

2016

Effects of Acculturation Gap and Attachment Style on South Asian Adolescent Well-Being

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Malliga Obilisundar-Delaney

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Walden University

2016

Abstract

Effects of Acculturation Gap and Attachment Style on South Asian Adolescent Well-

Being

by

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MA, Queens College, 1998

BS, Queens College, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

August 2016

Abstract

South Asian (SA) adolescents experience the added challenges of identity development and coping as a minority population of color in a predominantly White host culture. Adolescent attachment style (AS) with their parents, along with an acculturation gap (AG) with their parents, can either add to or alleviate their struggles. A matched acculturation style and secure AS with their parents were hypothesized to result in higher ethnic identity and adaptive coping. The Brief COPE, Multiethnic Identity Measure, Inventory of Parent and Peer Attachment, and the Bicultural Inquiry Questionnaire were used to measure the independent (AG and AS) and dependent variables (identity development and coping skills) among a sample of 39 SA adolescents and their parent dyads from India, Bangladesh, Nepal, Sri Lanka, and Pakistan. All participants were recruited through SA temples, schools, and websites. Two-way ANOVAs revealed no effects of AG and AS on ethnic identity and coping skills, which corroborates with the results of several other studies. However, the small sample size obtained for this study reduced the reliability of the results. Further research with a larger sample is warranted for more reliable results with greater power. The use of alternative measures should also be considered given the difficulty with measuring the multifaceted constructs of acculturation and ethnic identity. More information on the impact of attachment and acculturation on well-being can contribute to social change by providing data needed to develop preventive and therapeutic interventions, community programs, and government policies to assist immigrant adolescents and families.

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Dedication

I would like to dedicate this dissertation to my family, especially my children Melissa, Timothy, and Kevin, who have been extremely patient with me during my years at Walden University.

Acknowledgments

I would like to acknowledge my chair member, Dr. Robin Oatis-Ballew, who has supported me through the many revisions and helped me to reach my goal. In addition, I would like to thank Dr. Loun for her great advice with the statistical part of the dissertation, which was a big obstacle in completing this process.

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Chapter 1: Introduction to the Study

Introduction

The primary focus of this study was the well-being of South Asian (SA) adolescent immigrants in relation to their primary caregiver versus adolescent acculturation styles and adolescent attachment style with the parent. Immigrant adolescents have to assimilate into their new environment while trying to successfully achieve the developmental struggles of independence, social status, and identity development (Barrocas, 2011; Bhattacharyya, 2009; Farver, Xu, Bhadha, & Lieber, 2007). Adolescents who are marginalized are at even greater risk of developing greater psychological distress and problems with self-identification and self-esteem (Farver, Bhadha, & Narang, 2002).

The well-being of immigrants has been linked to the construct of acculturation in past studies (Farver, Bhada, & Narang, 2002; Farver, Xu, Bhadha, & Lieber, 2007). More recently, attachment has piqued the interest of researchers as a factor involved in the psychological well-being of adolescents and adults. Aitkins, Howes, and Hamilton (2009) considered attachment during adolescence to be just as significant as the attachment bond during infancy in influencing all other interpersonal relationships. Research on the relationship of attachment, acculturation, coping skills, and identity development are very limited. My study of the relationship of these variables with the marginalized population of South Asian adolescents will contribute to the literature to address the needs of ethnic minority adolescents.

The SA culture has been deemed a marginalized culture or of minority status (U.S. Census Bureau, 2010). The SA cultures included in this study, based on the largest SA population in America, are Indian, Pakistan, Sri Lanka, Bangladesh, and Nepal (Ameridia, 2012). SAs are considered minorities because of their color and are discriminated against by the dominant White culture. They are referred to as marginalized because of their refrain from adapting the dominant culture or preserving their heritage culture (Berry 1990; Sue, 2003; Sue et al., 2007). Indians are the largest SA population in New York, followed by Pakistanis, Bangladeshis, and Sri Lankans (Ameridia, 2012) These cultures are considered part of the minority population that will make up the majority of the children in the United States in the near future given that they are part of the fastest growing Asian American population within the United States (Le, 2013). The U.S. Census Bureau (2010) refers to them as a *minority* population in terms of their proportion to the non-Hispanic Caucasian race, which in 2010 was a little over one third of the total population.

Sometimes, SA culture is referred to as the quiet race due to the characteristic trait of internalizing problems rather than externalizing them (Bhattacharyya, 2009). For the same reason, SA cultural groups have often been overlooked in studies. Regardless of their quiet nature, immigrant individuals and families from this culture encounter difficulties. When children reach adolescence, problems become particularly apparent during this critical developmental stage. Adolescents of SA ethnic background, living in the United States, are faced with negotiating their collectivistic culture of origin and the individualistic cultural environment they are living in (Bhattacharyya, 2009). These

adolescents are especially challenged growing up in an environment that presents social, family, cultural, and educational pressures (Bhattacharyya, 2006; Borrocas, 2011; Lee et al., 2009).

SA parents are not known to seek help or even focus on the psychological factors involved with their children's well-being (Lee et al., 2009). Instead Lee et al. discovered that SA children and adolescents are pressured by their parents to succeed academically and maintain devotion to their family. Although SA parents are caring and supportive, they are focused on success since the purpose of their migration to the United States was to establish a better life for their families (Benson & O'Reilly, 2009).

During this stressful time when SA adolescents are attempting to overcome migration and developmental challenges, concepts related to Bowlby's (1973) attachment theory may be an influential factor. Although once perceived to be a process that took place during infancy and remained the same throughout the lifespan, in more recent studies, attachment has been determined to be a longitudinal process that occurs as we encounter various significant relationships (Aikins, Howes, & Hamilton, 2009). A secure attachment was purported by Bowlby to help with the growth of self-reliance during adolescence. It seems only logical that when considering parent-adolescent relationships, that a secure parent-adolescent attachment is more likely to lead to successful outcomes for adolescents than insecure attachment or ambivalent attachment. In the same vein, a secure parent-adolescent attachment could also assist with overcoming the parent-adolescent acculturation gap and adjustment to cultural/multicultural stressors.

The intent of this study was to find factors of improving the lives of SA adolescents and their families, specifically during this tumultuous stage. I examined the relationship of the constructs of parent-adolescent attachment and parent-adolescent acculturation gaps to the development of coping skills and identity development as for this reason. Even more importantly, quantitatively exploring the relationship between attachment, identity development, and coping skills provided insight into the optimal intervention for the positive outcome of these adolescents.

Background

In the early 20th century, a large influx of immigrants arrived in America in the hopes of building a better life for their families (Bhattacharyya, 2009). By the year 2050, ethnic minorities in the United States are projected to become the majority by comprising 52.3% of the total population (Suinn, 2008). The U.S. Census 2010 estimated there are 538,388 SAs in New York state alone and 3,872,963 SAs in the United States (Hoeffel, Rastogi, Kim, & Shahid, 2012). The growing population of immigrants has to contend with the stress of adjusting to a new land and raising families while trying to adapt to a culturally diverse society. Today, many families have first- and second-generation members, creating an acculturation gap across generations, along with multicultural aspects as a result of mixed marriages. Kurien (2005) referred to these individuals as the “new generation” (p. 1), faced with a whole new process of acculturation and identity development.

The greater the difference between the culture of origin and the host culture, the greater the challenge of adaptation. SAs are challenged with the negotiation of their

Eastern collectivistic culture within the Western individualistic culture (Bhattacharyya, 2009). In addition, unlike some other cultures, SAs struggle not only with acculturation and identity development but also coping within a society that views them as ethnic minorities (Bhattacharya, 2009). Asian Americans have received little attention with regards to documented racism and discrimination towards them because of their reputation of being a “model minority” (Sue, Bucceri, Lin, Nadal, & Torino, 2007, p. 1). However, those that are partially from a marginal or colored ethnic culture are more likely to experience discrimination albeit the microaggressive type (Sue, Bucceri, Lin, Nadal, & Torino, 2007). Sue (2003) described microaggression as a form of racism based on people’s beliefs and attitudes regarding people of color that is subtle, indirect, and usually unintentional. Microaggression is just as harmful as or even more so than direct discrimination because of the subtle nature of it (Sue, Bucceri, Lin, Nadal, & Torino, 2007). The movement for a more accepting society has reduced discrimination, yet racism and microaggression continue to be a stressor for these immigrants.

Problem Statement

The primary focus of this study was on the well-being of adolescents of SA descent in relation to the parent-adolescent acculturation gaps and parent-adolescent attachment style. More specifically, I predicted acculturation gap and attachment style to be linked to the identity development and coping skills of SA adolescents and the new generation of adolescents. Furthermore, attachment style may be influential in lessening the acculturation gap and increasing adolescent well-being. Research has shown that migration can adversely impact the family and the psychological well-being of children

and adolescents (Weise, 2010). In some instances, Weise found that the parent-child attachment is affected by the stress of migration resulting in aggressive behaviors or anxiety and depressive behaviors in older children.

Some of the problems arise due to SA adolescents' struggle to develop their own identity while trying to balance their culture with the opposing host culture (Lee et al., 2009). The gap created by differences in acculturation levels in SA parents and adolescents can create greater turmoil in the relationship than adolescence normally produces (Lee et al., 2009). Future generations may be faced with similar difficulties or different socialization challenges across generations (Padilla, 2006; Wichrama, Elder, & Abraham, 2007). Further studies with SA adolescents are essential to the prevention of further dispersion of psychological and health risks in future generations.

Purpose of the Study

The intention of this quantitative study was to determine the differences in the effect of the acculturation gap and attachment style on the identity development and coping mechanisms of SA adolescents. Acculturation gap and attachment style are the independent variables, while coping skills and identity development are the dependent variables in this study. Although there is extensive research on acculturation gap and adolescents, there is little research with the integration of the two concepts of acculturation and attachment as possible predictors of immigrant adolescent well-being. There is also minimal research in the area of attachment style and its effects on adolescent coping skills and identity development.

Enlightenment in this area will assist therapists with applying the most appropriate therapeutic framework. Adolescence is a time of great turmoil and has been identified in literature to be a stage in which these individuals can develop into healthy productive adults or troubled and vulnerable individuals with an identity which Erikson called, *identity confusion* (Atalay, 2007; Erikson, 1963; Smokowski, Rose, & Bacallao, 2012). Erikson's psychology of stages and crisis is believed to be strongly influenced by his own immigrant status in the United States (Atalay, 2007).

Additionally, Erikson's psychology has been considered a precursor to attachment theories because of the inclusion of the influence of mother-child relationships, although developed more systematically by Bowlby and Ainsworth (Atalay, 2007). In this study, I predicted that attachment style with the primary caregiver to have a significant effect on the overall well-being of the adolescents. The constructs of attachment, acculturation, and identity are all related to coping mechanisms in individuals as they work to overcome the crisis along their lifespan (Atalay, 2007). Figuring out the relationship between these constructs would support the use of a psychoanalytic approach to treatment combined with attachment theories for adolescents and families faced with the challenges of acculturation and family conflicts.

Nature of the Study

In this quantitative survey approach, I conducted two 2-way ANOVA analyses to compare the effects of parent-adolescent acculturation gap (AG) and attachment style (AS) with parents (secure or insecure), which were the independent variables (IVs), to adolescent coping skills and identity development, which were the dependent variables

(DVs). Years in the United States, socioeconomic status, gender, age, and education, were some of the confounding variables found in previous studies with similar variables. These variables were not be used as covariates in this study because they would require analysis that went beyond the scope of this study but may be useful as possible covariates in future studies.

The data were collected from a sample of SA parents and adolescents living in New York City (NYC) and Nassau County, New York. I distributed flyers throughout neighborhoods dense with this culture in order to gather possible participants in one location where the surveys could be completed by those participants who provided informed consent. The data gathered were analyzed using SPSS computer software.

Research Questions

The primary reason for the study was to determine whether or not attachment style influences identity development and coping skills in SA adolescents. Another incentive for this study was to assess the impact of different styles of acculturation on identity development and coping skills. Another force driving this study was to discover the influence of AG and AS on identity development and coping skills in SA adolescents.

In order to address the above reasons for the study, I developed the following research questions (RQs) to guide me:

RQ1: What are the differences between the effects (or mean scores) of parent-adolescent AG and AS on SA adolescent identity development?

H₀: There are no differences in the effects of Parent-adolescent AG and AS on adolescent identity development.

H₁: Participants with an acculturation style matched to their parents will have significantly higher multiethnic identity scores compared to adolescents with an acculturation style that is mismatched with their parents.

H₂: Participants with secure ASs with their parents will have significantly higher multiethnic identity scores than adolescents with mismatched ASs with their parents.

RQ2: What are the differences in the effects (or mean scores) of parent-adolescent AG and AS on SA adolescent coping skills?

H₀: There are no differences in the effects of Parent-adolescent AG and AS on adolescent coping skills.

H₃: Participants with a matched acculturation style with their parents will have significantly higher scores on adaptive coping skills than adolescents with a mismatched acculturation style with their parents.

H₄: Participants with secure ASs with their parents will have significantly higher scores on adaptive coping skills than adolescents with insecure ASs with their parents.

Theoretical Frameworks

Bowlby's (1973) theory of attachment was used to ground this study. The original theory consisted of four ASs: secure, insecure-avoidant, insecure-ambivalent, and insecure-avoidant, which were believed to occur only during infancy (Bowlby, 1973; Bowlby & Ainsworth, 1991). Contemporary theories on attachment have asserted that

attachment exerts influence across one's lifespan (Aikins, Howes, & Hamilton, 2009). The attachment theory is now used to describe how adolescents may process social interactions and behave accordingly based on the contemporary theories. Karantzas et al. (2010) posited that attachment styles during childhood can change and indicate unresolved adolescent representations. Even secure attachment during infancy was reported to evolve as a result of patterns of interaction over time.

Berry's (1991) acculturation theory also grounded this study. Berry posited that acculturation is the manner in which people from diverse cultures learn to reside in a society successfully. Four different options of acculturation were suggested by Berry. The first option is separation from the majority culture and restricted identification with the ethnic culture. The second option is assimilation with the majority culture while rejecting the ethnic culture. Integration, the third option, is the identification with both the ethnic and majority cultures. The final option, marginalization, is the rejection of both cultures (Berry, 1997). In the past, researchers studied the process of acculturation as occurring on a group level or linear model (Farver, Bhadha, & Narang, 2002). More recent studies have found that acculturation is an ongoing process that depends on maintaining the culture of origin while adapting to the new host culture (Berry, Kim, Power, Young, & Bujaki, 1989).

The long-standing concept of attachment styles, along with the concept of acculturation gap between parent and adolescent, have been revealed to impact the well-being of adolescents (Atkin, Howes, & Hamilton, 2009; Atzaba-Poria & Pike, 2007). Adolescents struggle to discover and find their own identity, while undergoing the

challenges of social interactions, fitting in, and developing a sense of morality (Erickson, 1963). Erickson's developmental stages was another underlying framework used because of his theories on adolescence.

Definition of Terms

Acculturation: This is the process that results when different cultures come together and a cultural change occurs as psychological changes take place in the individuals (Berry, 1999). It is also defined as the changes in beliefs, behavior, and values of a minority culture to its host culture (Farver, Narang, & Bhada, 2002).

Acculturation gap: The term being used for the difference in acculturation levels that occur overtime between generations as a result of immigration to a new culture (Birman & Poff, 2011).

Attachment style: According to Bowlby and Ainsworth (1991), attachment style is the type of bond established between the child and significant adult that influence the individual's personality development. The styles include: secure, insecure-avoidant, insecure-ambivalent, and insecure-disorganized. It can change across a lifespan based on genetic and environmental influences.

Coping skills: These are skills learned and used to manage feelings and situations in a healthy manner. Coping skills can be either adaptive or maladaptive (Carver, 1997).

Culture: Cooper and Leong (2008) defined culture as the customs, traditions, practices, psychological processes, beliefs, values, and social (Iwamoto & Liu, 2010).

Ethnic identity: The development involves self-identification with one or more ethnic groups (Farver, Xu, Bhadha, Narang, & Lieber, 2007).

First generation: Native born adolescents and families that first moved to the United States (Portes & Rumbaut, 2005).

Host culture: The culture the SAs are attempting to adapt to, which in the case of this study is the culture within the United States and more specifically within New York (Smokowski, Rose, & Bacallao, 2008).

Identity development: Erickson (1963) originally defined identity development as a psychosocial phase during which adolescents from ages 12–19 years successfully develop an identity or if unsuccessful develop role confusion.

Microaggression: Sue et al. (2007) defined microaggression as a type of racism that is subtle, brief, and occurs on a daily basis towards minority groups of color. It can be verbal, behavioral, or environmental denigrations that are automatic and pushed aside as inoffensive when in fact they cause psychological harm to others.

Migration: Lifestyle migrants are considered to be affluent people from other nations who move to places for various reasons which they believe will ultimately lead to a better life for them. (Benson & O'Reilly, 2009)

Multicultural: Adolescents with more than one cultural or ethnic background such as from mixed marriages (Phinney, 1992).

Second generation (new generation): American born adolescents of first generation immigrants with mixed or a single cultural/ethnic background (Portes & Rumbaut, 2005).

Third generation: American born adolescents of second generation parents (Portes & Rumbaut, 2001).

Operational Definitions

Acculturation gap: The acculturation gap is based on the different styles of acculturation (assimilated, marginal separated, or integrated) that the parent and adolescent obtain based on their score on the Bicultural Involvement Questionnaire (BIQ) (Berry, 1999; Farver, Bhadha, & Narang, 2002; Szapocznik, Scopetta, Kurtines, & Aransde, 1978). For the purpose of this study, an acculturation gap was calculated based on match or mismatched acculturation styles between the parent and adolescent.

Acculturation style: The BIQ examines the involvement of the individual with their culture of origin and host culture in terms of customs, values, and behaviors, to determine which of three scales they fall into: Hispanic, American, or bicultural (Szapocznik, Scopetta, Kurtines, & Aransde, 1978).

Attachment style: The Inventory of Parent and Peer Attachment (IPPA), developed by Armsden and Greenberg (1987), measures attachment bonds with parent and peers based on degree of mutual trust, quality of communication, and extent of anger and alienation. The revised version has three measurements: one for mother, father, and peers, based on the ratings of the adolescent. High scores indicate secure attachment, while low scores indicate insecure attachment.

Coping skills: The Brief COPE Scale measures adaptive coping including: self-distraction, active coping, use of emotional support, venting, reframing, planning, humor, acceptance, religion, and use of instrumental support. The Brief COPE Scale also measures maladaptive coping such as: denial, substance use, behavioral disengagement, self-distraction, and self-blame (Carver, 1997).

Ethnic identity: This variable, as measured by the Multigroup Ethnic Identity Measure (MEIM), is based on the individual's level of commitment to their native ethnicity which is attained by 12 statements that they agree or disagree with (Phinney & Ong, 2007). The last three questions ascertain self-identification and parents' ethnic identification.

Assumptions and Limitations

The participants' responses to the surveys could not be controlled but were assumed to be truthful. Another assumption was that the IPPA, BIQ, MEIM, Brief COPE and acculturation gap computation all measured what they proposed to measure and were valid and reliable tools with the SA population. There was also an assumption made that individual differences, such as personality and the many dialects spoken, would not significantly alter the findings. The different cultures considered in this study were regarded as similar by proximity although from different countries. In addition, the sample was assumed to be a good representative of the SA population since a random sampling was collected in different environments.

Given the limited countries in South Asia that were included as the SA population in the study, the results of the study can reliably be generalized to only these populations. The instruments chosen were restricted because of the population choice in terms of age, culture, and variables (Dusick, 2011). Similarly, the ability to detect statistically significant results was limited to the statistical procedures that were used along with the research design. Another limitation in this study was that since there were various languages and dialects spoken by the participants, the surveys were translated by

a family member or friend rather than attempting to have translated surveys in every language. In cases where there was no one available to translate, the individual was excluded from the study.

Scope and Delimitations

In this study, the SA cultures that I considered were countries surrounding India, Nepal, Bangladesh, Sri Lanka, and Pakistan. One of the main reasons for including these countries was because of their colored skin along with their similar beliefs, values, and traditions. Cultures with colored skin are the targeted population since they are treated differently, which in turn impacts acculturation. Adolescents between the ages of 13 to 18 were chosen to represent SAs in the midst of adolescence. The sample was obtained from areas in New York City and Nassau County due to convenience and the large population of SAs in this city. One primary caregiver of the adolescent was included to determine attachment style and acculturation gap. Given that the sampling was from a limited number of sources and neighborhoods, the results cannot be generalized to the SA population within the United States. The findings can be used for follow-up studies whether the alternative hypotheses or null hypotheses were verified.

Significance of Study

SA adolescents of color continue to experience threats to their healthy identity development and psychological well-being due to persistent discrimination (Iwamoto & Liu, 2010). While American adolescents strive to achieve a healthy identity and independence during this stage, SA adolescents have the additional task of balancing family expectations to remain interdependent, educational pressures, and ethnic identity

formation (Bhattacharyya, 2009; Smith & Silva, 2011). With the increasing migration of various cultures and growth of the multicultural community in the United States, the mental health of adolescents, the future adults of America, is important for positive social change (Maynard & Harding, 2010). There are many findings showing a positive association between ethnic identity and well-being, leading scholars to conclude that a strong ethnic identity leads to well-being in adolescence (Phinney & Ong, 2007). Nevertheless, there is no evidence of causality between the two (Smith & Silva, 2011).

There is still minimal research on SA adolescent identity development and coping skills within the United States. In addition, a gap is evident in the literature on the differences of attachment in comparison to acculturation gap with regards their relationship with coping skills and identity development. Coping skills was chosen as one of the dependent variables due to the benefits of positive coping skills when dealing with challenges that are encountered throughout one's lifetime. Identity development was the other dependent variable selected for this study because of the importance of developing a healthy identity during this phase. Second generation SA's are also of importance, along with the first generation, in this study, because many immigrant families from SA are now second or third generation U.S. residents who are also experiencing difficulties. Finding the factors most pertinent to the well-being of SA adolescents can be used to develop better interventions that may be implemented in schools, communities, and therapy.

Summary

In essence, adolescence is an arduous developmental phase even under the best

circumstances. When growing up as an immigrant of minority status in an environment with differing cultures, beliefs and values, it becomes even more complicated. Second generation adolescents are no less susceptible to the pressures and may even have greater difficulty (Farver, Bhadha, & Narang, 2002).

Parents are still a major source of influence that can be supportive or detrimental in the adolescent's development of a healthy identity and coping skills (Berry & Kwak, 2001). Parent-adolescent acculturation levels and attachment style are believed to be significant contributors during this phase of development (Lee, 2009; Weise, 2010). For this reason, Berry's (1991) acculturation model and Bowlby's (1973) attachment theory are the foundations of this study.

There is limited research on SA parent-adolescent acculturation gap. The attachment style of SA parents and adolescents in relation to their acculturation and its influence on identity development and coping skills was not found in my review of existing literature review. Knowledge in this area can provide valuable information with regards to the most influential factors in the development of a healthy identity and coping skills in SA adolescents. Identifying these factors can be used to create more appropriate therapeutic interventions, policies, and community programs to promote well adjusted adolescents and consequently lead to positive social change.

Chapter 3 elaborates on the research questions and the methods that were used to answer the above questions and test the hypotheses. Chapter 4 discusses the results of the data collected and statistical analysis. Chapter 5 presents the interpretation and discussion of the results. It will also contain the limitations of the study and future

research possibilities.

Chapter 2: Literature Review

Introduction

This literature review is a culmination of the results of studies on AG and AS and their relationship to adolescent outcome. The following chapter delineates the existing literature on the topics of parent-adolescent AG, attachment to parent during adolescence, plight of adolescent immigrants, and establishing identity and effective coping skills during adolescence. Additionally, I examine prior research on attempts to mitigate the negative effects of immigration on first and second generation adolescents from bicultural and multicultural background. Finally, the existing literature was used to show the existence of a gap in the literature that may be filled with this study.

Organization of the Literature Review

The literature review is organized based on research with SAs and various other cultures on acculturation gap, differences in generations, attachment, ethnic identity, and coping skills. Also included, are relevant literature on the theories grounding this study. The literature search strategy is first discussed, followed by a review of the literature on the two theoretical foundations used in this study, Bowlby's (1973) attachment theory and Berry's (1991) acculturation model. I also present research on acculturation and attachment, with regards to their relationship with adolescent identity development and coping skills, and related literature to support the research gap that was introduced in Chapter 1. The gap and social change relevance are also discussed in further detail.

Literature Search Strategy

The literature review for this study was conducted using the Walden University Library, more specifically the Proquest, Psycharticles, Academic Premier, ERIC, PsychInfo, and Sage Premier databases. The Scholar Google search engine and Franklin Square local library were other tools that I also used to complete a thorough search. Combinations of the following search words were used to locate relevant articles: *adolescents, South Asian, identity development, ethnic identity, acculturation, multicultural, bicultural, Indian, acculturation gap, coping skills, well-being, second generation, Erickson, Bowlby, and attachment or attachment styles*. For the most part, the search parameters and time limits were restricted to peer reviewed articles within the past 5 years. However, when recent literature could not be found on some of the constructs, older literature was used as needed.

Theoretical Foundations

The study was grounded with the theoretical foundations of the acculturation theory developed by Berry (1996) and the attachment theory originated by Bowlby (1982). The two theories are described in terms of their origination and utilization in previous studies. In this section, I also explain the reasons for their use in this study.

Acculturation Theory

Originally, acculturation was thought of as a unidimensional process in the past (Schwartz, Unger, Zamboanga, & Szapocznik, 2010). In the old model, according to Schwartz and colleagues, migrants (those who migrated to the new residence) were thought to disregard their culture of origin and accept the values, beliefs, and practices of

their new homeland. Some continue to believe that immigrants should follow this method of assimilation. Researchers later realized that acculturation was not unidimensional and that it cannot be assumed that migrants will disregard their culture of origin and assume the new culture (Schwartz, Unger, Zamboanga, & Szapocznik, 2010). In the 1980s, a bidimensional model was created by Berry (1980) in which the retention of the heritage culture and receiving of the host culture were viewed as being independent. The two dimensions combined to create four separate categories of acculturation which is the premise of Berry's acculturation model (Berry, 1980). Berry's (1997) theory was that the psychological consequences of acculturation overtime can vary depending on several variables such as the society of origin and settlement as well as social and personal factors.

Berry (1997) purported that immigration leads to culturally plural societies in which more than one cultural group live together. The dominant culture pressures the nondominant culture to assume their cultural traits, leaving them with little option to choose their acculturation style. According to Berry, integration of varied cultures requires both groups, dominants and nondominants, to accept cultural differences. Dominant and nondominant cultures were determined by their power within the society (Berry, 1997). Similarly, segregation of a culture only occurs through pressure by the dominant culture. Integration is a collective strategy while assimilation is an individualistic strategy (Lalonde & Cameron, 1993, Moghaddam, 1998). Usually, there is a preference for one strategy over the others. All the same variations in strategy can occur based on location (e.g., home, workplace, community, and others). Other factors that

affect acculturation strategies are national context and policy and possible exploration of various strategies over time (Berry 1997; Kim, 1988; Krishnan, & Berry, 1992).

Berry et al. (1997) have conducted numerous studies on the acculturation of immigrants (Birman, 2006; Farver, Bhadha, & Narang, 2002; Robinson, 2009). Berry's bidimensional model of acculturation has also been used in many studies on AGs by Kwak and Berry (2006). Other researchers have used this model to determine the relationship between acculturation, ethnic identity, and the well-being of immigrants (Farver, Bhadha, & Narang, 2002; Farver, Xu, Bhadha, & Leiber, 2007; Robinson, 2009a).

Determining which constructs affect immigrants' well-being was also of primary concern in this study. Berry (1997) believed that acculturation does not have to lead to psychological problems. Berry's model was chosen as a suitable theoretical model given its use in many studies related to acculturation styles, psychological well-being, and identity. The use of Berry's model of acculturation styles was also selected for its usefulness in answering RQs of this study: What are the differences in the effect of parent-adolescent AG and AS on identity development in SA adolescents? and What are the differences in the effects of AG and AS on coping skills in SA adolescents? It is also the preferred theoretical model for this study because of its positive outlook on acculturation through positive adaptation that can be learned (Bowlby, 1997). However, Berry (1997) also mentioned the prospects of serious conflict occurring and leading to "acculturative stress" (p.14) and psychopathology when extreme difficulties arise. The hypothesis in the current study is that AG, which often leads to stress and family

conflict, has a significant link with coping skills and identity development. Berry's model assisted with my exploration of AGs and their link to coping skills and identity development in SA adolescents. Studying this construct partially fulfilled the principal purpose of this endeavor which was to find what constructs are related to SA adolescent immigrant's psychological and physical health.

Conceptualization of Acculturation

The first complete psychological perspective of acculturation was created by Teske and Nelson (1974). Berry (1990) expanded on this with a definition of acculturation as a concept that refers to the changes that result, both cultural and psychological, from the continuous interaction of two different cultural groups. Padilla and Perez (2003) added to this model with a new perspective that included social identity and social cognition. Further modifications to the concept were posited by Schwartz et al. (2010). They included more constructs to their operational definition of acculturation, believing that it was a multidimensional construct that has thus far been limited. In their conceptualization of acculturation, contextual and individual functioning was proposed to also play a role in acculturation.

Berry (1996) proposed four different acculturation strategies that individuals use in their attempt to adapt to the host culture based on the conceptualization that groups have to determine to what extent the groups should maintain their culture and to what extent the group should immerse themselves in the other culture(s). Berry (1990) defined acculturation strategies as the attitudes towards the four strategies and their corresponding behaviors. According to Berry, the four possible strategies in the process

of acculturation included marginal, separation, integration, and assimilation. Immigrants who use the assimilation strategy choose to interact with other cultures over their own. In the separation strategy, individuals avoid interaction with cultures other than their own (Berry, 1996). The integration strategy is when there is an interest in maintaining one's culture of origin while interacting and being a part of the larger society. In the process of marginalization, the individual neither maintains their own culture nor do they choose to integrate with other cultures. This style of acculturation often occurs when individuals are forced to assimilate while also being discriminated against or segregated (Berry, 1996). Adaptation is another construct which is closely related to acculturation. During the process of adaptation, one group generally experiences more change than the other and is referred to as the acculturation group (Berry, 1990).

Based on prior research, Berry (1997) developed a framework for acculturation research that included acculturation factors at a group level and individual level. At the group level, factors from the society of origin (political context, economic status, and demographic information), group acculturation (physical, biological, economic, social, and cultural), and society of settlement (attitudes and social support) were considered (Berry, 1997). The individual level included factors that were previously found to be moderators prior to acculturation such as age, gender, education, pre-acculturation, status, migration motives, expectations, cultural distance, and personality of the individual. Moderating factors during acculturation which Berry included: length of time, acculturation strategy, coping strategies, social support, and societal attitudes. Sometimes, a variable can act as a moderator or mediator (Berry, 1997). Other factors

that can effect acculturation were life events, stressors, coping, stress, and adaption on a group and individual level. Berry posited that all of these factors must be considered in acculturation research for accurate results.

Attachment Theory

Attachment theory is another framework that was a foundation of this study. Bowlby developed this theory from research on the impact of separation and loss with human infants (Bretherton, 1994). Bowlby (1982) first noticed that close proximity to the attachment figure provided security, while separation resulted in crying and searching for the figure to regain the contact and closeness. Bowlby proposed there were innate or instinctive behaviors that fostered the attachment process. It was also Bowlby's belief that it was primarily the mother-infant bond that produced significant effects. The contemporary view of attachment is believed to be a result of a combination of the mind, brain, and body (Shore & Shore, 2008).

Another early researcher of attachment, Ainsworth, joined Bowlby in the late 1950s on research on the effects of separation from the mother during infancy on personality development (Bretherton, 1994). Ainsworth (1989) reformulated the Freudian perspective with a theory that individual differences in infants arise as a result of caregiver-infant interactions. When Ainsworth observed the relationship pattern of children reuniting with parents after an extended separation, the ASs of secure, anxious-avoidant, and anxious-ambivalent were identified. At a later date, another style of attachment, the disorganized style, was discovered by Main and Solomon (Nelson & Bennett, 2008).

Initially, attachment was believed to only occur during an infant's first year and to predict their behavior and relationships throughout their lives. Bowlby (1973) believed the mother-infant bond developed early on established the child's personality and relationships with others. However, since the original theory, researchers have discovered that attachment styles can change over one's lifespan and are linked to autonomy in adolescents (Aikin, Howes, & Hamilton, 2009; Becker-Stoll & Fremmer-Bombik, 2008).

As Bowlby and Ainsworth (1991) continued their research, they extended the attachment classification to school age children, adolescents, and adults in line with research findings. More recent research has sought to provide elucidation on attachment during different points in development and its stability or shift in style (Ainsworth, 1989). Ainsworth's research has supported Bowlby's concept of cross-generational impact of attachment. Investigation of attachment bonds in later years has shown bonds to include those with individuals other than the parent-child bond (Ainsworth, 1989). Another branch of attachment research, has applied this construct to attachment in at-risk populations (Bowlby & Ainsworth, 1991).

Adolescents are in their own right, at-risk, because of the challenges they endure during this developmental phase. Immigrant adolescents face even greater challenges with things such as identity development, autonomy, and adjustment (Barrocos, 2011; Portes & Rambaut, 2005; Steinberg, 1990). Attachment theory provided the means for me to investigate the hypothesis of secure AS being positively correlated with integrated identity development and positive coping skills in SA adolescents. Given that there are no previous studies on the relationship of attachment during adolescence with acculturation

gaps with the SA population, this study will provide pertinent information and add to the limited literature on acculturation gaps, attachment during adolescence, and their effects on SA adolescents. In collaboration with Bowlby's (1973) idea of attachment theory as a contribution to clinical practice, this study can potentially provide important information pertaining to encouraging outcomes for adolescents, intervention strategies, and positive social change (Bowlby & Ainsworth, 1991).

Conceptualization of Attachment

Ethological studies by Harlow with infant monkeys provided the initial steps towards the attachment theory (Lickliter, 2008). The separation of infant's monkeys from their mother was shown to have a profound effect on the behavioral, social, and emotional development of the monkeys. While Harlow studied the effects of modifying social experiences of infant rhesus monkeys on the development of their social and emotional behavior, Bowlby tested human development through observation of the effects of separation and loss during infancy (Lickliter, 2008).

Lorenz, Hinde, and other ethologists, influenced attachment theories with their studies on animal behavior (Nelson & Bennet, 2008). Much of Bowlby's influence came from Lorenz's ideas and findings on attachment and loss, as well as, imprinting in the mid 1900's. Imprinting is defined as the attachment of infants during a critical period to the first suitable moving stimulus. Bowlby was also partial to the imprinting research conducted by Lorenz who was able to demonstrate that there was possibly an innate component to attachment in his research with chicks, ducklings, and goslings (Lickliter, 2008). The hatchlings would imprint on the first major moving object and follow it

around believing it to be their mother. Bowlby assumed that human infants developed in a similar manner. Bowlby also concluded from his research that infants require a stable and nurturing relationship with the primary caretaker to develop into a mentally healthy individual (Bretherton, 1994). Unlike the traditional theory in which dependency had a biological purpose during infancy and was considered useless and a sign of immaturity during later years, Bowlby surmised that attachment was an essential component of human behavior that has a protective and biological function throughout life (Bowlby & Ainsworth, 1991).

Ainsworth added the discovery of the three styles of attachment to Bowlby's work (Ainsworth & Bowlby, 1991). Ainsworth observed babies in Ganda and noticed the behaviors of the babies when their mother moved away or left briefly and when they were hungry or hurt. The mother was observed as the secure base. Ainsworth divided the babies into three groups based on their reaction to separation from the mother and greeting to the mother upon her return. Infants who felt safe enough to explore their environment in their mother's presence and able to depend on her during times of need were categorized as having a secure AS. Secure infants showed distress when the caregiver left the area and displayed excitement upon their return. As they grew older, secure infants became self-reliant individuals with a positive sense of self. Insecure-avoidant infants were observed to avoid their caregivers and show no preference when given a choice between the caregiver and a stranger. Ainsworth discovered that these infants withdrew from their caregiver who was unavailable during times of need. Children who are ambivalently attached become very distressed when the caregiver

leaves and sense they cannot depend on the caregiver when needed. Under extreme stress, anxious ambivalent infants become excessively upset in order to gain greater proximity with the mother. Infants with anxious ambivalent pattern of attachment matured into adolescents and adults who were overly dependent. Infants who were avoidant, later showed discomfort with close relationships. A fourth attachment style discovered was the insecure-disorganized style. The infants considered to be insecure-disorganized exhibited inconsistent attachment behavior including avoidant and resistant behaviors with their caregiver. Infants with a disorganized pattern of attachment reflected disoriented and contradictory behaviors. These infants were more likely to show disturbed relationships during later stages of life.

Naturally during adolescence, the parent-adolescent dyad changes because of the developmental need to become less dependent on the parent as an attachment figure (Allen & Land, 2010). Achievement of successful development in adolescence requires balancing of parent-adolescent relations along with striving for autonomy (Allen, Kipermine, & Moore, 1997). Autonomy is functioning more independently and relying less on parents in various aspects of life. Although autonomy is of great importance during adolescence, attachment to parents is also essential during this phase of development, especially during extremely stressful times (Barrocas, 2011; Steingberg, 1990). For these reasons, Barrocas (2011) proposed that a secure AS with the parent will result in better relationships and adjustment in general. During adolescence, peers can also become attachment figures and provide support for the cognitive, developmental and social changes necessary to establish autonomy (Steinberg, 1990). Recent research has

shown that secure attachment figures foster the establishment of autonomy without jeopardizing the parent-adolescent relationships (Allen, Hauser, Bell, & O'Connor, 1994; Fraley & Davis, 1997).

Attachment theorists have used Bowlby's and Ainsworth's framework of attachment and attachment style to study attachment in different cultures and in its application to therapy with various cultures and with multicultural individuals (Brown, Rodgers, & Kapdia, 2008; Gerber, 2007). It has also been studied for its impact across the lifespan and with fathers, mothers, and peers (Liu, 2008; Wilkinson, 2004). The relationship of attachment style to adolescent psychological and physical health, self-esteem, depression, social functioning, acculturation, identity development, and more recently with emotion regulation are other important areas of research (Armsden & Greenberg, 1987; Nawaz, 2011; Schore & Schore, 2008). Similarly, this study focused on how ASs relate to adolescent coping skills, identity development, and acculturation. Since the attachment framework has been utilized in related studies, previously with success, it was selected as an appropriate theory to ground the research hypotheses that secure AS relates positively to both healthy identity development, acculturation and coping skills in SA adolescents. The current study was valuable because of the limited research on attachment style in relation to acculturation, coping skills, and identity development in SA adolescents. Research on attachment styles with SAs is very limited, in general. In addition, the gap in the literature on the variables being considered in this proposed study is essential to the well-being of immigrant adolescents. Therefore, the

implementation of this research proposal will provide new and beneficial information not only for the well-being of SAs but also for cross-cultural research in general.

Acculturation Gap and Intergenerational Differences

The relationship of parent- adolescent acculturation gap to poor outcome of adolescents has been shown in prior literature with various ethnic groups including some on SAs. The differences in acculturation between parents and adolescents can lead to various negative consequences in not just SAs but in many cultures. Literature on the findings on AG in other cultures, in addition to SAs, are provided to substantiate the effects that gaps can have on adolescents and families.

Impact of Acculturation Gaps across Cultures

Several studies on AGs between immigrant Chinese adolescents and parents found an increased risk of depression, decreased self-esteem, and higher rate of delinquency (Birman, 2007; Crane, Ngai, Larson, & McArthur, 2005; Hwang, Wood & Fujimoto, 2010). Generational differences in acculturation within Chinese families were also linked to the deterioration of parenting skills along with increased risk of depressive symptoms in adolescents (Kim, Chen, Huang, & Moon, 2009). Similarly, parent's acculturation improved school and home situations and enhanced child development (Ying & Han, 2008). The depression and delinquency found by Crane et al. (2010) were established using three different measures of acculturation rather than just one. With the use of the measures, they were able to show that parent-adolescent differences in scores were positively related to depression and delinquency in adolescents. The acculturation

levels of both adolescents and parents and their differences were important predictors of adolescent well-being (Crane, Ngai, Larson, & McArthur, 2005).

Smokowski et al. (2008) implemented three steps to assessing AG with immigrant Latino families. The study found acculturation conflict, consisting of inconsistent messages from host culture and culture of origin was inversely related to positive family dynamics while AGs were inversely related to family cohesion, adaptability, and familism. However, the methods used by Smokowski et al. to derive AG were not particularly reliable because gaps were measured through subtraction of parent scores from adolescents' scores and biculturalism was determined by adding involvement with the culture of origin and U.S. culture. The use of these measures led to the prospect of arriving at the same scores with different methods. Thus, making the middle ranges of these variables difficult to interpret. Unlike other studies such as with Bhattacharyya (2008) and Farver et al. (2002b), parent-adolescent AGs were not related to family conflict in the study by Smokowski et al. (2008). Another discrepancy found by Smokowski et al. was the lack of unhealthy behaviors in individuals that showed U.S. cultural involvement. This type of involvement was an asset to family cohesion, adaptability, less family conflict, and familism. The use of multiple measures was considered to lead to more in-depth findings though the measurements may not be as reliable. Smokowski et al. proposed that the operational terms and measurements of the different levels of cultural involvement were tedious and not very prominent in measuring acculturation conflicts.

Hwang and Fujimoto (2010) used a measure called Acculturative Family Distancing (AFD) in their studies on the affect of acculturation on families. The AFD measures AGs specifically as a breakdown of communication and incongruence in cultural values. In one study, they found evidence to support that the gap in cultural values was associated with increased risk of depression and family conflict in Chinese American students. Communication was not significantly related to any of the outcome variables. In another study by Hwang and Fujimoto (2009), the AFD was used to measure the AG in Latino and Asian American college students. Higher psychological distress and greater risk for clinical depression were linked to larger gaps in both ethnic groups. Regardless of the measure or ethnic group, the literature clearly indicated the problems that arise as a result of AGs.

Birman and Poff (2011) compared literature results on the effects of AGs. The problems that were consistently found with acculturation gaps were family conflict and family adjustment. Within their comparative study, Birman and Poff looked at studies with various ethnic groups. Other common findings in many of the studies on AG were problems with adolescent adjustment, academic achievement, depression, and problem behaviors (Birman & Poff, 2011). Gaps in Chinese language proficiency across generations and depression was another relationship found in some studies on Chinese-Canadian and Chinese-American adolescents (Costgan & Dokis, 2006; Liu, Benner, Lau, & Kim, 2009). Depression was also linked to AG in Muslim-American college students (Asvat, & Malcarne, 2008). In Mexican Americans and Latino Americans, AGs were related to use of alcohol and tobacco (Elder, Broyles, Brennan, Nuncio, & Nadar, 2005;

Martinez, 2006). In Soviet Union refugees, some AGs predicted family discord (Elder, Broyles, Brennan, Nuncio, & Nader, 2005). AG between Indian adolescents and their parents in Britain were linked to internalizing disorders (Atzaba-Poria & Pike, 2007). In contrast, another study found violent behaviors were associated with acculturation differences in Chinese and Southeast-Asian youth in the United States. (Le & Stockdale, 2008).

The cross cultural studies have found similarities and differences within and across cultures. Most of them have linked AG with higher risk of depression in adolescents, adjustment, and family conflict. However, there were also studies found that did not support the theory of AG negatively impacting adjustment and family relations (Crane, Ngai, Larson, & Hafen, 2005; Tardif & Giva, 2006). Although much of the research supported the theory of AG causing family conflict and adjustment difficulties, the findings were not consistent, particularly with Southeast Asians.

Acculturation Gap in South Asians (SAs)

Research on SA adolescents have shown them to be at high risk of internalizing problems, behavior problems, depressive symptoms, family conflict, and lower self-esteem (Atzaba & Pike, 2007; Farver, Bhadha, & Narang, 2002; Kim, Chen, Huang, & Moon, 2009; Ying & Han, 2007). Unexpectedly, one study showed SA adolescents to have behavior problems unlike their “model minority” (p. 186) stereotype (Farver, Yiyuan, Bakhatawar, & Lieber, 2007; Le & Stockdale, 2008). Asian Americans obtained that stereotype because they commonly performed exceptionally well academically, in their work, and socially (Kim & Chum, 1994).

Of the studies conducted with the SA population, many occurred in Britain, which has a large population of Indians. One study on Indian and British adolescent acculturation and intergenerational discrepancies was conducted by Atzaba and Pike (2007). Sixty-eight adolescents and their parents of Indian origin were recruited from local schools. Unlike a previous study by Berry et al. (2006), traditional acculturation was more positively related to behavior problems. Based on the Child Behavior Checklist (CBCL) completed by parents, Indian adolescents were rated as being at a higher risk for internalizing problems than the British adolescents. Internalizing problems were based on the withdrawn, somatic complaints and anxious/depressed scales while the externalizing problems were based on the aggressive and delinquent behavior scales. Externalizing and internalizing problems occurred more frequently with Indian adolescents whose mothers were more westernized. The authors hypothesized that the reason for the behavior problems were possibly due to discrimination experienced and the difference between the British and Indian cultures, identity confusion, and contradictory demands from traditional and host cultures. The findings of the study by Atzaba et al. (2004) supported previous findings in which acculturation style was correlated with problem behaviors during adolescence.

Acculturation Style Differences in SAs

Several of the studies on SA population and acculturation style were completed by Farver et al. (2002a; 2002b; 2007). In one study by Farver et al. (2002), Asian-Indian immigrant families in California were examined to find the relationship between self-esteem and academic functioning to acculturation styles. The sample consisted of 85

Asian-American adolescents between the ages of 14 to 19 (Farver, Bhadha, & Narang, 2002). The authors chose Berry's (1980) model as an example with the four styles on acculturation.

Farver et al. (2002) used a demographic questionnaire about both parents, which included questions on social class and self-identification. Self-esteem and religiosity were measured with likert scales. Acculturation style was measured with the Bicultural Involvement Questionnaire (BIQ; Szapocnik, Scopetta, Kurtines, & Aranalde, 1978). By using a scoring method created by Farver et al. (2000), the American and Indian involvement was scored and was categorized as low or high and then divided into the four acculturation styles. Farver et al. (2002) modified the scale for use with the Asian Indian culture which consisted of 10 items answered by parents and adolescents. The items on the revised BIQ scale were rated from 1= disagree to 5= highly agree. The individuals were classified according to median splits into lower or higher levels of involvement with Indian or American culture. The two scores were then categorized into the four acculturation styles; marginal for low scores on both scales, integrated for high scores on both scales, assimilated for low scores on Indian scales and high scores on American scales, and separated for low scores on American scales and high scores on Indian scales.

The correlations computed by Farver et al. (2002) showed both adolescents and parents had similar acculturation styles. However, adolescents were more likely to identify themselves as Indian-American. Adolescents who fell in the integrated category of acculturation had higher Grade Point Averages (GPA) and self-esteem. Socioeconomic

status, religiosity, years in United States, were all related to acculturation style. A multivariate analysis of covariance (MANCOVA) analysis showed that adolescents with higher perceived integrated style of acculturation had higher scholastic competence, social competence, moral conduct, friendship, and global self-worth. Chi Square tests revealed males were likely to have an integrated style while females were likely to have a marginalized style. Farver et al. (2002) found that self-identification was not associated with acculturation style. Regardless of being born in the United States, adolescents still identified with the Indian or Indian-American.

The limitations of the study by Farver et al. (2002) include: poor statistical power, small sample size, measurement of acculturation at one point and time, and results that cannot be generalized since it may be a reflection of the Southern California environment. The authors suggested future studies look across generations for identity and acculturation. This suggestion was considered but not incorporated into the present study since it was beyond the scope of my study.

Farver et al. (2002b) also conducted another similar study on acculturation, ethnic identity, achievement and psychological functioning. SA parents and adolescent's self-identification and ethnic identity were positively correlated. Those parents with higher marginalized or separated style of acculturation were linked to higher family conflict. Adolescents who reported less acculturation gap between parents and themselves had higher self-esteem, less anxiety, and less family conflict. In the study by Farver and colleagues, a modified version of the Acculturation Rating Scale for Mexican Americans with 30 items (ARMSA-II; Cuellar, Arnold, & Maldonado, 1995) was used to calculate

acculturation levels and styles. The MEIM (Phinney, 1992), with 20 items that are categorized into four groups, was used to evaluate ethnic identity of the adolescents. The MEIM also uses a 1 to 5 rating scale from strongly agree to strongly disagree. These two studies by Farver et al. (2002; 2002b) have significant relevance to the present study in light of the common population and variables. Furthermore, two of the same measurements will be utilized to measure the variables (MEIM, BIQ). The BIQ was chosen over the ARMSA II simply because of the shorter version which would be more convenient for the participants and still provide the information needed.

Coping Skills and Adolescent Immigrants

Among the many components of the psychological well-being of adolescent immigrants, including the stress of acculturation gaps and identity development, positive coping strategies may be a key element. Understanding the strategies used for dealing with cultural diversity can be useful for counseling purposes (Coleman, Casali, & Wampold, 2001). Information on the adaptive coping strategies used by the SA adolescents can be utilized to develop therapeutic strategies that will help promote positive social change with struggling immigrant adolescents.

The subjective well-being and coping, ethnic identity, and culturally relevant stressors were examined with ethnic minority adolescents in an urban area for moderators of cultural stress (Vera et al., 2011). Ethnic minority adolescents (157) were given the MEIM and Brief COPE scale, as well as the Urban Hassles Index and Positive and Negative Affect Schedule (PANAS) with findings including self-distraction coping as a moderator of urban hassles and negative effect.

Coping strategies in various ethnicities (African-American, Asian-Americans, Native Americans, and Middle Easterners) were looked at by Vaughn and Roesch (2003). The researchers used the COPE scale to determine how the minority adolescents coped. Vaughn and Roesch were also interested in looking at the stress-related growth, depression, health, and quality of life of these individuals. Several gender differences were revealed such as females reporting more focus, positive reinterpretation, venting of emotions, and acceptance. Females more so than males felt they grew from the stress they experienced. Ethnic differences were found in instrumental social support, religion, emotional support, and acceptance. Asian-Americans used more emotional support. Age was significantly related to positive reinterpretation, active coping, acceptance, and planning in older students. Asian-Americans who used positive reinterpretation, active coping, restraint, religious coping, acceptance and planning generally felt they grew from their stressful experiences. Contrary to prior research, Vaughn and Roesch found that Asian Americans who used active coping rather than passive or avoidant coping were healthier.

In another study which closely resembles the present study, Belizaire and Furtes (2011) recruited 155 Haitian immigrants in two highly diverse metropolitan areas to study the relationship of attachment, coping, quality of life (QOL), and acculturative stress. The Brief COPE scale, Experience in Close Relationship Scale (ECRS) and four QOL measures were used. Findings showed correlations of higher QOL with lower anxiety attachment and higher QOL and less acculturative stress with higher adaptive coping. The number of years in the United States. was associated with lower levels of

acculturative stress, anxiety attachment, and maladaptive coping strategies. In contrast, a regression analysis indicated the years in the United States. to have a negative impact on QOL such as physical health, social relationships, and psychological health. Belizaire and Furtes concluded that given the limited research on the relationship of stress and coping across cultures much more research is needed in this area to determine what strategies work best for the different cultures.

The Brief COPE scale was adapted to measure coping in the present study. The scale has 28 items that are rated according to coping strategies used over the past year. The rating ranges from 1- haven't been doing this at all to 4- I've been doing this a lot. The items include both adaptive and maladaptive coping.

The findings with SAs is conflicting such that some studies show them as having a tendency to internalize stress and one study indicating that they use more active coping (Atzaba-Poria & Pike, 2007; Vaughn & Roesch, 2003). Although there are only a few studies on coping with acculturation, evidence of a strong association between acculturative stress and attachment has been established (Belizaire & Fuertes, 2011; Dwyer et al, 2010; Sroufe & Waters, 1977). For this reason, attachment was included as a salient variable in the present study.

Attachment and Immigrant Adolescents

While attachment was originally a concept related to personality development during infancy as purported by Bowlby (1969), later on Ainsworth (1989) and Baroccas (2011) posited that attachment is an essential factor to all stages of development. Anxious-ambivalent, insecure, and secure ASs can develop in infancy but can also

change at any point in an individuals' life. Throughout the developmental stages, especially interpersonal ones, adolescents can create unresolved attachment representations (Dwyer et al., 2010). Bowlby suggested that attachment evolves over time and can be established with people other than family and even with institutions such as schools or religious groups (Bowlby, 1969). The level of attachment security is associated with negative attributes, emotions, and coping skills (Dwyer et al., 2010). Even when AS is secure during infancy, it can evolve as a result of patterns of interaction over time (Karatzas, Feeney, & Wilkinson, 2010).

Attachment can have severe repercussions when children and families migrate (Weise, 2010). Migration can impact psychological well-being of children as a result of the acculturative stress. As infants, insecure, ambivalent, or disorganized attachment and lack of trust in their surroundings can affect their ability to explore and gain autonomy. Weise discovered in his exploration of children and migration that in older children and adolescents, aggressive behavior, internalized anxiety and depressive symptoms, are more likely to be seen.

AS was investigated in relation to adolescent difficulties by Keskin and Cam (2010) in Turkey. Keskin and Can discovered that fearful AS was related to higher emotional symptoms, attention deficits, and lower appropriate social behavior. Insecure ASs were associated with greater reports of mental symptoms.

Attachment and Identity Development with SA Adolescents

Attachment with both peers and adults and identity development during adolescence was examined by recruiting 550 boys and girls from colleges and

universities in Pakistan (Nawaz, 2011). The Inventory of Parent and Peer Attachment scale- revised (IPPA-R) by Armsdsen & Greenberg (1987) was used to measure their attachment level. The Extended Objective Measure of Ego Identity Status (EOM-EIS-2) was used to measure identity levels. Nawaz first established the correlation of the variables after which a regression analysis (multiple and hierarchical) was used to compare for predictive value of attachment bonds of peers and parents with identity development. The mean and standard deviations were computed to assess differences in interpersonal identity scores in boys and girls. Gender was also a variable that was compared with identity development which resulted in significant relationships between parental attachment bonds and identity development in girls. Peer attachment and identity development had a significant positive relationship in both boys and girls (Nawaz, 2011). Secure attachment with peers acted as a moderator for healthy identity development in Pakistani immigrant adolescents.

Nawaz (2011), Belizaire and Fuertes (2011) were the closest studies found to the one currently being proposed. The Nawaz study was helpful in choosing a measurement of attachment, IPPA-R, during adolescence. Given the especially meager literature on attachment with immigrant adolescents, more robust studies and information would be beneficial to fill this gap.

Identity Development in SA Adolescent Immigrants

Unlike, the literature on attachment with immigrants, there was extensive literature on identity development with immigrants since this is a major part of their adjustment to their new host culture. It is especially relevant during adolescence because

developmentally it is the time when identity is formed, according to Erickson (1963). Erickson's developmental stages are the primary theory supporting identity development as a variable in this study. In Erickson's six psychosocial stages of development, the stage of individuation versus confusion described the conflict and struggle towards independence in adolescents (Erickson, 1963). During this stage, which is also called the latency stage, adolescents attempt to find their own identity while trying to negotiate peer relations and right from wrong. When examining identity development in immigrants, most racial identity developmental frameworks were based on the notion that adolescents go through stages of choosing to identify with one race, both, or the dominant rather than the marginalized (Crawford, 2009).

Some studies on identity development in immigrants have already been discussed in earlier sections. The literatures on the studies by Farver and his colleagues (2002, 2002b, 2007) were all studies that included identity development as well as acculturation style. In summary, these studies found Asian-Indian adolescents to have higher ethnic identity, greater family conflict and psychological difficulties with greater AG (Farver, Narang, & Bhadha, 2002). Parents and adolescents were more likely to identify with the Indian culture than American even when the adolescents were born in the United States. (Farver, Xu, Bhadha, Narang, & Lieber, 2007). Adolescents, however, were also more prone to identifying themselves as Indian-American than their parents regardless of acculturation styles (Farver et al, 2002). The acculturation and adjustment of adolescents was relevant to identity in one study (Farver, Xu, Bhadha, Narang, & Lieber, 2007). In

contrast, acculturation was negatively related in importance or unrelated to identity in some other studies (Farver, Xu, Bakhtawar, & Lieber, 2002; Kim & Omizo, 2010).

Although there is some discrepancy in findings regarding identity and acculturation, parent-child conflicts have consistently been associated with psychological problems and identity development in adolescents (Bhattacharyya, 2009; Farver, Narang, & Bhadha, 2002). In SA adolescents the conflicts were specifically about adolescent aspirations, parenting styles, dating and marriage, as expressed by SA adolescents in a mixed method study (Bhattacharyya, 2009). Intergenerational conflicts were related to a loss of identity in the children of this study.

Cultural differences in identity can differ even within nationalities, according to a study which was part of a larger study called the International Comparative Study of Ethnocultural Youth (ICSEY). The ICSEY project is an ongoing study on the identity of SA youth across time in 13 Western countries (Robinson, 2009a). Robinson found second generation Pakistani's were inclined to use the separation strategy of acculturation while Indians were inclined to use the integration strategy. However, both scored higher on ethnic identity than national identity. In an extended study of the ICSEY project by Berry et al. (2006), adolescents who identified with their culture of origin had fewer adjustment problems.

Iwamoto and Liu (2010) conducted another study on identity status across generations with several Asian groups, including SA. Multiple measures of identity were used given Iwamoto and Liu's interpretation that ethnic identity is a multidimensional construct. Several forms of identity were found to be related to well-being, including:

racial identity internalization, Immersion-Emmersion dissonance, Asian values, and ethnic identity affirmation and belonging.

Ethnic identity is a multidimensional construct according to some researchers and has had inconsistent findings regarding identity and acculturation. Nonetheless, research has found SAs to have greater ethnic identity in general. In addition, the majority of the literature indicated a relationship between family conflict and acculturation differences which in turn were linked to adolescent well-being. Further research in this area is warranted to add to and possibly strengthen previous findings.

Summary of Literature

Studies particularly on acculturation styles in SAs showed links with behavior and psychological problems in adolescents (Atzaba & Pike, 2007; Farver, Bhadha & Narang, 2002; Lau, McCabe, Yeh, Wood & Hough, 2005). The acculturation style that was related positively to psychological health in adolescents was the integrated style (Atzaba & Pike, 2007). Some variations in acculturation style differences and gender were found. Moderators of family conflict, within SA families and in all cultures in general, were family social support, social involvement, parenting style, and parent acculturation (Hamid, 2007; Kim, Chen, Huang & Moon, 2009; Yu-Wen & Meekung, 2008).

The literature on coping skills with immigrant adolescents was found to affect the mental health of adolescents (Gutafson, 2009). The stress level of Asian adolescents can result in serious negative outcomes (Lee et al., 2009). As per Lee and colleagues, Asians were, unfortunately, not known to seek support (Lee et al., 2009). Conversely, when immigrants utilize active coping skills, they fare much better (Vaughn & Roesch, 2003).

Not unlike coping skills, attachment style was shown to influence adolescent well-being (Nawaz, 2011). A secure attachment style has generally been identified as resulting in better outcomes than insecure or anxious styles of attachment. In SAs, attachment style was related to identity development much like the proposition of Bowlby and colleagues (Nawaz, 2011).

Identity development in SAs and in general was linked not only to ASs but also to acculturation styles (Belizaire & Fuertes, 2011; Farver, Narang, & Bhadha, 2002). A comparison of Indians and Pakistanis revealed that Indians were prone to the integration style of acculturation. In contrast, Pakistani's were more prone to using the segregated strategy. Regardless of the different accutruation styles, both cultures scored high on ethnic identity.

In general, while there was limited research on SA adolescent's well-being, the research revealed that they were suffering many consequences (Gutafson, 2009; Lee et al., 2009). Some studies even showed that the newer generations have more problems. The damage will continue even as generations change and their time in the United States grows larger. The literature supports the importance of further research in the area of acculturation of the growing population of SAs with the United States. The following chapter will clarify the research method used for this study based on the literature review findings. The measurements chosen are also discussed in greater detail.

Chapter 3: Research Method

Introduction

At a growth rate of 81%, the South Asian community is one of the fastest growing ethnic groups in the United States based on the U.S. Census from 2000 to 2010 (Hoeffel, Rastogi, Kim, & Shahid, 2012). As the Indian population continues to expand, their acculturation strategies become even more important for the society as a whole. Adjustment as an immigrant can be especially challenging during adolescence, when they are struggling with autonomy and identity development. According to the literature, without support and proper development during this developmental phase, adolescents suffer negative consequences (Erickson, 1968; Nawaz, 2011).

Appropriate coping skills, secure attachment figures, positive identity development, and adjustment to their immigrant status are features that prior research has linked to healthier adolescent outcomes (Farver, Bhadha, & Lieber, 2007; Farver, Bhadha, & Narang, 2002). Past literature has provided evidence of the negative impact of differences in acculturation strategies between parent and adolescent (Atzaba-Poria & Pike; Bhattacharyya, 2009; Birman & Poff, 2011; Smokowski, Rose & Bacallao, 2008). There is also research indicating how later generations continue to suffer the impact of generational gaps (Abad & Sheldon, 2008; Lee et al., 2009). For these reasons, adding to the limited literature on adolescents with respect to the variables of AG, attachment, coping skills, and identity development will benefit SA adolescents and promote social change within any community to which this population migrates to and/or resides in. The purpose of the current study was to explore the relationship between AG and AS on the

well-being of SA adolescents in order to create programs and interventions that will benefit these immigrants.

One of the following sections in Chapter 3 includes details about the Asian population from NYC that was recruited for the present study. New York City is one of the metropolitan areas to which many of the Asian Indian's migrate. It has many pockets of Indian communities spread throughout the city, which were a good resource for this study (Ameridia, 2012). In this chapter, I also present information on the research design that was used and the rationale for its use, the needed sample size and the means of calculating the sample size, along with the methods used to collect and analyze the data. A description is provided of the surveys and interviews used to measure the variables. In this chapter, I also specify the means of recruiting the participants, the demographic makeup of the participants, and any small incentives used. Another important step to any research study, that I also discuss in this chapter, is the method of obtaining permission for the use of the measurements and for minors to participate in the study. Ethical considerations are also included to ensure that participants and the research were within the APA guidelines to ensure the protection and proper treatment of all parties.

Research Design and Rationale

Creswell (2009) posited that the quantitative approach is used for testing a hypothesis via the collection and analysis of data using statistical tools and procedures. Since it my intention with this study was to compare the differences between the groups of matched and mismatched acculturation gap and secure and insecure attachment style and the interaction between the independent variables and their effect on the dependant

variables, the ANOVA method enabled me to accomplish this. The ANOVA provided mean scores for the independent variables that were analyzed for a significant effect on the dependent variables. The survey method of data gathering was used for the purpose of this study. AG and AS were the independent variables of interest, and coping skills and identity development were the dependent variables that were chosen for this study.

Often, the postpositivist worldview coincides with the quantitative design (Creswell, 2009). Creswell stated that the postpositivist worldview developed when scientists opposed the positivist worldview where knowledge gained from research is absolute. Postpositivists proposed that the study of human behavior cannot be defined as the absolute truth. Furthermore, Creswell stated that the research by postpositivists focuses on identifying and testing hypotheses. The research on the influence of AGs and AS on coping skills and identity development of SA adolescents falls under the category of positivist worldview. In this study, I tested several hypotheses developed about the well-being of SA adolescents through data collection and were either supported or refuted using objective methods. The research will advance knowledge in the area of SA adolescents' well-being in relation to the variables being studied.

The survey method of data collection was preferred for this study because of its convenience, ease, and availability. The surveys used were unbiased and had suitable reliability and validity. Most of the questionnaires, rating scales, and survey tools used were fairly brief, simple to complete, and available online. The instruments were used to collect numerical data needed to answer the RQs, which were: What are the differences in the effects of parent-adolescent AG and AS on SA adolescent identity development?

and What are the differences in the effects of parent-adolescent AG and AS on SA adolescent coping skills?

Sample Size

In a prior study with similar variables (Farver, Bhadha, & Narang, 2002), the recommended power of .80 and large effect size of $r = .2$ was used based on correlation coefficients found. A MANCOVA was performed to determine the difference in group means of AS in relation to self-esteem and school performance. The power of .80 assures that, if the study was repeated, the same results would be obtained 80 out of 100 times (Burkholder, n.d.). In another study with similar variables as the present one, a medium effect size ($R^2 = .17$ to $R^2 = .22$) was found when studying the relationship of attachment, coping, acculturative stress, and the QOL (Belizaire & Fuyertes, 2011).

Given the findings of prior similar studies, a medium effect size ($\omega^2 = .14$) was used, along with a power of .80, and a significance of .05 to determine the sample size. According to a sample size table for an ANOVA analysis with two independent and dependent variables, a sample size of 18 for each group was needed based on the suggestion (Burkholder, n.d.). A total of 72 adolescents and one parent for each adolescent was required to test the hypotheses of this study with a two-way ANOVA (four groups = insecure and secure; matched or mismatched, 2 x 2). The ANOVA provides a way to compare significant mean differences of each categorical independent variable (AG and AS) on each continuous dependent variable (coping skills and identity development; Gravetter & Wallnau, 2007). An ANOVA can also determine the interaction effects of the independent variables on the dependent variables, which

answered the RQs which sought to find the effects of the independent variables on the dependent variables along with their interactive effects.

Participants

Approximately 20 flyers were posted and another 30 left in the Indian temple. Over 250 surveys were mailed to parents in schools once permission was attained from the Institutional Review Board (IRB # 6 18:01:13-06'00') of the NYC schools. Follow-up calls were made to SA organizations and principals. After over a year of attempting to recruit participants, only a portion of volunteers needed were acquired from schools, word of mouth, and a SA website. Due to the low sample size obtained, a new power analysis was needed. Given the actual sample size obtained of 39 parent-adolescents, a significance level of .05, and a medium effect size, the new power of the analysis was substantially reduced to $\beta = .65$ (Burkholder, n.d). Of the volunteers recruited, there were none from Nepal and Pakistan, which led to the removal of these ethnicities in the conclusions.

Procedure for Recruitment

Several methods of recruitment including distributing flyers throughout the Indian and Asian communities with the necessary information along with a request for a response prior to the date of the event. The date of the event, exact location, time, approximate duration, age and ethnicity of participants needed, the sponsoring agency, general purpose of event, my name and contact information as researcher, and any incentives offered were mentioned in the flyers. Any further collection of data was completed through e-mail attachments or the regular mail service. Other data collection

methods that I attempted were distribution and collection in high schools and via Survey Monkey online.

Participants received a brief summary of the study in order to obtain informed consent. The information given included: the purpose of the study, the sample population needed, the approximate length of time, the questionnaires and rating scales they were expected to complete, and the incentives offered (\$5 to \$7 Dunkin Donut cards). I provided the participants or primary caregivers with contact information for any assistance they may have required after completing the surveys. Once the primary caregivers consented to participate and gave their adolescent(s), between the ages of 13–18 permission to participate, consent from the adolescent was also obtained. Prior to participation, each individual was given a written summary of the study and their responsibilities in order to make an informed decision to participate.

The forums for recruitment were within the restaurant adjacent to a Hindu temple, Survey Monkey, a Sikh Coalition organization, and a high school with a large number of SAs. The temple canteen was used to set a table and passively recruit members with permission from the temple administration. Once IRB approval was granted by the NYC Department of Education, permission from one principal was acquired to have the guidance counselor collect data in the school. Although the school had a large population of SA students, only a few completed the surveys.

Possible candidates were interviewed briefly to check for the inclusion criteria, regarding their age, country of origin, and age of the children, for the purpose of recruiting the appropriate participants. The ethnic background of participants that were

included consisted of individuals born in South Asia (India, Bangladesh, Sri Lanka, Pakistan, and Nepal) or a descendant of South Asia and second generation immigrants. The ethnicities were chosen based on geographical proximity and culture which made it easier to propose generalizations about them. Unfortunately, there were no third generation Pakistani or Nepali participants recruited. Since the study was on adolescents, children under the age of 13 were excluded from the study. If either the adolescent or parent from a family did not consent, they were not used in the study. Other exclusion criteria was a reading level below fifth grade and SAs who were just visiting the United States and not a resident.

At the end of the data collection, participants were interviewed to receive feedback on their experience of how the process affected them and whether they had any questions or concerns. The participants were provided with a list of counseling agencies and networks for support if desired. They were also offered the option of requesting a summary of the results of the study. Follow-up upon completion of the data collection, unless otherwise requested by the participants, was not deemed necessary.

Instruments for Data Collection

Initially, background information on both parents and adolescents was obtained using a demographic questionnaire. Then, parents completed only the BIQ survey to determine the parent-adolescent acculturation gap. The adolescents completed the BIQ, MEIM, IPPA, and Brief COPE surveys to acquire the data needed to answer the RQs.

Demographic Questionnaire

The parent participants were given a demographic questionnaire to ascertain essential information about both parent and adolescent including: ethnicity, age, educational level, gender, marital status, length of time in the United States, generational status, religion, employment, and economical status. This questionnaire was completed prior to enlisting the participants and distributing the assessments (Belizaire & Fuertes, 2011). For the other variables, surveys and questionnaires were used as a quick and effective method of data collection (Creswell, 2003).

Bicultural Identity Questionnaire (BIQ)

The BIQ-short version is a questionnaire that assesses individual acculturation strategies created by Szapocznick, Scopetta, Kurtines, and Aranalde, (as cited in Szapocznick, Kurtines, & Fernandez, 1980). It measures the acculturation style of individuals and requires rating of items with 1 for disagree to 5 for highly agree. The 24 questions on the scale are related to the individuals' comfort with their culture of origin and host culture. There are two independent bipolar dimensions ranging from monocultural to bicultural and dimension of cultural marginality to cultural involvement (Szapocznik, Kurtines, & Fernandez, 1980). One scale measures Americanism and the other Hispanicism. In this study, the second scale has been adapted for SAs. The sum of Items 6–10 and 18–24, reflect Americanism while items 1–5 and 11–17 South Asianism. Biculturalism is obtained by subtracting the sum of Americanism from the sum of South Asianism with a score closer to zero reflecting biculturalism, a positive difference

indicating monoculturalism on the SA side and a negative difference suggesting monoculturalism on the American side.

The scale has been used reliably with several different cultures such as Latino-Americans, Korean-Americans, and Indian-Americans (Farver, Bhadha, & Narang, 2002). In a study with Latino families, the BIQ, the internal consistency reliability was .89 for adolescents and .90 for parents on their involvement with the culture of origin (Smokowski, Rose, & Bacallao, 2008). On the U.S. cultural involvement scale, an internal consistency reliability of .90 for adolescents and .93 for parents was specified. AG was also measured in the study by Smokowski et al. (2008) by subtracting the adolescent culture of origin involvement scores from their parents' score in this area. The same process was applied to determine the difference of U.S. cultural involvement. The last step was subtracting the parents' culture of origin involvement scores from adolescents' U.S. cultural involvement scores.

Farver et.al (2002a) originally developed a method for establishing acculturation styles using the BIQ. The scores obtained from the subscales of the BIQ were split in the middle and separated into high and low ethnic involvement and categorized into the four different acculturation styles. The categories were based on Berry's model of acculturation. Americanism and Indianism were calculated by summing the scores on involvement in Indian culture (parent alpha= .82, adolescent alpha= .84) and involvement in American culture (parent alpha= .81, adolescent alpha= .83). High scores on both American and Indian scales were considered the integrated style, high scores on the American scale and low scores on the Indian scale reflected the assimilated style, low

scores on both scales was deemed the marginal style, and high scores on Indian and low scores of American scale was categorized as the separated style.

An AG can be calculated in two different ways. Smokowski et al. (2008) determined the AG by subtracting the adolescent culture of origin involvement scores from their parents' score in this area. The same process was applied to determine the difference of U.S. cultural involvement. The last step was subtracting the parents' culture of origin involvement scores from adolescents U.S. cultural involvement scores. Farver et al. (2002a) used the acculturation styles, once they were determined, to find the AG based on match/mismatch of parent and adolescent acculturation style. The latter method of assessing the AG has been adopted for the current study.

The BIQ has not only been used previously with the Indian population, it has also been used to calculate the AG between parents and adolescents. For these reasons, it is an appropriate tool to answer the research questions of whether AG effect adolescent coping skills and identity development.

Multidimensional Ethnic Identity Measure (MEIM)

The MEIM (Phinney, 1992) is a common instrument used to identify ethnic identity in culturally diverse populations. The MEIM-revised has 15 items which measure two scopes of ethnic identity which can be used to measure identity development in adolescents. The first is ethnic identity achievement and the second is affirmation, commitment and belonging (Phinney, 1999). The items on the scale are scored on a 4-point likert scale with 1 representing strongly disagree to 4 which represents strongly agree. The higher the score on the MEIM suggests stronger ethnic identity. Items 1,2,4,8,

and 10 measure ethnic identity whereas items 3,5,6,7,9,11, and 12 measure affirmation, belonging and commitment (Phinney, 1992) . The mean of the 12 items provides a total score with a low score indicating low ethnic identity and a high score suggesting high ethnic identity. The last three items, 13–15, are not included in the score. These items are only used for ethnic identification and categorization.

Phinney (1992) mentioned that the MEIM has good reliability above .80 across a wide range of ethnic populations and construct validity of .66 and above after extensive psychometric research. In the study by Farver et al. (2007) with an Asian Indian sample, the following alphas were found on ethnic identity achievement items: $\alpha = .75$ Asian Indian parent, $\alpha = .82$ Asian Indian adolescents (Farver, Xu, Bhadha, & Narang, 2007). The MEIM helped measure the identity of Indian adolescents and provided the opportunity to answer part of the following RQ: What are the effects of parent-adolescent AG or AS on SA adolescent identity development? Once the AG and attachment style were discovered, their effects on identity development were computed using an ANOVA analysis to verify the hypothesis that acculturation gap effects ethnic identity development. The MEIM provided data on the degree of adolescent ethnic identity with the culture of origin. Higher ethnic identity scores suggested better adjustment in the adolescent.

Brief COPE

The Brief COPE scale has a summed score for active coping, planning, positive framing, acceptance, humor, religion, and use of emotional and instrumental support (Carver, 1997). It was created from the original COPE scale by Carver, Scheier, and

Wientraub (1989). The scale also has a summed score for ratings of maladaptive coping strategies, like self-distraction, substance abuse, denial, venting of emotions, substance use, behavioral disengagement, and self-blame. It is a 28-item scale on which the coping skills used for stressors over the past year are rated from 0 for never to 6 for always (Belizaire & Fuertes, 2011). The scale does not provide a single overall score. The two summed subscales for adaptive and maladaptive coping strategies are commonly used for studies such as this. A high score on each subscale indicates greater use of adaptive or maladaptive strategies whereas a low score signifies the opposite.

The reliability of most of the subscales were above .60 which was considered adequate for the study on culturally relevant stress, coping, ethnic identity and subjective well-being conducted by the American School Counselor Association (Pronterotto & Ruckeschel, as cited in Vera et al., 2011). The factor structure was similar to the original COPE scale. The items are categorized into and summed as adaptive (active coping, planning, positive framing, acceptance, religion, humor, and emotional and instrumental support) or maladaptive (self-blame, self-distraction, venting of emotion, substance use, denial, and behavioral disengagement; Carver, Scheier, & Weintraub, 1989). In a study by Belizaire and Fuentes (2011), the Brief COPE scale yielded reliability values of .89 for adaptive coping and .81 for maladaptive coping. Similarly, a summed score for adaptive coping skills was used in this study.

Another study on coping with patients with diabetes also reported good test-retest reliability with the use of the Brief Cope in their study (Tuncay, Musabak, & Kutlu, 2008). Good internal consistency and concurrent validity were studied and found to have

acceptable statistical value. Alphas of .93 for diversion, .88 for ameliorative coping and .87 for destructive coping and .94 for the composite were obtained in this study. Cornbach's Alpha found a .82 alpha for the scale and the following alphas on the subscales: religion .77, substance use .92, planning .75, acceptance .82, positive reframing .87, active coping .83, using instrumental support .76, using emotional support .71, denial .96, behavioral disengagement .81, venting .84, self-distraction .73, humor .89, self-blame .92, and acceptance .82.

The Brief Cope inventory provided the information needed to establish adolescent's use of adaptive and maladaptive coping strategies. Once this was established, the hypotheses that secure attachment and smaller acculturation gaps have an effect on coping skills was verified or rejected. The scale has previously been used with a wide variety of ethnicities including SA (Vaughn & Roesch, 2003; Vera et al., 2011). It was one inventory with 28 items which measure 14 different strategies by having adolescents rate each item from "0" for "never" to "6" for always. A high score on the adaptive scale indicated healthy coping skills.

Inventory of Parent and Peer Attachment (IPPA)

In order to measure ASs, the IPPA (Armsden & Greenberg, 1987) inventory was completed by the adolescents to measure parental and peer attachments. The developers originally created the IPPA as a means of assessing adolescent perceptions of their relationships in terms of positive and negative/ cognitive dimension and particularly what type of security relationships provide. The inventory can be used with children and adolescents from the age of 12 to 20. The 54-item scale has two (2) separate 28-item

scales to measure the quality of parent and friendship bonds. Each scale attempts to assess trust, quality of communication, and amount of anger and alienation, as specified by Armsden & Greenberg (1987). It is a self-report questionnaire with a 5 point Likert-style scale to rate the items with 1 for almost never true to 5 for almost always true. The IPPA provides a score for the extent of a secure and insecure attachment rather to parents and peers. It does not provide a score for all 4 attachment styles. The information the IPPA provided was appropriate for this study as it sought to answer questions about insecure and secure attachments rather than specific attachment styles.

The IPPA was found to have test-retest reliabilities of .93 for parent attachment and .86 for peer attachment after three weeks with a sample of twenty-seven 18 to 20 year old participants (Armsden & Greenberg, 1987). The subscales items measured three factors which are based on Bowlby's perspective of attachment; trust (feeling secure) $\alpha = .91$, communication $\alpha = .91$, and alienation $\alpha = .86$ on the parent scales. On the peer scales, trust had an $\alpha = .91$, communication had an $\alpha = .87$ and alienation had an $\alpha = .72$. Each of the two subscales, parent attachment and peer attachment, were scored separately and provide separate scores. The items that were worded negatively require reverse scoring. The two scores were added together for a total attachment score (Barrocas, 2011). Armsden and Greenberg (1987), divided each subscale total into lowest, middle and highest for each participant and assigned the middle to highest scores on trust and communication and alienation score that was not too high as high security and low scores on trust and communication and high scores on

alienation as low security. This scoring method was adopted for the current study to determine secure and insecure ASs.

As for the validity of the test, Armsden and Greenberg (1987) compared the IPPA to Family and Social Self scores from the Tennessee Self Concept Scale (TSCS) and the Family Environmental Scale (FES) and found high to moderate correlations. The Family and Peer Utilization factors correlated significantly with parent attachment on 5 out of the 6 scales for family climate. High associations were found with Family self-concept and parent attachment and social self-concept from the TSCS with peer attachment. A moderate correlation was found with positive family coping through communication among family members and relatives concerning problems and scores on Family Adaptability and Cohesion Scale (FACES; Lewis, Woods, & Lewis, 1987). Secure attachment with the mother and father was linked to identifying delinquent from nondelinquent adolescents and to less conflict with parents and less loneliness by Martin, Fernandez, and Loper (as cited in Armsden, 1986). Other studies have found attachment with parents and peers to be related to personality characteristics such as positive self-esteem, affective status and life satisfaction (Armsden & Greenberg, 1986). The quality of attachment, particularly with parents, was correlated to greater problem-solving coping strategies during stressful situations, less hopelessness, and external locus of control (Armsden, 1986; Armsden et al., 1987). Parent attachment was also determined to have strong relationship with the well-being measures of life satisfaction and self-esteem. Parent attachment, slightly more so than peer attachment, had predictive values for affective-status measures of depression/anxiety and resentment/alienation. Both affective

status and well-being measures were not predicted by gender. Good potential validity was established but further exploration of construct validity was suggested.

The IPPA has not been used previously in any similar studies with the SA population. Nevertheless, it served to identify the difference in parent (mother and father) to peer attachment in relation to levels of depression and identity development (Armsden, Mccauley, Greenberg, Burke & Mithcell, 1991; Nawaz, 2011). The quality of attachment to parents and to peers, to a lesser degree, was related to problem solving coping strategies during stressful times (Armsden, 1986). The instrument was used with age groups inclusive of 12 to 18 with various ethnic groups and variables. It was a useful instrument to answer the research question of whether attachment style in SA adolescents effects coping skills and identity development.

The following research questions and hypotheses, as originally stated in Chapter 1, are driving this research study:

RQ1: What are the differences between the effects of parent-adolescent AG and AS on SA adolescent identity development?

H0: There are no differences in the effects of Parent-adolescent AG and AS on SA adolescent identity development.

H1: Participants with an acculturation style matched to their parents will have significantly higher multiethnic identity scores compared to adolescents with an acculturation style that is mismatched with their parents.

H2: Participants with secure ASs with their parents will have significantly higher multiethnic identity scores than adolescents with insecure ASs with their parents.

RQ2: What are the differences in the effects of parent-adolescent AG and AS on SA adolescent coping skills?

H0: There are no differences in the effects of Parent-adolescent AG and AS on SA adolescent coping skills.

H3: Participants with a matched acculturation style with their parents will have significantly higher scores on adaptive coping skills than adolescents with a mismatched acculturation style with their parents.

H4: Participants with secure ASs with their parents will have significantly higher scores on adaptive coping skills than adolescents with insecure ASs with their parents.

Data Analysis

The SPSS computer program for analysis of statistical data was used to test research questions or hypotheses in this study. An initial descriptive analysis of the demographic information provided the makeup of the sample. Two 2-way ANOVA analyses was then used to determine the effects of the independent variables on each dependent variable and the interaction between the independent variables on the dependent variables. This test was appropriate for a study with multiple independent variables that produce categorical data and dependent variables that provide continuous data (Creswell, 2009). The RQs on the effects of AG and ASs on coping skills and identity development and the interaction of their effects was answered with this analysis method.

A screening or cleaning process with the raw data set is recommended to optimize the quality of the data and analysis process (Odom & Henson, 2002). Therefore, the SPSS was used for the purpose of screening data for unusual data that can lead to inaccurate analysis of the data. Several types of errors are possible in quantitative data collection. There may be error on the participants' part in filing out survey such as leaving out items or using incorrect ratings. The participant may complete some of the surveys needed but not others since this study contains four different rating scales. The researcher may enter data incorrectly. Outliers, data that vary significantly from the norm, may need to be considered for elimination since they are prone to cause inaccuracies in the estimates.

The data was analyzed and interpreted using the $p = .05$ alpha level. The alpha level of .05 enabled rejection or verification of the null hypothesis and consideration of the results as being statistically significant or not. Values less than or greater than .05 can be claimed as significant since this indicates a low probability of the results occurring by chance (Gravetter & Wallnau, 2007).

Threats to Validity

Because of the setting and the specific cultural sample, there may be a threat to the external validity of the test. So as to compensate for this threat, the results of the study must be restricted to the cultural population within the setting from which the sample was obtained for this study (Creswell, 2009). Since the participants were recruited in an area with a high density of SAs, claims can only be made about the culture within this setting. In another setting, with less density of SAs or different environmental

conditions, the results may vary. Similarly, the characteristics of the participants within the area of recruitment may differ from those in other areas therefore restricting claims to the participants within the recruitment environment. Finally, the validity of the results can be compromised and the generalizability reduced by recruitment of a lesser number of volunteers than needed for this study (Creswell, 2009).

Threats to internal validity were not of major concern under the conditions of this study. Internal validity is threatened only when it is an experimental study with the application of treatment procedures and pre- and posttesting (Creswell, 2009). Additionally, when studies are conducted over time, there is greater chance of mortality, communication between groups, maturation, experiences over time, and others. The one concern that may be considered a threat to the validity of the results of this study was the selection of the sample. The participants may have had certain joint characteristics that influenced the results. Although they were recruited within a few specific SA populated areas, people come to the merchant areas from all over the city and were thus partially randomly selected, other than the requirements needed for the study.

Ethical Considerations

Once the potential participants were gathered at the temple cafeteria or a community restaurant, they were notified that participation is voluntary. The participants of the study were treated with compassion and respect to prevent any feeling of pressure to participate. Rather, the guidelines for informed consent based on Sarantakos (2005) were followed so that potential participants can make an informed choice. The threats to physical, emotional, social, economic, and psychological were little to none (Creswell,

2009). Any possible emotional responses that may arise were addressed by providing participants with resources which they can reach out to. Since parents and adolescents were involved, they were informed that information between family members cannot be shared. The adolescents needed to know that the information they provide will not be shared with the parents to encourage them to respond without concern of any repercussions from their parents. The collection of participants and data took place once the IRB approved the proposal after reviewing it for ethical procedures with human participant's potential adverse outcomes for the participants.

The personal information collected on the participants (name, address, telephone number, etc.) were saved under a password locked site on a personal computer. The data collected will remain in files not accessible to others. Data will not be shared with other parties without the consent of the participants. Confidentiality was maintained with personal information and gathered data. Although demographic information was needed for statistical analysis of the data, the instruments themselves did not require names thereby protecting participant anonymity.

Summary

This study used a nonexperimental quantitative design to ascertain the answers to the RQs. The specific data collection methods were questionnaires and surveys this were entered onto statistical analysis software. The BIQ was used to gather information on adolescent and adult acculturation style which can then be used to determine the gap. Cultural or ethnic identity was measured with the MEIM. In order to identify adolescent attachment style to their parents, the IPPA was used. Finally, the Brief Cope was chosen

to provide data on adolescent coping strategies. The data obtained was analyzed using two 2 way ANOVAs which provided the information needed to reject or accept the null hypothesis.

The participants were gathered on a voluntary basis upon informed consent by parent or both parent and adolescent. Their safety, confidentiality, and anonymity was a priority at the time of data collection, storing, and dissemination. Ethical considerations regarding the participants and research process were maintained at all times. The participants were recruited on a totally voluntary basis once informed of the study. The place of gathering potential participants were a nonthreatening environment such as the Indian temple cafeteria or a community restaurant. The participants' safety and well-being were upheld foremost. The SPSS were used to screen and analyze the data. Interpretation of the data was include alpha of $p \leq .05$ for statistical significance of the results and for rejection of the null hypothesis. Confounding variables were controlled to reduce the possibility of these variables having produced the results.

Chapter 4 contains the presentation of the data collected. In Chapter 4, specific details of the collection of the data and the demographic makeup of the participants in relation to their representation of the SA population are discussed. The statistical analysis of the data, along with graphs and charts to summarize the results, are also included in the following chapter.

Chapter 4: Results

Introduction

As the number of SAs in the United States increases, their acculturation to the multicultural environment, exposure to bias, and family relations, among other related issues, become more of a concern to society as a whole. Research has shown how SA adolescents and families are negatively impacted by acculturation differences or a gap between SA parents and adolescents (Farver et al., 2002b). The AG can lead to family conflict, a decrease in grades, substance use, and even suicidal ideation (Farver et al., 2002b). Parent-adolescent attachment styles is another factor that has been shown to influence adolescent outcomes (Armsden & Greenberg, 1987). For this reason, this study was conducted to determine the effects of AG and ASs on identity development and coping skills. Knowing whether there are any significant differences between the main effects or interaction of the IV groups on the DV groups via a two-way ANOVA can provide valuable information on the variables that can promote healthier SA families and adolescents.

In this chapter, the data collection time frame, recruitment strategies, and response rates are provided. Also specified in this chapter, are the actual data collection results as opposed to the original plan. A summary of new power analysis that was conducted is presented. Also included in this chapter are the demographics of the sample population obtained along with the validity and results of the analysis.

Research Questions

The following research questions and hypothesis were developed based on the interest in determining the effects of the independent variables (AG and ASs) on the dependent variables (coping skills and identity development).

RQ1: What are the differences between the effects of parent-adolescent AG and AS on SA adolescent identity development?

H0: There are no differences in the effects of Parent-adolescent AG and AS on SA adolescent identity development.

H1: Participants with an acculturation style matched to their parents will have significantly higher multiethnic identity scores compared to adolescents with an acculturation style that is mismatched with their parents.

H2: Participants with secure ASs with their parents will have significantly higher multiethnic identity scores than adolescents with insecure ASs with their parents.

RQ2: What are the differences in the effects of parent-adolescent AG and attachment style on SA adolescent coping skills?

H0: There are no differences in the effects of Parent-adolescent AG and AS on adolescent coping skills.

H3: Participants with a matched acculturation style with their parents will have significantly higher scores on adaptive coping skills than adolescents with a mismatched acculturation style with their parents.

H4: Participants with secure ASs with their parents will have significantly higher scores on adaptive coping skills than adolescents with insecure ASs with their parents.

Data Collection

The data collection process took place during the span of over a year, from May 2014 through December 2015. Most of the volunteers were recruited at schools, some at temples, and a few through word of mouth. In the process of recruiting the participants, flyers were posted in a neighborhood with a large number of SAs. In addition schools, SA community organizations, and SA websites were contacted. Hard copies of the surveys and online surveys through Survey Monkey were available for participant's convenience. Many religious institutions declined participation, along with many of the NYC public schools and cultural institutions contacted. After over a year of rigorous data collection efforts, Walden University and the dissertation members permitted the completion of the study with the data collected.

A total of 39 survey packets (each survey packet consisted of one parent survey and four adolescent surveys) were collected for the study during the period of participant recruitment. The parents completed the BIQ and demographic information page and the adolescents completed the BIQ, IPPA, MEIM, and Brief COPE surveys. Fourteen other surveys packets were submitted by adolescents but were unusable because of lack of parent participation. Parent completion of the BIQ survey was needed for this study in order to calculate the parent-adolescent AG. Seven other packets were discarded because of incorrect completion of one or more of the surveys. Therefore, the final number of total packets used was 39 . All participants were provided with a \$5 dollar gift card to Dunkin Donuts whether their survey were used or not.

New Power Analysis

Since the original desired number of participants (71 parent-adolescents dyads) was not acquired, the power of analysis was revisited to obtain an accurate power for the sample attained. A new power analysis with the sample size of 39, a medium effect size of .14 at the significance level of .05 lowered the power of the analysis substantially to $\beta = .65$ (Burkholder, n.d). If this study is repeated there is a 65 percent chance of obtaining the same results with an effect size of $f = .14$. Additionally, the sample obtained may be considered best representative of the Indian and to a lesser degree the Bangladesh population given the lack of volunteers from the other ethnic backgrounds (Sri Lankan, Nepali, and Pakistani) that were initially included in this study.

Data Cleaning and Screening Procedures

In order to ensure accuracy of coding and data entry into the SPSS program, the the data codes were rechecked and corrected as necessary. The survey responses were examined and recoded for missing data codes according to the SPSS guidelines and those outlined by Broeck et al. (2005). The mean score of the item with the missing data was calculated and the missing data was replaced with the mean for that item. The IPPA survey had several items that required reverse coding which had to be defined as such on SPSS to attain accurate analysis of responses. Tests of normality, outliers, skewness, and linearity of the variables to clean up the data and prepare them for analysis.

Descriptive Statistics

Of the total 39 parent-adolescent dyads, 100% of the adults were employed and first generation immigrants. Only two of the parents were divorced. The majority of the parents were from India (27), 11 were from Bangladesh, and one was from Sri Lanka. The number of years that the parents lived in the United States ranged from 4 years to 45 years. All of the parents had at least completed high school with 76% of them having completed some college. Table 1 summarizes the breakdown of female and male participants and their generation.

Table 1

Demographics of the Study Sample

	Age Range	Male	Female	1 st Generation	2nd Generation
Parent	40- 53	20	19	39	0
Adolescent	13- 18	19	27	12	27

Assumptions Tested

The two-way ANOVA was conducted twice to obtain the mean differences of the samples for the two independent variables (AS and AG) with each of the dependent variables (coping skills and identity development) and the interactions of the variables. The dependent variables that are on a continuous scale while the independent variables are categorical and each have at least two levels. The ANOVA integrates three assumptions that were considered first prior to running the analysis.

The first assumption states that the populations from which the samples were obtained must be normally distributed (Crestwell, 2009). The Shapiro-Wilk test of normality was run for each group on the SPSS since it is recommended over others for small and medium size samples. The results indicated that the distribution of the coping skills group did not vary significantly from normal distribution and therefore the assumption of normality was met ($S-W = .972, df = 1, p = .432$). The ethnic identity group did show a significantly skewed distribution in which the assumption of normality was not met ($S-W = .904, df = 1, p = .003$). However, when the SPSS explore function was run to determine the skewness of the data, a negative skewness of $-.610$ was revealed. The standard error of measurement was $.378$ which when doubled provided a significance range of $\pm .756$. The negative skew of $-.610$ falls within this range indicating that the skew was not significant. When Tukey's formula for outliers was run, there were no outliers and thus no further treatment of data was required. In this study, the sample was chosen based on convenience but still revealed an approximately normal distribution.

Levene's test of fit was conducted for the second assumption which proposes that each group has equal variances or are homogeneous (Crestwell, 2009). The coping skills group showed a nonsignificant variance ($F(35) = 1.48, p = .238$) but ethnic identity showed a significant variance ($F(35) = 4.68, p = .007$). The heterogeneity of the groups minimally increases the Type I error when the sample group sizes are equal. When the assumption of homogeneity is violated, the Welsch test or Brown Forsyth tests are recommended along with the ANOVA because they are robust to variance in

homogeneity. Consequently, these tests need to be applied to the analysis of ethnic identity to avoid a Type I error.

The third assumption is that the groups are independent of each other (Crestwell, 2009). A Pearson's chi-square test on the independent variables was run to determine if a significant relationship exists between acculturation gap and attachment style. The results revealed a chi-square value of $\chi^2(1, N = 39) = 1.06, p = .303$ indicating that there was no significant association between the two independent variables. The assumption that the groups are independent of each other was met.

Results

Attachment Styles

Based on the IPPA-R surveys completed by the adolescents, the total attachment scores ranged from 69 to 100 ($M = 88.51, SD = 7.06$). The data were recoded according to Armsden and Greenberg's (1987) method in which scores were divided into low, medium, and high for communication and trust items with the high and medium scores plus the low scores on alienation categorized as secure. The table below (Table 2) specifies the adolescents with secure and insecure attachment style, according to their gender.

Table 2

Demographics on IPPA Score by Adolescent Gender and Attachment Style

	Male	Female	Total
Secure	10	11	21
Insecure	10	8	18
Total	20	19	39

Acculturation Gap

The parent and adolescent AG was computed by adding the items on the BIQ for each individual and categorizing the scores by acculturation styles (assimilated, integrated, marginalized, and separated). The categorized scores for each parent and adolescent were then used to identify a match or mismatch in parent and adolescent acculturation styles. A mismatch in acculturation styles between the parent and adolescent was considered an AG. There were 25 mismatched and 14 matched parent-adolescent pairs based on the acculturation styles. Of the 14 matches detected, seven were male and seven were female adolescents with the same acculturation style as their parents. A higher percentage (64%) of the adolescent and parents acculturation style were mismatched regardless of whether the adolescent was first generation ($n = 12$, 66%) or second generation ($n = 27$, 62%). The breakdown of acculturation style of adolescents and parents by gender is summarized in Table 3.

Table 3

Acculturation Styles by Gender

<u>Acculturation Style</u>	Parent		Adolescent	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Assimilated	3	7	5	5
Integrated	6	5	6	5
Marginalized	4	4	3	4
Separated	6	5	6	5

Identity Development

The MEIM examined the ethnic identity achievement of the adolescents. The ethnic choice of all the adolescents on Question 13, “What ethnicity do you consider yourself?” was Choice 1: Asian/Asian American. Items 1 through 12 were added to attain the ethnic identity score. The total ethnic scores ranged from 12 to 48 ($M = 31.80$, $SD = 10.87$) with lower scores indicating low ethnic identity achievement and high scores revealing high ethnic identity achievement.

Table 4

Descriptive Statistics on Ethnic Identity Data

<u>Attachment Style</u>	<u>Acculturation Gap</u>	<u>M</u>	<u>SD</u>
insecure	mismatch	32.80	8.48
	match	27.75	11.10
	Total	30.56	9.77
secure	mismatch	31.13	12.46
	match	44.67	3.14
	Total	35.00	12.26
Total	mismatch	31.80	10.87
	match	35.00	12.07
	Total	32.95	11.26

Coping Skills

The Brief Cope data were first categorized in terms of adaptive and maladaptive coping scales. The seven adaptive coping items (active coping, planning, positive reframing, acceptance, religion, humor, and emotional and instrumental support) were added to obtain the adaptive coping scale. Only the sum of the adaptive scales for each participant was used in the ANOVA. The sum of adaptive scales ranged from 16 to 55 with a mean of $M = 39.01$ and of $SD = 11.33$. Descriptive statistics on the Brief Cope scales are presented in Table 5.

Table 5

Descriptive Statistics on Brief COPE Data

Acculturation gap	Secure/insecure	M	SD
mismatch	secure	34.15	12.11
	insecure	41.58	9.41
	Total	37.72	11.33
match	secure	43.71	15.24
	insecure	39.43	5.88
	Total	41.57	11.31
Total	secure	37.50	13.70
	insecure	40.79	8.17
	Total	39.10	11.33

Data Analysis

Research Question 1

In the first research question, the effect of AG and ASs on the identity development of adolescents was explored. The results of the ANOVA confirmed the null hypothesis which states that there is no difference in the effects of AG and ASs on and identity development. The main effect for AG (match/mismatch) was not significant (F

(1, 35) = 1.47 with an observed power of $\beta = .22$. The main effect for AS (secure/insecure) was significant, $F(1, 35) = 4.76, p = .04$ with an observed power of $\beta = .56$, as shown in Table 6. The interaction effect of AS and AG on ethnic identity revealed a significant difference, $F(1, 35) = 7.06, p = .01$ with an observed power of $\beta = .73$.

Table 6

Analysis of Variance for Ethnic Identity between Attachment Style and Acculturation Gap

Source	df	<i>F</i>	η	p
Attachment style	1	4.75	.56	.04
Acculturation Gap	1	1.47	.22	.23
Attachment/acculturation	1	7.06	.73	.01
error	35			

However, the Welsch and Brown Forsyth tests were conducted in light of the violation of the assumption of homogeneity and possibility of a Type I error with attachment style and the interaction of AS and AG. The adjusted ANOVA results along with the Welsch and Brown Forsyth tests revealed no significance differences in mean ethnic identity scores between securely and insecurely attached adolescents difference $F(1, 38) = 1.53, p = .22, (W = 1.58, p = .22; BF = 1.58, p = .22)$, as shown in Table 7. The null hypothesis was accepted based on these results and there was no real effect of AS on ethnic identity.

Table 7

Summary of One-Way ANOVA for Ethnic Identity and Attachment Style

Source	Sum of Squares	<i>df</i>	F	Sig
Between Groups	191.45	1	1.53	.22
Within Group	4632.44	37		
Total	4823.89	38		

Research Question 2

The second research question addressed the relationship of AS and AG with coping skills. The null hypothesis stating that there is no significant difference in the effect of AG or AS on coping skills was confirmed. The main effect for AG and coping skills was not significant, $F(1, 35) = 1.74$ with an observed power of $\beta = .25$. The main effect for AS and coping skills was also not significant, $F(1, 35) = 3.49$ with an observed power of $\beta = .44$. Finally, the interaction of AG and AS on coping skills was similarly not significant, $F(1, 35) = 1.12$ with an observed power of $\beta = .18$. The data on the effects for the analysis of variance for coping skills (DV), AS (IV) and AG (IV) is shown on table 8.

Table 8

Analysis of Variance of Coping Skills, Attachment Style, and Acculturation Gap

Source	df	F	η	p
Attachment style	1	3.49	.444	.199
Acculturation Gap	1	1.74	.250	.196
Attachment/acculturation	1	1.12	.178	.297
error	35			

Summary

The data collection process was conducted over a year using distribution of flyers, word of mouth, Survey Monkey, setting up a table at a Hindu temple, and reaching out to schools and SA community associations, and SA websites. The efforts yielded a minimal sample of 39 dyads due to declination from most organizations and poor parent participation. As a result of the limited data, a new power analysis was conducted with the original effect size of .14, significance level of .05, and the new power was only $\beta = .50$.

The assumptions of an ANOVA were reviewed and determined to have an increased risk of a Type I error given the heterogeneity of the groups. Initially, the two-way ANOVA from the first research question resulted in rejection of the null hypothesis since significant effects of AS on ethnic identity and the interaction of AS and AG on ethnic identity. However, due to the violation of the assumption of homogeneity found with the Welch and BW tests, a one-way ANOVA was conducted with AS to obtain a

robust analysis of variance. The results of the showed that null hypothesis was confirmed for the first research question. There were no real significant effects between AS or AG and identity development. There was no significant effect between the interaction of AS and AG on identity development.

Similarly, the null hypothesis for the second research question was also verified. A significant effect was not found for either AS or AG on coping skills. Additionally, the interaction of AG and AS did not have a significant effect on coping skills.

In Chapter5 , the results of the study are discussed further in relation to previous similar studies conducted on the same topic. The findings of the study are interpreted based upon its generalizability and validity. Recommendations for further studies on the topic of the current study are included. In addition, the impact of the study on social change and the importance of this study are incorporated.

Chapter 5: Summary, Conclusions, and Recommendations

Introduction

The purpose of this study was to determine how AG and AS relate to healthier coping and identity development in the growing population of SA adolescents in the United States. There is limited research on SAs due to their quiet nature and internalizing of difficulties (Atzaba-Poria & Pike, 2007; Bhattacharyya, 2009). Regardless, they suffer emotional and physical symptoms as a consequence of acculturation differences and insecure attachment between adolescents and parents (Atalay, 2007; Farver, Bhadha, & Narang, 2002). Prior studies with SAs have found acculturation style differences between parents and adolescents can lead to family conflict, substance abuse in adolescents, depression, poor grades, and other detrimental outcomes (Atzaba & Pike, 2007; Farver, Bhadha, & Narang, 2002; Kim, Chen, Huang, & Moon, 2009; Ying & Han, 2007). However, the results in the studies are not consistent. Additionally, past researchers have shown that secure attachment with parents results in better outcomes in adolescents (Bowlby, 1991). The impact of acculturation differences and AS, in particular, has not been examined to any great extent with the SA population. This study was conducted in the hopes of filling in some of the gaps that exist in the research on SA adolescents in relation to attachment and acculturation. The second reason for the study was to obtain information that may lead to better adjusted SA adolescents and families.

Based on the two-way ANOVA analysis performed with the data obtained, the main effects of AG (low, high) and AS (secure, insecure) on identity development were not significantly different. In addition, the main effects of AG and AS on coping skills

were also not significantly different. The null hypotheses for both of the dependent variables were confirmed:

1. There are no differences in the effects of Parent-adolescent AG and AS on SA adolescent identity development.
2. There are no differences in the effects of Parent-adolescent AG and AS on SA adolescent coping skills.

Furthermore, the interaction between AG and AS with the dependent variables (ethnic identity development and coping skills) was also not significantly different.

In the following chapter, the interpretation of the results of this study are presented. In addition, the findings are related to Berry's (1997) acculturation theory and Bowlby (1982) attachment theory which grounded this study. The limitations and contributions of the study along with its validity and reliability are also discussed. Finally, the social change implications of the study are delineated.

Interpretation of Findings

Acculturation Gap, Attachment Style, and Identity

The primary interest in the first research question was in finding whether there is a difference in the effects of parent-adolescent AG or parent-adolescent AS on adolescent identity development. The null hypothesis for this research question stated that there are no differences in the effects of parent-adolescent AG and parent-adolescent AS on adolescent identity development. The two-way ANOVA analysis of the data from the four surveys completed by the SA adolescents (BIQ, IPPA-R, Brief COPE, and MEIM)

along with the one completed by parents (BIQ) resulted in confirmation of the null hypothesis for the first research question.

Acculturation and identity. Alternative hypothesis one specified that participants with an acculturation style matched to their parents will have significantly higher multiethnic identity scores compared to adolescents with an acculturation style that is mismatched with their parents. This hypothesis was not confirmed and the results are consistent with prior research where findings varied on the relationship of acculturation style and identity. Farver et al. (2002; 2007) found relevance in the relationship of acculturation and identity in one study, while another study showed a negative relationship between acculturation and identity. It still remains unclear whether acculturation style has an effect on adolescent identity development. One outcome of interest was that adolescents identified themselves as either Indian or Bangladesh on the BIQ, while parents also identified themselves as the same ethnicity on the demographic profile and BIQ. Although SA parents and adolescents may acculturate in different styles, they identified themselves with their culture of origin whether first or second generation. Studies by Farver et al. showed discrepancy with adolescents identifying themselves as Indian in one study and more likely to identify themselves as Indian-American in another. More studies with acculturation and identity are needed, perhaps with greater attention to the surveys in terms of how the question of ethnic identity is posed along with the measure used for acculturation styles.

According to Berry's (1997) theory on acculturation and differences in acculturation styles, an AG could lead to conflict and stress in immigrant families. The

hypothesis stating that matched acculturation styles would result in a significant effect on identity development was based on Berry's theory and past studies. Although this study did not find a significant relationship between AG and identity development, prior studies have shown a link in these concepts (Phinney, 1999). Further research on the link could be beneficial to immigrants struggling to find their identity in a new cultural environment. Instead of the MEIM, which has a limited number of items, a qualitative study on acculturation styles and identity development may provide more in-depth information and clarity on the association of the variables.

Attachment style and identity. The second alternative hypothesis from RQ1 stated that participants with secure attachment style with their parents will have significantly higher ethnic identity scores than adolescents with insecure attachment style with their parents. This hypothesis was also not supported by the results. The findings also do not support prior research by Nawaz (2011), which revealed a significant relationship between identity development in Pakistani girls and parental attachment.

The findings are not as expected based on Bowlby and Ainsworth's (1989) theory of attachment, which was a grounding theory of this study. They purported that attachment is considered essential in all stages of development. Furthermore, establishing an identity is vital during adolescence and has been found to be associated with healthier identity development (Erickson, 1963; Phinney, 1992). As such, it was expected that adolescents with secure attachment style would show a significant effect on the mean scores of the MEIM survey.

The results obtained were based on a sample of families in which parents and adolescents willingly participated. In many instances, parents were especially difficult to engage in this study even when the adolescents were willing. Often, schools and community organizations declined to participate in the study because of the lack of parental involvement. Therefore, the sample did not include these families that presumably have a different dynamic than the ones that did choose to participate. ASs and acculturation styles could vary in these families and have led to different results.

Acculturation Gap, Attachment Style, and Coping

The second research question examined the relationship between AG and AS with coping skills: What is the difference in the effects of AG and ASs on coping skills? The null hypothesis for this question, which stated that there is no difference in the effects of AG or ASs on coping skills, was confirmed by the two-way ANOVA analysis. Additionally, both alternative hypotheses made regarding this question were not supported.

Acculturation gap and coping. Contrary to expectations, the results did not support the third alternative hypothesis which stated that matched parent-adolescent acculturation style will have significantly higher mean scores on adaptive coping skills than mismatched parent-adolescent acculturation style. Previous studies have found a relationship between acculturation style and coping skills. In a similar study to the current one, less acculturation stress was associated with higher adaptive coping in Haitian immigrants (Belizaire & Furtes, 2011). In the several other studies based on Berry's theory of acculturation, acculturative stress was linked to many factors including coping as a moderator (Berry, 1990; 1997).

A link between acculturation and coping is evident (Belizaire & Furtes, 2011). In fact, Berry (1997) posited that coping is a facet of acculturation. How coping is related and interacts with acculturation continues to be an area that needs further research. Researchers have suggested that the reason for varied results with acculturation may be the multidimensional nature of the construct (Schwartz, Unger, Zamboanga, & Szapocznik, 2010). Another reason for the lack of a significant relationship between the factors in this study could be due to not controlling for the many variables effecting acculturation. Additionally, the limited sample of participants from one school and temples rather than a normal distribution of the population may have also skewed the results of this study. Finally, Berry (1997) and other acculturation theorists defined acculturation as a psychological process rather than a static concept. Therefore, more in-depth measures may be needed to fully study this complex variable.

Attachment style and coping. Alternative hypothesis four stated that secure attachment style with the parent would have a significant effect on coping skills. Similar to the other alterative hypotheses, in alterative hypothesis four, secure attachment style with parents was not related to coping skills. However, previous research has shown a positive correlation between lower anxious attachment, less acculturative stress, and higher adaptive coping in Haitian immigrants (Belizaire & Furtes, 2011). In another study, attachment style was associated with coping skills in girls but not boys (Dwyer et al., 2010).

An interesting secondary finding in this study was in the larger number of matched acculturation styles between parents and adolescents associated with an insecure

attachment with parent when compared with a secure attachment with parent (insecure/match= 15 and secure/match= 10.). A secure attachment with the parent was expected to have a significant relationship with matched acculturation style. The sample was not large enough to draw any real conclusions, especially given parent noncompliance. Not having a well-distributed population, very likely impacted the validity of the findings. Regardless, this finding may warrant further investigation to identify whether parent-adolescent attachment style affects parent-adolescent acculturation style or not. Additionally, peer attachment was not included in this study and may be another important aspect to research given that peer relationships, as per Erickson's (1963) developmental stages, are particularly important during the adolescent stage. As such, peer relations may have a greater impact on acculturation and coping during this stage than parent attachment.

According to attachment theorists like Bowlby and Ainsworth (1991) and Barrocas (2011), secure attachment leads to healthier adjustment and relationships. Along the same lines, secure attachment is still believed to lead to better coping skills in adolescence. Parent and peer attachment may need to be included to identify the interactions of the variables. The research gap in this area continues to need further research to shed light on the relationship of attachment and coping skills in SA adolescents.

Limitations of the Study

Several limitations of the study prevented establishing more confident results and recommendations. These findings were based on surveys completed by volunteer

participants and as such could be biased and inaccurate. For example, some participants completed the Brief COPE survey incorrectly or did not complete them at all. In general, SA adolescents were not keen on completing this survey. The SAs were not easily recruited given their reluctance to share personal information. Another limitation was the findings of this study cannot be generalized to the SA population originally included, since the majority of the volunteers were Indian and Bengali. Therefore the results can only be generalized to these two cultures. A major limitation was in the small sample size that was obtained. The sample was much less than originally proposed based on the power analysis, limiting the reliability and validity of the results of this study substantially. Lastly, when categorizing the variables, a median split was used to dichotomize the results into two groups (secure and insecure or matched and mismatched) of acculturation between the parent and adolescent, which reduced the power. In the future, a different method of categorizing the variables is suggested because of the loss of power when splitting for high and low at the median value.

Recommendations for Future Studies

In spite of the limitations of the study, valuable information on attachment, AG, identity, and coping skills was acquired which can be added to the insufficient research in this area with SA adolescents. Future research should be conducted using a larger sample to obtain more reliable and valid results with greater power. Controlling for gender, age, generation, religion, and culture can provide information on the relationship of the IVs and DVs in future studies. Another interesting variable that can provide information for treatment is the relationship of the IVs and DVs with multicultural adolescents from

parents from two different ethnic backgrounds, which is becoming increasingly common. As mentioned earlier, the measure (BIQ) used to determine acculturation gap may not have been the best. A different survey or combined quantitative and qualitative methodology may provide more robust results. The use of only adolescents should also be considered in future studies to obtain a large normally distributed population of SA adolescents. Additional in-depth studies on attachment and acculturation with coping strategies and identity could shed light on the most appropriate therapeutic strategies to use with the SA immigrant population.

Implications for Social Change

Regardless of the meager studies completed with SAs in the areas of attachment, acculturation gap, coping skills, and identity, attachment throughout development is presenting itself as a potential variable related to positive social change. In spite of a lack of support of the hypotheses in this study, attachment theorists such as Bowlby and Ainsworth (1991) have posited and shown in their research that positive parent attachment is crucial to the development of psychological well-being across one's lifespan. As such, attachment-based therapy may be a valuable treatment method for adolescents at-risk. The conceptual framework of attachment has been used mainly with understanding and treating psychopathology. However, it has value in other regards such as with preventive and clinical intervention with immigrants at risk. In the course of recruiting participants, a major obstacle was the lack of parental involvement (Bowlby, 2005). Presumably, these parents are struggling themselves with acculturative stress. Community resources, political policies, educational programs, and other clinical

interventions, with the attachment framework in mind, may be a valuable support to these parents and adolescents.

Although hypotheses one and two stating that there is a relationship between AG and identity development and coping skills were also not confirmed in this study, there are other empirical studies revealing a relationship (Belizaire & Furtes, 2011; Farver, 2002b; Farver, Xu, Bhada & Narang, 2007). Dissonance with parent and adolescent acculturation has been shown to create conflict in families. Unhealthy ASs also have evidence of leading to poor outcomes in family relations and adolescent well-being. For these reasons, the four principal variables were chosen according to their impact on adolescents and families. As posited by Erickson (1963), Bowlby (1991), Ainsworth (1989), and Berry (1991), all of the variables are essential to immigrant family and adolescent well being. Knowing their effects in greater detail can be used in developing therapeutic intervention and prevention strategies with the perpetually growing population of SAs in the United States.

Conclusion

The constructs of acculturation styles, ASs, coping, and identity are clearly relevant to the well-being of SA immigrants based on the extensive literature compiled in this study. Consequently, my focus in this study was on the effects of these constructs on SA adolescents to identify factors leading to better adjustment. Regretfully, a major downfall of the study was in the very small sample size ($n = 39$) obtained in comparison to the originally proposed sample size ($n = 147$). The results with the obtained sample resulted in verification of the null hypotheses for the two research questions. However,

these results are not conclusive given the sample size, power, and validity. Further research in this area, to fill in the gap and provide information on interventions for SA immigrant adolescents and families, continues to be warranted.

SAs are evidently private and as such not as willing to participate in research studies. However, they are in need of support which they may not readily seek. Finding ways to support this ethnic group to adjust to a culture that diverges from theirs is crucial to their well-being and society as a whole. Determining how to help them acculturate positively, form secure attachments, develop healthy ethnic identity, and positive coping strategies are valuable constructs to follow-up in an endeavor to create positive social change.

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Appendix A: Assent Form

My name is Malliga Obilisundar-Delaney. I am trying to learn about the relationship between differences in acculturation of South Asian (SA) parents and their teens, parent-teen relationships, and their ethnic identity and coping skills. The purpose of this study is to find what leads to healthier SA teens. The information from the study can be used for helping SA children and families to have a better life.

Who I am:

I am a student at Walden University and am completing this study for a doctoral degree. I am also an immigrant of SA with three U.S. born children.

Surveys:

If you decide you want to be in my study, you will be asked to Complete 4 short questionnaires that will take about 1-1 1/2 hours:

1. Brief COPE scale- e.g. "I've been getting emotional support from others." _____, "I've been giving up trying to deal with it." _____
2. Inventory of Parent and Peer Attachment (IPPA) - Revised- e.g. "I feel it's no use letting my feeling show." _____, "My parents sense when I'm upset about something." _____
3. Bicultural Inquiry Questionnaire (BIQ) - e.g. "How comfort are you speaking your native language in school? " _____ "How comfortable are you speaking you native with friends? " _____

4. Multicultural Ethnic Identity Measure (MEIM) - e.g. "I have a clear sense of my ethnic background and what it means for me." _____, "I think a lot about how my life will be affected by my ethnic group membership." _____

Your Choice:

It's your choice if you want to participate. Your parents have to say it is OK first. You can then decide if you want to volunteer. You can always change your mind at any time. If you decide not to participate no one will be upset with you.

Privacy:

Other people will not know if you are in my study. I will put things I learn about you together with things I learn about other teens so no one can tell what things came from you. When I tell other people about my research, I will not use your name, so no one can tell who I am talking about.

Contact:

My telephone number is XXXXXXXXXX. You or your parents can call me with any questions about the study or if you decide you don't want to be in the study any more or that you do. You can also reach Dr. Otis-Ballew, my supervisor at Walden University to discuss the study further at XXXXXXXX or XXXXXXXX.

I will give you a copy of this form in case you want to ask questions later.

Consent:

To protect your privacy, I am not asking for your name. Just return your anonymously completed survey packet in the sealed envelope

if you wish to be part of this study. The surveys can also be completed by email or online. You can choose which way you would like

to complete the surveys.

If you find yourself upset at any time because of the study or otherwise, 1(800) LIFENET (543-3638) is a source that will provide therapists and networks based on your insurance and area, as well as, low cost therapists.

Cost and Gifts:

There is no cost to you or your parent for participating in this study. Your parent has been asked to provide contact information so that I may send you a small thank you gift card for your participation. The information will only be used to send you the gift.

You may keep this copy for your information.

Appendix B: Permission for Multigroup Ethnic Identity Measure (MEIM)

The MEIM was originally published in the following article:

Phinney, J. (1992). The Multigroup Ethnic Identity Measure: A new scale for use with adolescents and young adults from diverse groups. *Journal of Adolescent Research*, 7, 156-176.

It has subsequently been used in dozens of studies and has consistently shown good reliability, typically with alphas above .80 across a wide range of ethnic groups and ages. On the basis of recent work, including a factor analysis of a large sample of adolescents*, it appears that the measure can best be thought of as comprising two factors, ethnic identity search (a developmental and cognitive component) and affirmation, belonging, and commitment (an affective component). Two items have been dropped and a few minor modifications have been made. Attached is the current revision of the measure, without the measure of Other-group orientation. The two factors, with this version, are as follows: ethnic identity search, items 1, 2, 4, 8, and 10; affirmation, belonging, and commitment, items 3, 5, 6, 7, 9, 11, 12. (None of the items are reversed.) The preferred scoring is to use the mean of the item scores; that is, the mean of the 12 items for an over-all score, and, if desired, the mean of the 5 items for search and the 7 items for affirmation. Thus the range of scores is from 1 to 4.

The suggested ethnic group names in the first paragraph can be adapted to particular populations. Items 13, 14, and 15 are used only for purposes of identification and categorization by ethnicity.

The Other-group orientation scale, which was developed with the original MEIM, is not included, as it is considered to be a separate construct. It can, of course, be used in conjunction with the MEIM.

Translations of the measure into Spanish and French now exist and are available, but we currently have no information on their reliability.

No written permission is required for use of the measure. However, if you decide to use the measure, please send me a summary of the results and a copy of any papers or publications that result from the study.

Jean S. Phinney, Ph.D.

Department of Psychology

California State University, Los Angeles

*Roberts, R., Phinney, J., Mase, L., Chen, Y., Roberts, C., & Romero, A. (1999). The structure of ethnic identity in young adolescents from diverse ethnocultural groups. *Journal of Early Adolescence*, 19, 301-322.

Appendix C: MEIM

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of the names of ethnic groups are Hispanic or Latino, Black or African American, Asian American, Chinese, Filipino, American Indian, Mexican American, Caucasian or White, Italian American, and many others. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Please fill in: In terms of ethnic group, I consider myself to be _____

Use the numbers below to indicate how much you agree or disagree with each statement.

(4) Strongly agree (3) Agree (2) Disagree (1) Strongly disagree

1- I have spent time trying to find out more about my ethnic group, such as

its history, traditions, and customs.

2- I am active in organizations or social groups that include mostly members

of my own ethnic group.

3- I have a clear sense of my ethnic background and what it means for me.

4- I think a lot about how my life will be affected by my ethnic group membership.

5- I am happy that I am a member of the group I belong to.

6- I have a strong sense of belonging to my own ethnic group.

7- I understand pretty well what my ethnic group membership means to me.

8- In order to learn more about my ethnic background, I have often talked
to other people about my ethnic group.

9- I have a lot of pride in my ethnic group.

10- I participate in cultural practices of my own group, such as special food,
music, or customs.

11- I feel a strong attachment towards my own ethnic group.

12- I feel good about my cultural or ethnic background.

13- My ethnicity is

(1) Asian or Asian American, including Chinese, Japanese, and others

(2) Black or African American

(3) Hispanic or Latino, including Mexican American, Central American, and
others

(4) White, Caucasian, Anglo, European American; not Hispanic

(5) American Indian/Native American

(6) Mixed; Parents are from two different groups

(7) Other (write in): _____

14- My father's ethnicity is (use numbers above)

15- My mother's ethnicity is (use numbers above)

Appendix D: Brief COPE- Permission

The items below are an abbreviated version of the COPE Inventory. We have used it in research with breast cancer patients, with a community sample recovering from Hurricane Andrew, and with other samples as well. At present, none of that work has been published, except for an article reporting the development of the Brief COPE, which includes information about factor structure and internal reliability from the hurricane sample (citation below). The Brief COPE has also been translated into French and Spanish (see below), as separate publications.

We created the shorter item set partly because earlier patient samples became impatient at responding to the full instrument (both because of the length and redundancy of the full instrument and because of the overall time burden of the assessment protocol). In choosing which items to retain for this version (which has only two items per scale), we were guided by strong loadings from previous factor analyses, and by item clarity and meaningfulness to the patients in a previous study. In creating the reduced item set, we also "tuned" some of the scales somewhat (largely because some of the original scales had dual focuses) and omitted scales that had not appeared to be important among breast cancer patients. In this way the positive reinterpretation and growth scale became positive reframing (no growth); focus on and venting of emotions became venting (focusing was too tied to the experiencing of the emotion, and we decided it was venting we were really interested in); mental disengagement became self-distraction (with a slight expansion of mentioned means of self-distraction). We also added one scale that was not part of the

original inventory--a 2-item measure of self-blame--because this response has been important in some earlier work.

You are welcome to use all scales of the Brief COPE, or to choose selected scales for use. Feel free as well to adapt the language for whatever time scale you are interested in.

Citation: Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4, 92-100. [abstract]

Following is the BRIEF COPE as we are now administering it, with the instructional orientation for a presurgery interview (the first time the COPE is given in this particular study). Please feel free to adapt the instructions as needed for your application.

Scales are computed as follows (with no reversals of coding):

Self-distraction, items 1 and 19

Active coping, items 2 and 7

Denial, items 3 and 8

Substance use, items 4 and 11

Use of emotional support, items 5 and 15

Use of instrumental support, items 10 and 23

Behavioral disengagement, items 6 and 16

Venting, items 9 and 21

Positive reframing, items 12 and 17

Planning, items 14 and 25

Humor, items 18 and 28

Acceptance, items 20 and 24

Religion, items 22 and 27

Self-blame, items 13 and 26

I have had many questions about combining scales into "problem focused" and "emotion focused" aggregates, or into an "overall" coping index. I have never done that in my own use of the scales. There is no such thing as an "overall" score on this measure, and I recommend no particular way of generating a dominant coping style for a give person. Please do NOT write to me asking for instructions to for "adaptive" and "maladaptive" composites, because I do not have any such instructions. I generally look at each scale separately to see what its relation is to other variables. An alternative is to create second-order factors from among the scales (see the 1989 article) and using the factors as predictors. If you decide to do that, I recommend that you use your own data to determine the composition of the higher-order factors. Different samples exhibit different patterns of relations.

Appendix E: Brief COPE

These items deal with ways you've been coping with the stress in your life since you found out you were going to have to have this operation. There are many ways to try to deal with problems. These items ask what you've been doing to cope with this one. Obviously, different people deal with things in different ways, but I'm interested in how you've tried to deal with it. Each item says something about a particular way of coping. I want to know to what extent you've been doing what the item says. How much or how frequently. Don't answer on the basis of whether it seems to be working or not—just whether or not you're doing it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

1 = I haven't been doing this at all

2 = I've been doing this a little bit

3 = I've been doing this a medium amount

4 = I've been doing this a lot

1. I've been turning to work or other activities to take my mind off things.
2. I've been concentrating my efforts on doing something about the situation I'm in.
3. I've been saying to myself "this isn't real."
4. I've been using alcohol or other drugs to make myself feel better.
5. I've been getting emotional support from others.
6. I've been giving up trying to deal with it.
7. I've been taking action to try to make the situation better.

8. I've been refusing to believe that it has happened.
9. I've been saying things to let my unpleasant feelings escape.
10. I've been getting help and advice from other people.
11. I've been using alcohol or other drugs to help me get through it.
12. I've been trying to see it in a different light, to make it seem more positive.
13. I've been criticizing myself.
14. I've been trying to come up with a strategy about what to do.
15. I've been getting comfort and understanding from someone.
16. I've been giving up the attempt to cope.
17. I've been looking for something good in what is happening.
18. I've been making jokes about it.
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
20. I've been accepting the reality of the fact that it has happened.
21. I've been expressing my negative feelings.
22. I've been trying to find comfort in my religion or spiritual beliefs.
23. I've been trying to get advice or help from other people about what to do.
24. I've been learning to live with it.
25. I've been thinking hard about what steps to take.
26. I've been blaming myself for things that happened.
27. I've been praying or meditating.
28. I've been making fun of the situation.

Appendix F: Bicultural Involvement Questionnaire Permission

Bicultural Involvement Questionnaire—Short Version

Test Format:

The language use items of the Bicultural Involvement Questionnaire-Short Version (BIQ-S) are answered on a 5-point Likert-type scale of 1 = not at all comfortable to 5 = very comfortable, and the behavior items are answered on a 5-point Likert-type scale of 1 = not at all to 5 = very much. The BIQ-S is available in English and Spanish.

Source:

Guo, X., Suarez-Morales, L., Schwartz, S. J., & Szapocznik, J. (2009). Some evidence for multidimensional biculturalism: Confirmatory factor analysis and measurement invariance analysis on the Bicultural Involvement Questionnaire–Short Version. *Psychological Assessment, 21*(1), 22–31. doi:10.1037/a0014495

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Appendix G: Bicultural Involvement Questionnaire—Short Version

BIQ-S

Items:

1 = not at all comfortable to 5 = very comfortable, and the behavior items are answered on a 5-point Likert-type scale of 1 = not at all to 5 = very much

1. How comfortable are you speaking your native language at home? _____
2. How comfort are you speaking your native language in school? _____
3. How comfortable are you speaking you native language at work? _____
4. How comfortable are you speaking your native language with friends? _____
5. How comfortable are you speaking your native language in general? _____
6. How comfortable are you speaking English at home? _____
7. How comfortable are you speaking English in school? _____
8. How comfortable are you speaking English at work? _____
9. How comfortable are you speaking English with friends? _____
10. How comfortable are you speaking English is general? _____
11. How much do you enjoy native music? _____
12. How much do you enjoy native dances? _____
13. How much do you enjoy native-oriented places? _____
14. How much do you enjoy native-type recreation? _____
15. How much do you enjoy native TV programs? _____
16. How much do you enjoy native radio stations? _____

17. How much do you enjoy native books and magazines? _____
18. How much do you enjoy American music? _____
19. How much do you enjoy American dances? _____
20. How do you enjoy American-oriented places? _____
21. How much do you enjoy American-type recreation? _____
22. How much do you enjoy American TV programs? _____
23. How much do you enjoy American radio stations? _____
24. How much do you enjoy American books and magazines? _____

Appendix H: Inventory of Parent & Peer Attachment (IPPA)

August 2009

Mark T. Greenberg Ph.D.

Bennett Chair of Prevention Research

Director, Prevention Research Center

College of Health and Human Development

Dear Colleague:

Thank you for your request for information concerning the research that we have conducted on adolescents' perceived attachment to peers and parents. First, we have enclosed a copy of our article in the *Journal of Youth and Adolescence* in 1987 that introduced the Inventory of Parent and Peer Attachment. We have also enclosed a manual providing information on our factor analyses of the scales, information on reliability of the scales, and a scoring key.

Since the study reported in the 1987 paper was carried out, we have revised the IPPA. In her dissertation, Gay Armsden modified the IPPA so as to separately assess perceived quality of attachment to mothers and fathers (instead of parents together). We have enclosed a copy of this unpublished measure, The IPPA (Mother, Father, Peer Version),

and a page of scoring information. In her study of over 400 college students, Gay has found that most of the same items fall on the same factors for mothers and father separately that we found in the factor analysis of parents together on the IPPA. However, there were enough differences in loadings that we judged it best to discourage the use of subscales in the revised version of the IPPA until further research could be done. Recommended scoring for this version thus involves total scores for Mother, Father, and Peer, but no subscale scores. However, while scoring subscales is not advised, we have included instructions for doing so, since many researchers have requested this information.

If you have further questions, please feel free to call XXXXXX or e-mail Gay Armsden at XXXXXXXX, or write. If you decide to use our measures in data collection, please let us know. We would also appreciate a copy of papers that utilize the measure(s).

Sincerely,

Mark T. Greenberg, Ph.D. Gay Armsden, Ph.D.

Professor Research Consultant

Appendix I: IPPA

Please respond to each item by filling in the number that best describes your relationships, experiences, and feelings. The first column asks about relationships with parents. Please provide ONE rating to describe your parents and your relationship with them. If only one parent is living, or if your parents are divorced or separated, respond with reference to your living parent or the parent with whom you feel closer. These answers will be kept confidential.

1 = Almost never or never true 2 = Seldom 3 = Sometimes 4 = Often 5 = Almost always or always true

- _____ 1. My parents respect my feelings.
- _____ 2. I feel my parents are successful as parents.
- _____ 3. I wish I had different parents.
- _____ 4. My parents accept me as I am.
- _____ 5. I have to rely on myself when I have a problem to solve.
- _____ 6. I like to get my parents' point of view on things I'm concerned about.
- _____ 7. I feel it's no use letting my feeling show.
- _____ 8. My parents sense when I'm upset about something.
- _____ 9. Talking over my problems with my parents makes me feel ashamed or foolish.
- _____ 10. My parents expect too much from me.
- _____ 11. I get upset easily at home.
- _____ 12. I get upset a lot more than my parents know.

- _____ 13. When we discuss things, my parents consider my point of view.
- _____ 14. My parents trust my judgment.
- _____ 15. My parents have their own problems so I don't bother them with mine.
- _____ 16. My parents help me to understand myself better.
- _____ 17. I tell my parents about my problems and troubles.
- _____ 18. I feel angry with my parents.
- _____ 19. I don't get much attention at home.
- _____ 20. My parents encourage me to talk about my difficulties.
- _____ 21. My parents understand me.
- _____ 22. I don't know whom I can depend on these days.
- _____ 23. When I am angry about something, my parents try to be understanding.
- _____ 24. I trust my parents.
- _____ 25. My parents don't understand what I'm going through these days.
- _____ 26. I can count on my parents when I need to get something off my chest.
- _____ 27. I feel that no one understands me.
- _____ 28. If my parents know something is bothering me, they ask me about it.

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Appendix J: Recruitment Flyer

Volunteers Needed for a Clinical Psychology Research Study

South Asians (from India, Pakistan, Bengali, Nepal, and Sri Lanka) participants between 13 and 18 years of age needed plus one parent needed to complete surveys for the purpose of expanding our knowledge on the adjustment of adolescent immigrants. Only, 1st generation, 2nd generation (born in the U.S. to 1st generation immigrants) and 3rd generation (born in U.S. with at least one parent who is 2nd generation) from above ethnic groups can be included. Volunteers must be able to read and speak English. Both parent and child must agree and complete surveys.

The surveys should take approximately 1- 1 ½ hours for the adolescents and 20 minutes for the parents.

Participation in this study will assist with determining factors related to adolescent adjustment and provide information on counseling strategies for healthy identity development and coping skills for SA adolescents.

For more information: Contact the primary investigator of this study: Malliga Obilisundar-Delaney. (email-XXXXXXXXXX) or call XXXXXXX

This research is being conducted under the direction of Dr. Robin Otis-Ballew of Walden University. It has been approved by the Institutional Review Board for ethical practice with human research subjects.

All participants will receive a \$5 appreciation gift card.

Please inform friends, family and anyone else who may be interested in participating in this study.

Thank you!!!

Appendix K: Demographic Questionnaire for Primary Caregiver

1. Place of Birth: Nepal ____ Bangladesh ____ India ____ Sri Lanka ____
Pakistan ____ U.S. ____
2. Place of Birth of Spouse (if applicable): Nepal ____ Bangladesh ____ India ____
Sri Lanka ____ Pakistan ____
3. Age: _____
4. List Gender, Place of Birth, and Age of children between 13 and 18

5. Gender: Male ____ Female ____
6. Education Completed: _____
7. Employment: _____
8. Marital Status: Married ____ Separated ____ Divorced ____
9. Number of years in U.S.: _____
10. Current County of Residence: _____

Appendix L: Social Media Recruitment Flyer

Volunteers Needed for a Clinical Psychology Research Study

South Asians (from India, Pakistan, Bengali, Nepal, and Sri Lanka) participants between 13 and 18 years of age needed plus one parent needed to complete surveys for the purpose of expanding our knowledge on the adjustment of adolescent immigrants. Only, 1st generation, 2nd generation (born in the U.S. to 1st generation immigrants) and 3rd generation (born in U.S. with at least one parent who is 2nd generation) from above ethnic groups can be included. Volunteers must be able to read and speak English. Both parent and child must agree and complete surveys.

Participation in this study will assist with determining factors related to adolescent adjustment and provide information on counseling strategies for healthy identity development and coping skills for SA adolescents.

Just copy link onto your browser to get to the surveys which will remain confidential.

Parent link: <https://www.surveymonkey.com/s/saadolescentstudy-parent> (20 min)

Adolescent links: <https://www.surveymonkey.com/s/saadolescentstudy-assent&surveys>
(1hr)

(Please complete all surveys.)

For more information: Contact the primary investigator of this study: Malliga

Obilisundar-Delaney. (email-XXXXXXX) or call XXXXXXXXX)

All participants will receive a \$5 appreciation gift card.

This research is being conducted under the direction of Dr. Robin Otis-Ballew of Walden University. It has been approved by the Institutional Review Board for ethical practice with human research subjects.