelphiaweekly.com/news-and-opinion/Asian-Students-Under-Assault.html>
- Min, P. G. (1992). The structure and social functions of Korean immigrant churches in the United States. *International Migration Review, 26*(4), 1370-1394.
- Nakashima, J., & Wong, M. M. (2000). Characteristics of alcohol consumption, correlates of alcohol misuse among Korean American adolescents. *Journal of Drug Education, 30*(3), 343-359. doi: 10.2190/XV42-MW3U-VGY9-7M0X
- NMAssist. (n.d.). Screening for tobacco, alcohol, and other drug use. Retrieved from <http://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf>
- Noh, S., & Kaspar, V. (2003). Perceived discrimination and depression: Moderating effects of coping, acculturation, and ethnic support. *American Journal of Public Health, 93*(2). 232-238.

- Otsuki, T. A. (2003). Substance use, self-esteem, and depression among Asian American adolescents. *Journal of Drug Education, 33*(4), 369-390. doi:10.2190/RG9R-V4NB-6NNK-37PF
- Park, B. C. B. (2003). Intergenerational conflict in Korean immigrant homes and its effects on children's psychological well-being. *Journal of Intergenerational Relationships, 1*(3), 73-93. doi:10.1300/J194v01n03\_06
- Park, H., Rehg, M., & Lee, D. (2005). The influence of Confucian ethics and collectivism on whistleblowing intentions: A study of South Korean public employees. *Journal of Business Ethics, 58*, 387-403. doi:10.1007/s10551-004-5366-0
- Park, I. J. K., Kim, P. Y., Cheung, R. Y. M., & Kim, M. (2010). The role of culture, family processes, and anger regulation in Korean American adolescents' adjustment problems. *American Journal of Orthopsychiatry, 80*(2), 258-266. doi:10.1111/j.1939-0025.2010.01029.x
- Park, J. (2008). *Korean American adolescents' alcohol abuse*. Retrieved from ProQuest Dissertations and Theses. (MSTAR\_304576029)
- Park, S., & Bernstein, K. S. (2008). Depression and Korean American immigrants. *Archives of Psychiatric Nursing, 22*(1), 12-19. doi:10.1016/j.apnu.2007.06.011
- Pascoe, E. A. & Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin, 135*(4), 531-554.
- Preacher, K. J., & Hayes, A. F. (2008). Asymptomatic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods, 40*(3), 879-891. doi:10.3758/BRM.40.3.879.

- Pyke, K. (2000). The normal American family as an interpretive structure of family life among grown children of Korean and Vietnamese immigrants. *Journal of Marriage and the Family*, 62, 240-255
- Qin, D. B., Rak, E., Rana, M., & Donnellan, M. B. (2012, in press). Parent-child relations and psychological adjustment among high-achieving Chinese and European American adolescents. *Journal of Adolescence*, doi:10.1016/j.adolescence.2011.12.004
- Radloff, L. S. (1991). The use of the Center for Epidemiologic Studies Depression Scale in adolescents and young adults. *Journal of Youth & Adolescence*, 20(2), 149-166.
- Rivas-Drake, D., Hughes, D., & Way, N. (2008). Closer look at peer discrimination, ethnic identity, and psychological well-being among urban Chinese American sixth graders. *Journal of Youth and Adolescence*, 37, 12-21. doi:10.1007/s10964-007-9227-x
- Rohner, R. P. (1986). *The warmth dimension*. Beverly Hills, CA: SAGE Publications, Inc.
- Rohner, R. P. (2005). Parental Acceptance-Rejection Questionnaire (PARQ): test manual. In R. P. Rohner & A. Khaleque (Eds.), *Handbook for the study of parental acceptance and rejection* (pp. 43-106). Storrs, CT: Rohner Research Publications.
- Rohner, R. P., Khaleque, A., & Cournoyer, D. E. (2005). Parental Acceptance-Rejection theory, methods, evidence, and implications. In R. P. Rohner & A. Khaleque (Eds.), *Handbook for the study of parental acceptance and rejection* (pp. 1-37). Storrs, CT: Rohner Research Publications.
- Rosario-Sim, M., & O'Connell, K. A. (2009). Depression and language acculturation correlate with smoking among older Asian American adolescents in New York City. *Public Health Nursing*, 26(6), 532-542. doi:10.1111/j.1525-1446.2009.00811.x

- Rosenbloom, S. R., & Way, N. (2004). Experiences of discrimination among African American, Asian American, and Latino adolescents in an urban high school. *Youth & Society, 35*(4), 420-451. doi:10.1177/0044118X03261479
- Rueter, M. A., Scaramella, L., Wallace, L. W., & Conger, R. (1999). First onset of depressive or anxiety disorders predicted by the longitudinal course of internalizing symptoms and parent-adolescent disagreements. *Archives of General Psychiatry, 56*(8), 726-732.
- Saluja, G., Iachan, R., Scheidt, P. C., Overpeck, M. D., Sun, W., & Giedd, J. N. (2004). Prevalence of and risk factors for depressive symptoms among young adolescents. *Archives of Pediatrics Adolescent Medicine, 158*(8), 760-765. doi:10.1001/archpedi.158.8.760
- Sheeber, L., Hops, H., Alpert, A., Davis, B., & Andrews, J. (1997). Family support and conflict: Prospective relations to adolescent depression. *Journal of Abnormal Child Psychology, 25*(4), 333-344. doi: 10.1023/A:1025768504415
- Shih, R. A., Miles, J. N. V., Tucker, J. S., Zhou, A. J., & D'Amico, E., J. (2010). Racial/ethnic differences in adolescent substance use: Mediation by individual, family, and school factors. *Journal of Studies on Alcohol and Drugs, 71*(5), 640-651.
- Shin, J. K. (2002). Help-seeking behaviors by Korean immigrants for depression. *Issues in Mental Health Nursing, 23*(5), 461-476.
- Shin, J. Y., D'Antonio, E., Son, H., Kim, S., & Park, Y. (2011). Bullying and discrimination experiences among Korean-American adolescents. *Journal of Adolescence, 34*. 873-883. doi:10.1016/j.adolescence.2011.01.004

- Shrake, E. K. (1996). *Perceived parenting styles, ethnic identity, and associated problem behaviors among Korean-American adolescents*. Retrieved from ProQuest Dissertations and Theses. (MSTAR\_304227491)
- Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., & Saitz, R. (2010). A single-question screening test for drug use in primary care. *Archives of Internal Medicine, 170*(13), 1155-1160. doi:10.1001/archinternmed.2010.140.
- Spear, L. P. (2010). *The behavioral neuroscience of adolescence*. New York, NY: W.W. Norton & Company.
- Steely, A. C. & Rohner, R. (2006). Relations among corporal punishment, perceived parental acceptance, and psychological adjustment in Jamaican youths. *Cross-Cultural Research, 40*(3). 268-286.
- Steinberg, L. (2011). *Adolescence* (9<sup>th</sup> ed.). New York, NY: McGraw-Hill.
- Suinn, R. M., Rickard-Figueroa, K., Lew, S., & Vigil, P. (1987). The Suinn-Lew Asian Self-Identity Acculturation Scale: An initial report. *Educational and Psychological Measurement, 47*, 401-407. doi:10.1177/0013164487472012
- Sung, H. Y. (2010). The influence of culture on parenting practices of East Asian families and emotional intelligence of older adolescents. *School Psychology International, 31*(2), 199-214. doi:10.1177/0143034309352268
- Thai, N. D., Connell, C. M., & Tebes, J. K. (2010). Substance use among Asian American adolescents: Influence of race, ethnicity, and acculturation in the context of key risk and protective factors. *Asian American Journal of Psychology, 1*(4), 261-274. doi:10.1037/a0021703

- Triandis, H. (2001). Individualism-collectivism and personality. *Journal of Personality*, *69*(6), 907-924. doi:10.1111/1467-6494.696169
- Triandis, H., Bontempo, R., & Villareal, M. (1988). Individualism and collectivism: Cross-cultural perspectives on self-ingroup relationships. *Journal of Personality and Social Psychology*, *52*(2), 323-338. doi:apa.org/journals/psp/54/2/323
- Tsai-Chae, A., & Nagata, D. K. (2008). Asian values and perceptions of intergenerational family conflict among Asian American students. *Cultural Diversity and Ethnic Minority Psychology*, *14*(3), 205-214. doi:10.1037/1099-9809.14.3.205
- Unger, J. B., Ritt-Olson, A., Teran, L., Huang, T., Hoffman, B. R., & Palmer, P. (2002). Cultural values and substance use in a multiethnic sample of California adolescents. *Addiction Research & Theory*, *10*(3), 257-279. doi:10.1080/16066350290025672
- Unger, J. B., Trinidad, D. R., Weiss, J. W., & Rohrbach, L. A. (2004). Acculturation as a risk factor for smoking among Asian American adolescents: Is the association confounded by nationality? *Journal of Ethnicity in Substance Abuse*, *3*(1), 65-79. doi:10.1300/J233v03n01\_05
- United States Bureau of Census (2011). Overview of race and Hispanic origin: 2010, Retrieved from <http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>
- USA TODAY (2005, November 13). Asian youth persistently harassed by U.S. peers. USA TODAY. Retrieved from [http://www.usatoday.com/news/nation/2005-11-13-asian-teens-bullied\\_x.htm](http://www.usatoday.com/news/nation/2005-11-13-asian-teens-bullied_x.htm)
- Wallace, S. A., & Fisher, C. B. (2007). Substance use attitudes among urban black adolescents: The role of parent, peer, and cultural factors. *Journal of Youth and Adolescence*, *36*, 441-451. doi:10.1007/s10964-006-9099-5

- Weiss, J., & Garbanati, J. A. (2004). Relationship of acculturation and family functioning to smoking attitudes and behaviors among Asian-American adolescents. *Journal of Child and Family Studies, 13*(2), 193-204.
- Weiss, J. W., Garbanati, J. A., Tanjasiri, S. P., Xie, B., & Palmer, P. H. (2006). Effects of family functioning and self-image on adolescent smoking initiation among Asian-American subgroups. *Journal of Adolescent Health, 39*(2), 221-228.  
doi:10.1016/j.jadohealth.2005.12.005
- Williamson, A. & Hoggart, B. (2005). Pain: A review of three commonly used pain rating scales. *Journal of Clinical Nursing, 14*(7), doi: 10.1111/j.1365-2702.2005.01121.x
- Wu, L., Woody, G. E., Yang, C., Pan, J., & Blazer, D. G. (2011). Racial/ethnic variations in substance-related disorders among adolescents in the United States. *Archives of General Psychiatry, 68*(11), 1176-1185. doi:10.1001/archgenpsychiatry.2011.120
- Wu, P., Liu, X., Kim, J., & Fan, B. (2011). Ecstasy use and associated risk factors among Asian-American youth: Findings from a national survey. *Journal of Ethnicity in Substance Abuse, 10*, 112-125. doi:10.1080/15332640.2011.573304
- Yang, S. (2009). Cane of love: Parental attitudes towards corporal punishment in Korea. *British Journal of Social Work, 39*, 1540-1555. doi:10.1093/bjsw/bcn034.
- Yang, S. & Rettig, K.D. (2003). The value tensions in Korean-American mother-child relationships while facilitating academic success. *Personal Relationships, 10*, 349-369.
- Yang, S. & Shin, C. S. (2008). Parental attitudes towards education: What matters for children's well-being? *Children and Youth Services Review, 30*, 1328-1335.  
doi:10.1016/j.childyouth.2008.03.015

- Yeh, C. J., Ma, P., Madan-Bahel, A., Hunter, C. D., Jung, S., Kim, A. B., . . . Sasaki, K. (2005). The cultural negotiations of Korean immigrant youth. *Journal of Counseling and Development, 83*(2), 172-182.
- Yeh, C. J., Okubo, Y., Ma, P. W., Shea, M., Ou, D., & Pituc, S. T. (2008). Chinese immigrant high school students' cultural interactions, acculturation, family obligations, language use, and social support. *Adolescence, 43*(172), 775-790.
- Yim, D. (1998). Psychocultural features of ancestor worship in modern Korean society. In W.H. Slote & G.A. DeVos (Eds.), *Confucianism and the family* (pp. 163-186). Albany, NY: State University of New York Press.
- Yoo, H. C., & Lee, R. M. (2008). Does ethnic identity buffer or exacerbate the effects of frequent racial discrimination on situational well-being of Asian Americans? *Journal of Counseling Psychology, 55*(1), 63-74. doi:10.1037/0022-0167.55.1.63
- Yu, M., Hahm, H. C., & Vaughn, M. G. (2010). Intrapersonal and interpersonal determinants of smoking status among Asian American adolescents: Findings from a national sample. *Nicotine & Tobacco Research, 12*(8), 801-809. doi:10.1093/ntr/ntq100
- Zhou, M., & Kim, S. S. (2006). Community forces, social capital, and educational achievement: The case of supplementary education in the Chinese and Korean immigrant communities. *Harvard Educational Review, 76*, 1-23.

## Appendix 1. Demographic information

## A. Personal Characteristics

1. I am a (1) girl (2) boy
2. Age: \_\_\_\_\_
3. Grade in school \_\_\_\_\_
4. Birth place (1) Korea (2) USA (3) Other places \_\_\_\_\_
5. How long have you lived in USA? \_\_\_\_\_ years
6. Who do you think of yourself? (1) Korean (2) Korean American (3) American
7. Religious preference: (1) Protestant (2) Catholic (3) Buddhist (4) none (5) other
8. Mother's education level? : (1) Elementary school (2) Middle school (3) High school (4) College (5) Graduate school
9. How long has your mother lived in USA? \_\_\_\_\_ years
10. Father's education level? : (1) Elementary school (2) Middle school (3) High school (4) College (5) Graduate school
11. How long has your father lived in USA? \_\_\_\_\_ years
12. What do you think how much your mother is Americanized?  
(1) not at all (2) a little (3) somewhat (4) a lot (5) almost
13. What do you think how much your father is Americanized?  
(1) not at all (2) a little (3) somewhat (4) a lot (5) almost
14. Family income? (1) low income (below average) (2) middle income (average) (3) high income (above average)
15. Grades

Subjects	A	B	C	D	F
English or language arts					
History or social studies					
Math or Arithmetic					
Science					

## B. Communication

16. Which language do you speak when you talk to your mother?  
(1) mostly Korean (2) A combination of Korean and English (3) mostly English
17. How much do you your mother understand what you say?  
(1) not at all (2) a little (3) somewhat (4) a lot (5) everything
18. Which language does your mother speak when she talks to you?  
(1) mostly Korean (2) A combination of Korean and English (3) mostly English
19. How much do you understand what your mother says?  
(1) not at all (2) a little (3) somewhat (4) a lot (5) everything
20. Which language do you speak when you talk to your father?

(1) mostly Korean (2) A combination of Korean and English (3) mostly

English

21. How much does your father understand what you say?

(1) not at all (2) a little (3) somewhat (4) a lot (5) everything

22. Which language does your father speak when he talks to you?

(1) mostly Korean (2) A combination of Korean and English (3) mostly

English

23. How much do you understand what your father says?

(1) not at all (2) a little (3) somewhat (4) a lot (5) everything

C. Friends

24. About how many close Korean friends do you have?

(1) none (2) 1-2 (3) 3-4 (4) 5 or more

25. About how many close friends do you have (except Korean)?

(1) none (2) 1-2 (3) 3-4 (4) 5 or more

## Appendix 2. Center for Epidemiologic Studies Depression Scale (CESD)-10

Below is a list of some of the ways you may have felt or behaved.

Please indicate how often you have felt this way during the past week by checking the appropriate space.

- 0- Rarely or none of the time (less than 1 day)
- 1- Some or a little of the time (1-2 days)
- 2- Occasionally or a moderate amount of the time (3-4 days)
- 3- All of the time (5-7 days)

For last 7 days

Behavior	Rating
1. I was bothered by things that usually don't bother me.	0..... 1..... 2..... 3
2. I had trouble keeping my mind on what I was doing.	0..... 1..... 2..... 3
3. I felt depressed.	0..... 1..... 2..... 3
4. I felt that everything I did was an effort.	0..... 1..... 2..... 3
5. I felt hopeful about the future.	0..... 1..... 2..... 3
6. I felt fearful.	0..... 1..... 2..... 3
7. My sleep was restless.	0..... 1..... 2..... 3
8. I was happy.	0..... 1..... 2..... 3
9. I felt lonely.	0..... 1..... 2..... 3
10. I could not get "going."	0..... 1..... 2..... 3

## Appendix 3. Substance Use Index

This section asks you about substances. **Your answers are completely anonymous and honest responses are appreciated.** Please answer indicated areas.

1. Have you ever tried any substances in your life time? If you answer yes on any item, how old were you when you tried for the first time?

Items	Never tried	Tried	Types used (circle indicated ones)	Age Started
Alcohol			beer, wine, <i>soju</i> , Hard liquor	
Tobacco			Chewing tobacco, cigarette	
Marijuana/pot/grass/pot/weed				
Ecstasy/rave/love drug/XTC				
Cocaine/Crack/coke				
LSD/mushrooms/acid/boomers				
Heroin/opiates/poppy/murphy				
PCP/Angel dust/peace pill				
Stimulants/fen-phen/speed				
Benzodiazepines/transx/downers				
Sniffing gases/fumes/glue			Gases, fumes, glue	

2. Have you used any substances in the past one month? If you answer yes on any item, please specify how often and how much you used on average.

Items	No	Yes	How Often			
			1) less than 1 time /week	2)1-2 times /week	3) 3-4 times /week	4) more than 4 times /week
Alcohol			1	2	3	4
Tobacco			1	2	3	4
Marijuana/pot/grass/pot/weed			1	2	3	4
Ecstasy/rave/love drug/XTC			1	2	3	4
Cocaine/Crack/coke			1	2	3	4
LSD/mushrooms/acid/boomers			1	2	3	4
Heroin/opiates/poppy/murphy			1	2	3	4
PCP/Angel dust/peace pill			1	2	3	4
Stimulants/fen-phen/speed			1	2	3	4
Benzodiazepines/transx/downers			1	2	3	4
Sniffing gases/fumes/glue			1	2	3	4

3. Are there anybody uses substances around you? Please specify who they are among your family members.

<b>Items</b>	<b>Family members (circle who uses)</b>	<b># of Friends you know</b>
Alcohol	Grandparents, father, mother, sister, brother	
Tobacco	Grandparents, father, mother, sister, brother	
Marijuana/pot/grass/pot/weed	Grandparents, father, mother, sister, brother	
Ecstasy/rave/love drug/XTC	Grandparents, father, mother, sister, brother	
Cocaine/Crack/coke	Grandparents, father, mother, sister, brother	
LSD/mushrooms/acid/boomers	Grandparents, father, mother, sister, brother	
Heroin/opiates/poppy/murphy	Grandparents, father, mother, sister, brother	
PCP/Angel dust/peace pill	Grandparents, father, mother, sister, brother	
Stimulants/fen-phen/speed	Grandparents, father, mother, sister, brother	
Benzodiazepines/transx/downers	Grandparents, father, mother, sister, brother	
Sniffing gases/fumes/glue	Grandparents, father, mother, sister, brother	

4. If you use any substances, why do you use substances?

## Appendix 4. Child Parental Acceptance-Rejection Questionnaire (CPARQ)

Here are some statements about the ways mothers and fathers act toward their children

*Please answer all the questions for both mother and father.*

1 Almost always true	2 Sometimes true	3 Rarely true	4 Almost never true
-------------------------	---------------------	------------------	------------------------

My mother/ father...	Mother				Father			
	1	2	3	4	1	2	3	4
1. Says nice things about me	1	2	3	4	1	2	3	4
2. Pays no attention to me	1	2	3	4	1	2	3	4
3. Sees to it that I know exactly what I may or may not do	1	2	3	4	1	2	3	4
4. Makes it easy for me to tell her/him things that are important to me	1	2	3	4	1	2	3	4
5. Hits me, even when I do not deserve it	1	2	3	4	1	2	3	4
6. Sees me as a big nuisance	1	2	3	4	1	2	3	4
7. Is always telling me how I should behave	1	2	3	4	1	2	3	4
8. Punishes me severely when she/he is angry	1	2	3	4	1	2	3	4
9. Is too busy to answer my questions	1	2	3	4	1	2	3	4
10. Seems to dislike me	1	2	3	4	1	2	3	4
11. Is really interested in what I do	1	2	3	4	1	2	3	4
12. Says many unkind things to me	1	2	3	4	1	2	3	4
13. Pays no attention when I ask for help	1	2	3	4	1	2	3	4
14. Insists that I must do exactly as I am told	1	2	3	4	1	2	3	4
15. Makes me feel wanted and needed	1	2	3	4	1	2	3	4
16. Pays a lot of attention to me	1	2	3	4	1	2	3	4
17. Goes out of her/ his way to hurt my feelings	1	2	3	4	1	2	3	4
18. Forgets important things I think she/ he should remember	1	2	3	4	1	2	3	4
19. Makes me feel I am not loved anymore if I misbehave	1	2	3	4	1	2	3	4
20. Lets me do anything I like to do	1	2	3	4	1	2	3	4
21. Makes me feel what I do is important	1	2	3	4	1	2	3	4
22. Frightens or threatens me when I do something wrong	1	2	3	4	1	2	3	4
23. Cares about what I think and likes me to talk about it	1	2	3	4	1	2	3	4
24. Feels other children are better than I am no matter what I do	1	2	3	4	1	2	3	4
25. Lets me know I am not wanted	1	2	3	4	1	2	3	4
26. Wants to control whatever I do	1	2	3	4	1	2	3	4
27. Lets me know she/he loves me	1	2	3	4	1	2	3	4
28. Pays no attention to me as long as I do nothing to bother her/him	1	2	3	4	1	2	3	4
29. Treats me gently and with kindness	1	2	3	4	1	2	3	4

### Appendix 5. Adolescent Discrimination Distress Index (ADDI)

The following questions are about experiences that sometimes may happen because of one's race or ethnicity. In each case, please tell me whether the experience has ever happened to you because of your race or ethnicity.

If your answer is "Yes," then indicate how UPSETTING the experience was for you. If it happened to you more than once, base your answer on the last time it happened.

1 Not at all upsetting	2 A little upsetting	3 Somewhat upsetting	4 Very upsetting	5 Extremely upsetting
------------------------------	-------------------------	----------------------------	---------------------	-----------------------------

Situations	No	Yes	How upsetting				
			1	2	3	4	5
1. You were given a lower grade than you deserve.			1	2	3	4	5
2. You were unfairly disciplined or given after-school detention.			1	2	3	4	5
3. You were not selected to be in an honors or advanced level class.			1	2	3	4	5
4. Other kids did not want you to join a school club.			1	2	3	4	5
5. Teachers expected more of you than of other students.			1	2	3	4	5
6. Other kids thought you didn't know English very well.			1	2	3	4	5
7. You received poor service at a restaurant.			1	2	3	4	5
8. Other kids did not include you in their activities.			1	2	3	4	5
9. You got hassled by police.			1	2	3	4	5
10. You got hassled by a store clerk or store guard.			1	2	3	4	5
11. Other kids called you racially insulting names.			1	2	3	4	5
12. Teachers expected less of you than of other students.			1	2	3	4	5
13. People acted like they thought you were not smart.			1	2	3	4	5
14. People acted like they were afraid of you.			1	2	3	4	5
15. You were threatened by other kids.			1	2	3	4	5

### Appendix 6. Asian American Family Conflicts Scale (AAFCS)

The following statements are parent-child situations that may occur in families.

Consider how likely each situation in your present relationships with your mother or father. Read each situation and answer the following questions using the following rating scales:

How often does it happen?

<b>1.....</b>	<b>2.....</b>	<b>3.....</b>	<b>4.....</b>	<b>5</b>
<b>Almost never</b>	<b>Once in a while</b>	<b>Sometimes</b>	<b>Often or frequently</b>	<b>Almost always</b>

Family situations	With my mother	With my father
1. My mother/father tell me what to do with my life, but I want to make my own decisions.	1...2...3...4...5	1...2...3...4...5
2. My mother/father tell me that a social life is not important at my age, but I think that it is.	1...2...3...4...5	1...2...3...4...5
3. I have done well in school, but my mother/father' academic expectations always exceed my performance.	1...2...3...4...5	1...2...3...4...5
4. My mother/father want me to sacrifice personal interests for the sake of family, but I feel this is unfair.	1...2...3...4...5	1...2...3...4...5
5. My mother/father always compare me with others, but I want them to accept me for being myself.	1...2...3...4...5	1...2...3...4...5
6. My mother/father argue that they show me love by housing, feeding, and educating mm, but I wish they would show more physical and verbal signs of affection.	1...2...3...4...5	1...2...3...4...5
7. My mother/father don't want me to bring shame upon the family, but I feel that my mother/father are too concerned with saving face.	1...2...3...4...5	1...2...3...4...5
8. My mother/father expect me to behave like a proper Korean boy or girl, but I feel my mother/father are being too traditional.	1...2...3...4...5	1...2...3...4...5
9. I want to state my opinion, but my mother/father consider it to be disrespectful to talk back.	1...2...3...4...5	1...2...3...4...5
10. My mother/father demand that I always show respect for elders, but I believe in showing respect only if they deserve it.	1...2...3...4...5	1...2...3...4...5

## Appendix 7. Open-Ended Questions

The following short answer questions ask about your perceptions and opinions. **The answers are completely anonymous and your honest responses are appreciated.**

1. When and how do you know your mother loves you?

(For example, I feel loved when my mother says nice things about me, when my mother spends time with me, when my mother gives me a gift, when my mother helps me with my homework, when my mother hugs me, etc. )

2. When do you feel your mother does not love you?

3. On a scale from 0 to 10, how much do you think your mother loves you (choose the number)?

0= I think my mother does not love me at all.

10= I think my mother loves me entirely.

0	1	2	3	4	5	6	7	8
9	10							

4. On a scale from 0 to 10, how much do you love your mother (choose the number)?

0= I do not love my mother at all.

10= I love my mother entirely.

0	1	2	3	4	5	6	7	8
9	10							

5. If there is any difference between how much your mother loves you (question #3) and how much you love your mother (question #4), why do you think that is?

6. When and how do you know your father loves you?

(For example, I feel loved when my father says nice things about me, when my father spends time with me, when my father gives me a gift, when my father helps me with my homework, when my father hugs me, etc. )

7. When do you feel your father does not love you?

8. On a scale from 0 to 10, how much do you think your father loves you (choose the number)?

0= I think my father does not love me at all.

10= I think my father loves me entirely.

0	1	2	3	4	5	6	7	8
9	10							

9. On a scale from 0 to 10, how much do you love your father (choose the number)?

0= I do not love my father at all.

10= I love my father entirely.

0	1	2	3	4	5	6	7	8
9	10							

10. If there is any difference between how much your father loves you (question #8) and how much you love your father (question #9), why do you think that is?

## Appendix 8. Screening Questions

Thank you for being interested in the study titled, “**Associated Factors with Depressive Symptoms and Substance Use/Abuse among Korean American Adolescents**”.

There are a few criteria to meet in order to participate in this study. Please answer the following questions first. If you are not eligible, the study process will be stopped automatically.

1. Have you ever participated in this study before?
2. Can you read, write, and understand English fluently?
3. Are you a Korean American teen between the ages of 14 -18 years old (or in grades 9th through 12th)?
4. Are your parents Korean or Korean American?
5. Are you currently living with your parent(s)?
6. Are you an abroad student in the USA (exclusion criteria)?

## Appendix 9. Assent/Consent Information Statement

### **UNIVERSITY OF WASHINGTON Assent/Consent Information Statement**

Associated Factors with Depressive Symptoms and Substance Use/Abuse  
among Korean American Adolescents

Gloria Youngju Nam, PhDc (Principal Investigator)

Eunjung Kim, PhD, Associate Professor (Chairperson in Dissertation Committee)

University of Washington School of Nursing

**Study-Related Phone Number: 206-226-0953**

#### **RESEARCHER'S STATEMENT**

We are asking you to be in a research study. The purpose of this information Statement is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. We will give you a copy of this form for your records.

#### **PURPOSE OF THE STUDY**

The purpose of this study is to examine the relationships among perceived parental affection, intergenerational family conflict, and racial discrimination on depressive symptoms and substance use/abuse among Korean American adolescents.

#### **STUDY PROCEDURES**

This is a web-based survey. The first part is open-ended questions. There will be enough space for you to explain your answers. Then you are asked to answer multiple choice questions. It will approximately take 30 to 45 minutes to complete. You can access to the survey web site wherever you have internet access.

The open-ended questions include how you would know your parents love you. The survey questions ask you about depressive symptoms in the past week, typical conflict situations that reflect you - your parents disagreements in values and practices, perceptions of whether you feel discriminated in institutional, educational, and peer contexts, and your perception of parental acceptance or rejection. In addition, it asks about substance use including life time use, current use/abuse, frequency, and family/friends use of substances. Lastly, we will ask you to provide us with some demographic information by selecting the category that describes you (e.g., your

gender, age). Examples of the most personal or sensitive questions are: “Have you ever tried any substances in your life time” or ” Have you ever got hassled by police/store clerk/store guard?” If there is a question you do not want to answer, you can just skip it. Participation in this study is voluntary and all your answers are completely anonymous. It means no personal identifiers will be associated with an individual’s response, and only grouped data, will be reported in publications or presentations.

### **RISKS, STRESS, OR DISCOMFORT**

It is possible that you may experience distress thinking about stressful experiences or times you may have had. You are free to discontinue participation in the study if you choose. Because your name will not be linked to your answers, the researcher cannot follow up with you individually. If you experience distress and need help, you can contact Asian counseling and Referral Service (206-695-7600), Asian Counseling Treatment Services (253-302-3826), the Youth America Hotline (**1-877-968-8454**), and the King county teen crisis line (206-461-4922 or 1-866-833-6546, <http://www.866teenlink.org/>). If you want, you can also contact me at 206-226-0953 or your youth minister.

### **BENEFITS OF THE STUDY**

There are no direct benefits to taking part in this study; however, a longer-term benefit to society includes contribution to developing culturally and developmentally appropriate intervention programs for Korean American adolescents.

### **CONFIDENTIALITY OF RESEARCH INFORMATION**

All your answers are completely anonymous; no personal identifiers will be associated with an individual’s response, and only grouped data, not individual responses, will be reported in publications or presentations.

### **OTHER INFORMATION**

You may refuse to participate in the study, and you are free to withdraw from this study at any time without penalty. You can be sure that we will do everything possible to protect your rights to privacy during this project. All of your answers will be kept strictly anonymous. We will keep this anonymous data indefinitely for possible use in future studies.

As a way to thank you for participating in the interview, you will be able to print out a \$10 e-gift card for Subway at the end of survey. Choosing to skip items will not affect the payment you receive for participation.

If you have questions about the research, you can ask the researcher listed above at the beginning of this assent/consent. If you have questions about your rights as a research subject, you can call the University of Washington Human Subjects Division at (206) 543-0098.

Once you click “I agree” button, you will be able to begin the survey.

Appendix 10. Flyer

University of Washington Study  
**Korean American Youth Survey**

**\*\*VOLUNTEERS NEEDED\*\***

**Attention Korean American teens aged 14-18 (or in 9 to 12th grade)!**

I am looking for volunteers to participate in a University of Washington study. The study is about how you feel about your parents, how you get along with your parents, and whether you feel discriminated against. Also I would like to examine how these factors are related with depressive symptoms and substance use/abuse.

You can participate if you are

- a Korean American (KA) adolescent who can read, write, and understand English fluently;
- a KA teen 14 to 18 years old (or currently in 9 to 12 grade);
- a KA teen and your parents are Korean or Korean American; and
- a KA teen and you are currently living with your parent(s).

**If you agree to participate, you will**

go to an online survey and answer questions.

the survey is located at

<https://catalyst.uw.edu/webq/survey/glorian7/171105>

**\*\*All your answers are completely anonymous. There is no way for anyone to find out who you are.**

At the end of the survey, you will be able to print out a \$10 Panera Bread gift card, in appreciation for your time and effort.

**If you are interested in participating, simply go to the website mentioned above.**

**If you have any questions or would like more information, please contact:**

Researcher: Gloria Nam, graduate student at University of Washington School of Nursing (206-226-0953)

Original study title is *“Associated Factors With Depressive Symptoms and Substance Use/Abuse Among Korean American Adolescents”*

## Appendix 11. Correlations Between Demographic Variables and Dependent Variables (N=101)

	Depressive symptoms	Substance use
Gender	-.13	.12
Age	.03	.22*
Grade	-.04	.18
Birth place	.03	.21*
Adolescent's length of stay in the U.S.	-.12	.14
Identity	-.05	.24*
Religious preference	.18	.16
Mother's education level	-.19	.05
Mother's length of stay in the U.S.	-.12	.15
Father's education level	-.02	-.07
Father's length of stay in the U.S.	-.20	.19
Mother's acculturation level	-.02	-.09
Father's acculturation level	-.02	-.07
Income	-.11	.10
English GPA	-.19	.02
History GPA	-.06	.20
Math GPA	-.21*	-.08
Science GPA	-.15	-.07
Language when adolescent speaks to mother	-.15	.13
Mother's understanding when adolescent speaks to mother	-.22*	-.15
Language when mother speaks to her adolescent	-.17	.10
Adolescent's understanding when mother speaks to adolescent	-.16	-.05
Language when adolescent speak to father	.05	-.09
Father's understanding when adolescent speaks to father	-.02	-.07
Language when father speaks to his adolescent	-.02	-.07
Adolescent's understanding when father speaks to adolescent	-.02	-.07
Number of Korean friend	-.09	-.10
Number of non-Korean friend	-.03	-.01

\*p &lt; .05 (2-tailed)