

## ABSTRACT

Title of Thesis: PERCEIVED ETHNIC-RACIAL  
SOCIALIZATION AND PARENTING  
STYLES ON ASIAN AMERICAN  
COLLEGE STUDENTS' DEPRESSIVE  
SYMPTOMS

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The present study examines how perceived mothers' culturally relevant parenting styles and ethnic-racial socialization (ERS) are associated with depressive symptoms among 280 Asian American college students. We hypothesized that perceived ERS will predict depressive symptoms, and perceived authoritarian, authoritative, and training parenting styles will moderate this association. We used a cross-sectional, quantitative design to measure this model through an online questionnaire. Depressive symptoms were dependent on the parenting style and the type of ERS message. Results indicated that 1) training parenting style (high in guidance and care for children) was negatively associated with depressive symptoms, 2) the combination of promotion of equality messages and training parenting style was negatively linked with depressive symptoms, and 3) authoritarian parenting was positively correlated with depressive symptoms. Findings highlight the importance of culturally sensitive parenting on mental health.

*Keywords:* ethnic-racial socialization, parenting styles, depression, Asian American

PERCEIVED ETHNIC-RACIAL SOCIALIZATION AND PARENTING  
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by

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Perceived ethnic-racial socialization and parenting styles on Asian American college students' depressive symptoms

Major Depressive Disorder (MDD) is currently the most prevalent disability in the U.S. for ages 15 to 44.3 and affects more than 15 million American adults (Anxiety and Depression Association of America, 2016). Within college students, findings have found that 36.7% of students felt so depressed that it was difficult to function, and 13.9% were diagnosed with depression (American College Health Association, 2016). Asian Americans in particular may be a vulnerable group due to issues related to their status of being a racial minority group; although they are coined by others as a “model minority,” in reality they are often the subject of racial discrimination (Gee, Ro, Shariff-Marco, & Chae, 2009), racial microaggressions (Lee & Ahn, 2009; Nadal, Wong, Sriken, Griffin, & Fujii-Doe, 2015; Sue, Bucceri, Lin, Nadal, & Torino, 2007), racism-related stress (Harrell, 2000; Liang, Li, & Kim, 2004), and blatant and subtle racism (Yoo, Steger, & Lee, 2010). These racism-related experiences have proven to detrimentally affect mental health outcomes including depression (Choi, Lewis, Harwood, Mendenhall, & Hunt, 2017; Hwang & Goto, 2008; Nadal et al., 2015). Furthermore, this racial group is even more at-risk due to their nativity status; research has shown that U.S.-born Asian and Pacific Islander adults report worse health outcomes compared to Asian immigrants (Frisbie, Cho, & Hummer, 2001). Although study findings have been mixed, one recent study found that Asian American college students reported higher levels of depression compared to their European American counterparts (Young, Fang, & Zisook, 2010; Kim & Lopez, 2014). Given that Asian Americans are the fastest growing racial group in the

U.S. (U.S. Census Bureau, 2016), it is imperative to identify the sociocultural factors associated to depressive symptoms among Asian American young adults.

In the face of racial discrimination, Asian American mothers help their children thrive through communication about racial messages and their general childrearing attitudes and behaviors. Asian American mothers are often the primary caretaker and provide child-rearing duties due to the patriarchal structure of Asian American families (Kim & Wong, 2002). Mothers' parenting practices may therefore have a larger impact on children with increased contact and involvement. For example, children's emotional adjustment is predicted by maternal warmth and not paternal warmth (Chen et al., 2006). Although there are similar lines of inquiry on parenting practices in the adoption literature (i.e., adoptive families with Asian American children; Berbery & O'Brien, 2011; Johnston, Swim, Saltsman, Deater-Deckard, Petrill, 2007; Mohanty, 2013), our aim is to focus on the unique cultural parenting practices of Asian American mothers.

Although there is rich literature on parenting styles (Ang & Goh, 2006; Chao, 1994; 2001; Leung, Lau, & Lam, 1998) and racial socialization (Atkin, Yoo, & Yeh, 2018; Juang et al., 2016; Juang et al., 2018; Tran & Lee, 2010) with Asian Americans, few studies have examined both simultaneously. In addition, Asian American parents are often viewed from a deficit perspective, where they are seen as strict and controlling (Doan et al., 2017; Julian, McKenry, & McKelvey, 1994). Researchers, however, are calling into question some culturally bound limitations of the extant parenting research and are establishing the notion that differences in parenting styles do not necessarily equate negative outcomes for children (Li, Costanzo, & Putallaz, 2010; Leung, Lau, & Lam, 1998). However, this will be the first study to examine culturally relevant parenting

styles with culturally specific practices. Thus, the present study expands the extant literature by using a more culturally responsive framework for understanding Asian American parenting styles and how this framework might shed new light on relationships between parenting styles and depressive symptoms for this population. We posit that racial socialization in the context of a culturally tailored parenting style will be associated with lower depressive symptoms.

The framework guiding this study will be social learning theory, which assumes that children learn through direct experience, modeling, as well as learning and attentional processes (Bandura, 1977). Asian American mothers have a major impact on children because they are often the primary caregiver and socialization agent. Children learn by observing their mother and through behavior reinforcement. Through direct experience, people learn by the rewards and consequences that follow an action; through this feedback, they establish thoughts about what is successful and unsuccessful. Socialization also occurs through modeling from other people and observing them. Through these mechanisms, the child learns and self-reinforces their behavior which then affects their self-concept (Bandura, 1977). Therefore, self-concept may be a result of learned behaviors through reinforcement or modeling from mothers. Children internalize both direct and indirect messages from their mothers, which may then contribute to their depressive symptoms. The theoretical framework highlights the importance of parenting styles and practices, as they may directly inform the child's behaviors and view of oneself.

## **Parenting Styles**

One factor that has been identified as a critical component of positive outcomes for college students is parenting styles (Kim & Chung, 2003; Turner, Chandler, & Heffer, 2009). In the U.S., the dominant conceptualization around parenting styles stems from a Westernized viewpoint that is typically assumed to be universal, and often highlights the advantages of authoritative parenting (Darling & Steinberg, 1993). Authoritative parenting is characterized as higher warmth and reasonable expectations, whereas authoritarian parenting is defined by lower warmth, higher demands, and harsher punishment (Baumrind, 1971). Although variability exists within Asian Americans (Chao, 1994; Chua, 2011; Choi, Kim, Kim, & Park, 2013; Kwon, Yoo & Gagne, 2017), research demonstrates that parenting within the Asian American community stems from a Confucian background, indicating that it is the parent's responsibility to teach their children appropriate behaviors (Kim & Wong, 2002). Given these values, it is perhaps not surprising that the majority of Asian American parents endorse authoritarian parenting (Chao, 1994; Steinberg et al., 1992). Upon first glance, these findings are concerning given that authoritarian parenting has been consistently cited as harmful for child outcomes (Lee, Daniels, & Kissinger, 2006; Shen, Cheah, & Yu, 2018; Steinberg et al., 1994).

However, contrasting literature demonstrates that authoritarian parenting is not always harmful with Asian American families. When comparing European American and Chinese college students, both perceived maternal authoritative and authoritarian parenting styles were found to predict lower depressive symptoms for only the Chinese sample (Li et al., 2010). This may be attributed to authoritarian parenting as being normative for Asian Americans and because it can be as viewed as concern and care for

the children. In addition, many Asian American households value collectivism compared to their European American peers. Collectivistic ideals emphasize family concerns, a duty to respect, and a duty to support their families (Fuligni, Tseng, & Lam, 1999). Collectivistic mothers are more likely to endorse authoritarian parenting, and collectivist children do not report lower self-esteem levels compared to individualistic children (Rudy & Grusec, 2006). Thus, the family structure and the value of closeness and support that are central amongst Asian Americans may be contributing to lower depressive symptoms with authoritarian parenting styles; the parenting style may be a form of showing familial concern, respect, and support for children.

**Training as a Culturally Responsive Parenting Framework.** Furthermore, research illustrates that Asian American parents may incorporate characteristics of both authoritative and authoritarian parenting styles (Choi et al., 2013). For example, Korean American parenting was found to use a blend of authoritative and authoritarian parenting called *gajungkyoyuk* (Choi et al., 2013). Chinese parents use *chiao shun* and *guan* parenting simultaneously, which refers to 1) monitoring children's behavior, similar to authoritarian parenting and 2) expressing love, care, and concern to their children, which is captured in authoritative parenting (Chao, 1994). In Chinese culture, these concepts could be translated and understood as "training," a culturally meaningful conceptualization of parenting. Training as a parenting style emphasizes educating appropriate behaviors to children and involves a level of sacrifice to support children. The direct governing of behaviors is not to exert control but rather to emphasize the family unit, as collectivistic values highlight maintaining harmony and balance. A scale has been developed to assess this theory by capturing both the levels of monitoring in



children's behavior and the emphasis on care and concern for the child (Chao, 1994; Chao, 2000).

In this study, we will utilize "training" as a culturally responsive and meaningful construct that addresses the missing cultural component represented by the Westernized authoritarian and authoritative parenting styles concepts. Although the training parenting style was initially developed with Chinese American mothers, many Asian Americans stem from a Confucianist background which emphasizes the values of interdependence, care, and obedience. As previous researchers argue that authoritarian parenting is linked with higher depressive symptoms, the current view of authoritarian parenting is that it is seen as an ineffective parenting style in terms of health outcomes (Baumrind, 1971; Milevsky et al., 2007; Radziszewska et al., 1996). However, this points to a narrow viewpoint of authoritarian parenting, as it is examined through a Western perspective, whereas authoritarian parenting may be operating differently in other cultural contexts. Further, lacking in the literature is a clear understanding of the associations between Asian American parenting and its effect on children's psychosocial outcomes, especially given the focus around adolescents' academic outcomes.

Since parenting in childhood influences mental health in emerging and young adults, parenting styles may be relevant amongst college students. Evidence shows a relationship between retrospective reports of authoritative and authoritarian parenting styles and positive adjustment (e.g. self-esteem, depression, academic self-efficacy) in college students (Li et al., 2010). On the other hand, contrasting work presents that authoritarian parenting has been linked to an increase in depressive symptoms among Asian Americans (Radziszewska et al., 1996). The mixed findings on the relationship

between parenting styles and depressive symptoms indicates the need for further research with more culturally-specific factors, such as ethnic-racial socialization, that may be associated to depressive symptomatology among Asian American young adults.

### **Ethnic-Racial Socialization**

Many ethnic minority parents often have an additional responsibility in socializing their children about ethnicity and race due to racial/ethnic discrimination. Ethnic-racial socialization (ERS) is defined as the messages that parents directly and indirectly transmit to their children about race and ethnicity (Hughes et al., 2006). ERS is a multidimensional model which includes various techniques parents use to socialize their children. Parents can use one technique, multiple techniques, or none to socialize their children about race/ethnicity. For example, parents may instill racial pride by celebrating important cultural holidays or they may caution children that discrimination exists in the world. When examining Asian American families, certain ERS techniques have been identified as explanations for important outcomes, such as self-esteem (Brown & Ling, 2012), depression (Liu & Lau, 2013), and psychological functioning (Atkin, Yoo, & Yeh, 2018).

However, the literature surrounding ERS has focused primarily on African American families; a review of the literature indicates that only three out of 46 studies looked at Asian Americans (Hughes et al., 2006). This highlights a major gap in the literature as the presence of Asian American families is increasing, and there are varying relevant factors for this group such as immigration (Juang, Shen, Kim, & Wang, 2016). Additionally, the dearth of research on Asian American ERS is problematic, as evidence highlights the detrimental effects of racism on Asian Americans (Gee et al., 2009). For

example, many Asian Americans report that they feel invisible, an alien or foreigner in their own land, and a perpetual foreigner (Sue et al., 2007). Thus, the differences in racial experiences such as acculturation and immigration highlight the necessity to explore the Asian American ERS experience.

Recently, however, scholars have begun to study ERS with Asian American populations. According to Asian American ERS theory, there are various components of racial socialization techniques that have been identified and the most frequently used such as maintenance of heritage culture, becoming American, and promotion of equality (Juang et al., 2016). *Maintenance of heritage culture* refers to when parents emphasize cultural pride to their children through the use of celebrating holidays, media, visiting one's home country, speaking in one's heritage language, and telling children to be proud of their culture. *Becoming American* describes parents promoting more messages about fitting into the mainstream, such as spending time with more non-Asian Americans and speaking in English. *Promotion of equality* refers to when parents transmit the idea that everyone is equal and deserves equal treatment.

Cultural socialization, which is similar to maintenance of heritage culture and emphasizes cultural pride, has been linked to a decrease in depressive symptomology with Asian Americans (Gartner, Kiang, & Supple, 2014; Liu & Lau, 2013). With African American participants, research has found that transmitting messages about fitting into the mainstream culture lead to higher depressive symptoms (Davis & Stevenson, 2006). Similarly, the becoming American ERS technique promotes fitting in and assimilating into the mainstream culture, and may therefore also be linked to poorer mental health. Furthermore, past research has found that promotion of equality has been associated with

greater pluralistic orientation and thus may prepare children for a more diverse world (Juang et al., 2016).

Researchers have indicated a need to examine other racial groups within ERS, yet to date have addressed this gap by applying an African American conceptualization to other racial groups. As a result, prior research has neglected culturally relevant factors, such as immigration and acculturation, that are pivotal in the Asian American experience. For example, as Asian Americans are considered honorary Whites (Bonilla-Silva, 2006), parents may want to help them assimilate into American culture. In addition, Asian American parents are often immigrants and experience language barriers in society. In order to mitigate the effects of language discrimination for their children, it may be beneficial for parents to socialize their children to adapt into American culture. However, these factors have been neglected in research with Asian Americans and as a result, the current understanding of ERS and its association with depressive outcomes might be incomplete at best and inaccurate at worst. Thus, it is fundamental to investigate the culturally appropriate ERS on depressive symptomology for this population. At the same time, in order to further dissect the relationship between ERS and depressive symptoms, research examining how parenting styles can affect this link is needed.

### **Parenting Styles and Ethnic - Racial Socialization**

It is critical to examine parenting practices (ERS) in the context of parenting styles, as the two operate in conjunction with one another. Scholars have proposed that parenting styles moderate the association between parenting practices and outcomes on the child (Darling & Steinberg, 1993). Parenting practices cannot be understood without the context of how parents communicate and deliver messages to their children. The

majority of the literature has identified what is transmitted to children but neglect the process and method of communication. Children may be more likely to accept or reject these messages dependent on the cultural context.

The existing literature has examined the interaction between ERS, parenting methods, and different outcomes, nevertheless solely with African American populations. Furthermore, previous literature has focused on adolescents, yet little is known about how these factors may influence the mental health of Asian American young adults (Priest, 2014). For example, for African American children, supportive parenting was linked to fewer maladaptive behaviors. More specifically, racial pride and supportive parenting was associated less internalizing and externalizing behaviors (Elmore & Gaylord-Harden, 2013). For African American boys, being alert to discrimination was related to higher depressive symptoms when trust and communication were lower compared to when parent-adolescent communication was higher (Lambert, Roche, Saleem, & Henry, 2015). Furthermore, racial socialization practices were most effective when trust and attachment were present – thus researchers argue that authoritative parenting may be the most optimal parenting styles for African American children (Pezzella, Thornberry, & Smith, 2016). However, in other studies with minority children, there have been positive effects with authoritarian parenting, such as less depressive symptoms (Li et al., 2010).

Within African American families, parenting styles and ethnic-racial socialization have been examined in conjunction with one another. Findings indicated that parents who socialized their children about racial barriers with democratic parenting, which is similar to authoritative parenting (e.g. parental warmth, involvement, and support for individuality) led to children with higher engagement (Smalls, 2008). Democratic

parenting was used as a moderator between racial barriers and engagement. The present study will also use parenting styles as a moderator between relevant ERS techniques and a significant outcome: depression. However, we will examine a different population than previous studies to consider how Asian American college students may be affected by these factors. The study will give us more insight about how ERS and parenting styles may be relevant for Asian American college students.

Therefore, investigating both ERS and parenting styles in Asian American families may further our understanding of contributors to poor mental health outcomes. Parents are not only the primary influence on their children and the main socialization agents, but also children then primarily learn through direct experience and modeling from their parents. Perceived parenting style is therefore an important factor to consider; however, an even more culturally relevant factor that may explain this public health problem may be perceived ERS, because parents often engage in socializing their children about race/ethnicity as a result of discrimination. Consequently, both perceived parenting styles and ethnic-racial socialization may be important factors to consider pertaining to depressive symptoms. Furthermore, this vulnerable population may be even more at-risk because they not only experience discrimination (Sue et al., 2007), but also because U.S.-born Asian Americans have indicated worse health outcomes compared to Asian immigrants (Frisbie et al., 2001). The present research will advance theory by investigating these factors with Asian Americans through a cultural lens. To our knowledge, it will be the first study to examine parenting styles and practices in conjunction with this population. Furthermore, this study can potentially clarify the inconsistent findings on the effectiveness of authoritarian parenting.

## **Present Study**

This study will examine how mothers' ethnic-racial socialization (maintenance of heritage culture, becoming American, promotion of equality), parenting styles (authoritative, authoritarian, and training) relate to depressive symptoms among Asian American college students (see Figure 1). In addition, the study will examine how parenting styles will moderate the effects of ERS on depressive symptomology (Darling & Steinberg, 1993). Given the importance of Asian American mothers and parenting (Kim & Wong, 2002) on an important public health problem amongst this age group, the present study aims to gain a deeper understanding of how perceived parenting styles and methods relate to depressive symptoms among Asian American college students.

Furthermore, both parenting styles and parenting practices seem to operate differently within Asian American families compared to other racial groups (Juang et al., 2016; Li et al., 2010). Consequently, it is critical to consider whether the effects on mental health may differ when examining parenting through a culturally relevant lens. Our study will add to the literature through a deeper understanding of ERS, parenting styles, and its effect on mental health with Asian Americans.

Based on previous literature, we hypothesize that ethnic-racial socialization will be associated with depression, and that parenting styles will moderate this association.

Specifically, we hypothesize that:

- 1) Maintenance of heritage culture will be negatively related to depressive symptoms, as it is congruent to instilling more cultural pride in children (Gartner et al., 2014; Liu & Lau, 2013). Promotion of equality will be negatively associated with depressive symptoms, as it has been found to be strongly correlated with greater pluralistic

orientation. A pluralistic orientation prepares children for a diverse world (Juang et al., 2016) and has been linked with a decrease in intergroup anxiety (Engberg & Hurtado, 2011), which may reduce depressive symptoms. On the other hand, becoming American will be positively associated with depressive symptoms, as it can be conceptualized as fitting in with the mainstream culture (Davis & Stevenson, 2006).

- 2) Authoritative and authoritarian parenting style will be negatively associated with depressive symptoms, as authoritarian parenting style operates differently within Asian American families (Li et al., 2010).
- 3) Training parenting style will be negatively related to depressive symptoms, as it is a culturally appropriate form of parenting that express concern and care for child (Chao, 1994; Chao, 2000).
- 4) For maintenance of heritage culture, we expect that authoritative, authoritarian, and training parenting styles will moderate (strengthen) the negative relationship between maintenance of heritage culture and depression, as the interaction between a positive parenting practice and positive parenting style will lead to the best mental health outcomes for children.
- 5) For promotion of equality, we expect that authoritative, authoritarian, and training parenting styles will also moderate (strengthen) the negative relationship between promotion of equality and depressive symptoms.
- 6) On the contrary, we expect to find that authoritative, authoritarian, and training parenting styles will moderate (buffer) the relationship between becoming American and depressive outcomes such that the parenting styles will be protective factors for



the effects of messages about fitting into mainstream society, as positive parenting styles will be interacting with messages that have been previously associated with depression.

### **Participants and Procedures**

Participants were recruited through emails sent out to the Asian American listserv from the university. In addition, we sent out over 50 personal emails to various Asian American college student organization leaders around the U.S and asked the student leaders to forward them to group members. The recruitment email described the study purpose and the requirements to participate in the study, which were to 1) identify as a U.S.-born Asian American or Pacific Islander, 2) be 18 years or older, and 3) be full time students. The recruitment email included a link to a Qualtrics survey. If participants agreed to the consent form, they completed a 25-minute online survey, including questions about their perceived parenting styles, perceived frequencies of ethnic-racial socialization, perceived training questionnaire, depressive symptoms, as well as demographic questions. As an incentive, students could enter in a raffle for two \$50.00 gift cards.

Only the participants who answered all four validation questions correctly in the survey were retained. Little's Missing Completely at Random Test was not significant ( $\chi^2 = 3152.43, p = .991$ ), indicating that the data was missing completely at random. In order to account for missingness, estimation-maximization method was used for all quantitative variables. Participants included 280 students ranging from ages 18 to 27 ( $M = 19.53, SD = 1.57$ ) who self-identified as Asian American or Pacific Islander (AAPI). The mean age of participants was 19.53 ( $SD = 1.57$ ). The majority of participants were

female (61.4%) or male (36.1%) and the rest being transgender male (.7%) or identify as other (1.8%). In addition, most participants were 2nd generation (71.8%; born in the U.S., either parent was born in an Asian country) or 1.5 generation (22.1%; born in an Asian country and came to the U.S. as a child or adolescent). Other participants were 3<sup>rd</sup> generation (1.4%; born in the U.S., both parents born in the U.S., and all grandparents born in an Asian country), 4<sup>th</sup> generation (2.1%; born in the U.S., both parents born in the U.S., at least one grandparent born in an Asian country and one in the U.S.), 1<sup>st</sup> generation (1.1%; born in an Asian country and came to the U.S. as an adult), or other (1.1%). Participants' ethnic backgrounds included Chinese (34.4%), Korean (19.3%), Filipino (8.6%), Japanese (1.1%), Indian (15.4%), Pakistani (5%), Cambodian (1.1%), Thai (.4%), or other (Taiwanese (5.7%), Afghan (.3%), Sri Lankan (.7%), Bengali (1.8%), Fijian (.3%), Nepalese (1%), Indonesian (.7%), Native Hawaiian (.3%), Burmese (.3%), Hmong(.3%), and half Taiwanese half Bengali (.3%). Additional demographic information can be found on Table 4.

## **Measures**

**Perceived Parenting Styles.** Participants reported their perceived parenting styles using the 30-item Parental Authority Questionnaire (Buri, 1991). This measure assesses three parenting styles: authoritative, authoritarian, and permissive. However, we only examined the authoritative and authoritarian parenting styles, as these are the most culturally relevant in our study. The questionnaire asked questions regarding the participants' perceived parenting styles using a Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). We calculated sum values with higher scores representing higher use of a particular parenting style. Sample questions included "My parent has

always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable”; “Even if her children didn’t agree with him/her, my parent felt that it was for our own good if we were forced to conform to what she thought was right.” Reliability estimates were in acceptable range for the current sample (authoritative: .84; authoritarian: .88). Higher scores on certain subscales indicated that participants perceive their parents to be more authoritative or authoritarian.

**Perceived Training Questionnaire.** The 6-item perceived training questionnaire was used to cover perceptions of ideologies on child development, learning, as well as the parent-child relationship (adaptation of Chao, 2000). This assessed the chiao shun ideology represented in Chinese families that reflect concern and care for the child through high expectations and stricter parenting, also known as “training.” A 5-point Likert scale was used ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Questions include both concepts of parental concern and monitoring of behavior, such as “My parents continuously monitored and correct my behavior so I could learn; “My parents most important concern was to take care of me.” The scale has been validated with immigrant Chinese mothers in the U.S. (Chao, 2000). Our sample yielded an alpha value of 0.78. Higher scores indicated that parents are more likely to use the training parenting style.

**Perceived Ethnic – Racial Socialization.** Ethnic - racial socialization was assessed using the 31-item Asian American Parental Racial-Ethnic Socialization Scale (Juang et al., 2016). The present study used 16 items from the scale, because three factors have been found to be most relevant and used with Asian American families: maintenance of heritage culture, becoming American, and promotion of equality. The

study asked about the frequencies of the parents' socializing their children about their race (e.g. "How often did your parents tell you to speak in their heritage language"). The responses used a scale ranging from 1 (*never*) to 5 (*very often*). Due to the scale being multidimensional, mean scores were calculated for each factor with high scores representing higher frequencies of the specific ethnic-racial socialization technique. Juang et al. (2016) demonstrated construct validity for the measure with Asian American college students and found associations with ethnic identity centrality, ethnic identity, perceived discrimination, and pluralistic orientation. In our sample, maintenance of heritage culture yielded a reliability estimate of 0.64, becoming American yielded an alpha value of 0.82, and promotion of equality yielded a score of 0.78.

**Depressive Symptoms.** Depressive symptoms were assessed using the Center for Epidemiologic Studies Depression Scale – Revised (CESD-R; Eaton, Smith, Ybarra, Muntaner, & Tien, 2004). The self-report measure assesses the frequency of how one has felt during the past week. The questionnaire consists of 10 questions, such as "I was bothered by things that usually don't bother me"; "I felt depressed," "My sleep was restless." The measure uses a scale ranging from 1 (*rarely or none of the time- less than 1 day*) to 4 (*most or all of the time-5-7 days*). Higher scores represented more depressive symptoms with scores of 16 and higher representing those at risk for clinical depression. The current sample yielded a reliability estimate of 0.86.

**Control Variables.** The demographic questionnaire asked questions to include control variables in the model, such as gender, generational status, and age.

## **Results**

### **Univariate Analyses**

All final variables were centered at the mean to account for multicollinearity. Univariate analyses were conducted of all study variables to gain an understanding of the data. Table 1 includes the mean, standard deviation, minimum, maximum, and Cronbach's alpha for the control variables (gender, age, generational status), the independent variables (maintenance of heritage culture (MHC), becoming American (BA), promotion of equality (PE), authoritative parenting style, authoritarian parenting style, training parenting styles, cultural socialization\*authoritative, cultural socialization\*authoritarian, cultural socialization\*training, becoming American\*authoritative, becoming American\*authoritarian, becoming American\*training, promotion of equality\*authoritative, promotion of equality\*authoritarian, promotion of equality\*training), and the outcome variable (depressive symptoms).

Descriptive statistics were also examined for the predictor and outcome variables in the model and presented in Table 1. Maintenance of heritage culture yielded a mean of 3.72 ( $SD = .56$ ) and a range of scores from 1.67 to 5. Becoming American yielded a mean score of 2.97 ( $SD = .87$ ) and promotion of equality yielded a mean score of 3.31 ( $SD = 1.03$ ). The mean score for authoritative parenting style was 3.31 ( $SD = .73$ ) with ranges from 1.30 to 4.8. For the authoritarian parenting style, the yielded a mean of 3.43 ( $SD = .76$ ). The training parenting style indicated a mean score of 4.32 ( $SD = .57$ ). Depressive symptoms had mean of 2.13 ( $SD = .64$ ) with scores ranging from 1 to 3.8. All variables resulted in low levels of skewness and kurtosis with the exception of control variable (age), meeting the normality assumption. In addition, a scatterplot of the standardized predicted and residual values was conducted to test the assumption of homoscedasticity

and no pattern was found, indicating that the assumption was likely met. The assumption of multicollinearity was also met, because all VIF scores were below 10.

### **Bivariate Analyses**

Bivariate correlations were examined amongst the study variables (see Table 2). We inputted gender, generational status, and age as control variables. However, gender and generational status were not correlated with any other variables in the model so they were omitted from the analyses.

Participants who perceived more maintenance of heritage culture growing up were less likely to perceive messages about becoming American ( $r = -.32$ ) and more likely to perceive training parenting style from their mother ( $r = .27$ ). Becoming American was positively correlated with promotion of equality ( $r = .44$ ), authoritative ( $r = .20$ ), and training parenting styles ( $r = .14$ ), but negatively correlated with authoritarian parenting ( $r = -.13$ ), indicating that those who received messages about fitting into the mainstream were also likely to hear messages about treating people equally and perceive authoritative and training parenting. Promotion of equality was positively correlated with authoritative ( $r = .46$ ), and training parenting styles ( $r = .26$ ) and negatively linked with authoritarian parenting ( $r = -.21$ ).

Authoritative parenting was negatively correlated with authoritarian parenting styles ( $r = -.47$ ) and positively correlated with training parenting ( $r = .37$ ), indicating that authoritative and training parenting styles may be more similar types of style.

### **Main Analyses**

Table 3 summarizes the results of the hierarchical linear regression tests. As noted, gender and generational status – potential control variables – were not correlated

with any variables in the model and were therefore omitted from the analyses. Age was first inputted as a control variable in Step 1. The racial socialization variables (maintenance of heritage culture, becoming American, promotion of equality) were entered in Step 2. Step 3 included the parenting style variables (authoritative parenting, authoritarian parenting, training parenting). Lastly, the interaction terms (MHC \* authoritative parenting, MHC \* authoritarian parenting, MHC \* training parenting, BA \* authoritative parenting, BA \* authoritarian parenting, BA \* training parenting, PE \* authoritative parenting, PE \* authoritarian parenting, PE \* training parenting) were inputted in Step 4. All coefficients are in unstandardized forms, as standardized regression coefficients for interaction terms are not correctly standardized and interpretable (Frazier, Tix, & Barron, 2004).

Contrary to our hypotheses, the racial socialization variables (maintenance of heritage culture ( $b = 0.02, p = 0.76$ ), becoming American ( $b = 0.09, p = 0.09$ ), promotion of equality ( $b = 0.001, p = 0.99$ ) were not associated with depressive symptoms. Hypothesis 2 stated that authoritative parenting styles will be negatively linked with depressive symptoms. Results revealed that authoritative parenting was not a predictor of depressive symptoms ( $b = -0.01, p = 0.06$ ). However, contrary to our prediction, greater authoritarian parenting related to an increase in depressive symptoms ( $b = 0.02, p < .001$ ). Hypothesis 3 indicated that training parenting style would negatively predict depressive symptoms and results confirmed the hypothesized relationship ( $b = -0.19, p = .02$ ).

As expected, the interaction between promotion of equality and training parenting style predicted depressive symptoms. We plotted the interaction effect at different levels

of the moderator variable to assist with interpretation on SPSS PROCESS Macro (Hayes, 2012; see Figure 2). The negative relationship between promotion of equality and depressive symptoms was stronger for participants who perceived a high level of training parenting style ( $b = -.14, p = .02$ ). This indicates that training parenting styles did not have much of an effect on participants who reported low amounts of promotion of equality messages. Depressive symptoms were higher regardless of the parenting style ( $b = .01, p = 0.85$ ). However, participants who perceived higher amount of promotion of equality messages and a high training parenting style were more likely report less depressive symptoms ( $b = -0.17, p = 0.002$ ). However, those who perceived their mothers with a lower training parenting style were more likely to have higher depressive symptoms, even with high frequencies of promotion of mistrust messages. Unexpectedly, all other interactions were insignificant.

## **Discussion**

Research on Asian American depressive symptoms demonstrates the importance of both parenting styles (Milevsky et al., 2007; Radziszaska et al., 1996) and racial socialization (Liu & Lau, 2010). However, to our knowledge, there are no known studies with Asian Americans that examine both simultaneously. In addition, much of the parenting style literature utilize a Western viewpoint. The present study extends the current literature as it a) uses culturally appropriate parenting styles, b) considers relevant racial socialization strategies for Asian American families, and c) investigates how parenting styles can change the relationship between racial socialization and depressive symptoms.

## **Main Findings**



First, we found that training parenting style had a direct negative relationship with depressive symptoms. This type of parenting style is characterized by both direct monitoring of behavior and involvement and support for children over emotional demonstrations such as praising and hugging (Chao, 1994; 2001). Not only did participants perceive their mothers to use this type of parenting style over others (authoritative, authoritarian), but this finding also supports the notion that parenting styles that are more relevant for Asian Americans may have a positive effect on young adults. The positive impact of training parenting style may be attributed to Asian American values of collectivism and interdependence. Given that collectivism highlights the family unit, interdependence, and decision-making driven by others, high maternal involvement and demand may represent the amount of care mothers have for their children, which may result in a strong emotional mother-child emotional connection. This is consistent with previous research that has examined Asian American parenting but with academic outcomes. Asian Americans can feel both pressure and connection to their mothers, and the maternal pressure does not strain the relationship (Fu & Markus, 2014). Asian American mothers who strongly emphasize education and academic pressure leads to more academically motivated children due to interdependence (Chow & Chu, 2007; Fu & Markus, 2014). Thus, Asian Americans may perceive the high expectations and demand from their mothers positively and as a form of support. Higher levels of perceived family support have been linked with fewer internalizing symptoms (Sangalang & Gee, 2012; Xu & Chi, 2013; Zimet, Dahelm, Zimet, & Farley, 1988). Although the training parenting style did not have a large effect on depressive symptoms, the current study still extends the literature by linking a culturally relevant parenting style with internalizing outcomes.

Previous researchers have only focused on universal parenting styles on depressive symptoms (Milevsky et al., 2007; Radziszewska et al., 1996) or have examined culturally specific parenting practices with academic outcomes (Chow & Chu, 2007; Fu & Markus, 2014).

In addition, findings indicate that promotion of equality messages and training parenting style interacted to predict a decrease in depressive symptoms. The effect of promotion of equality messages is dependent on the training parenting style. With high frequencies of promotion of equality messages, a higher perceived training parenting style predicted lower depressive symptoms but no association was found when participants perceived a low training parenting style. This finding is consistent with Darling & Steinberg's (1993) integrative model that suggests that parenting practices should be examined in context of parenting styles. Parent-child relationships that are supportive, involved, and trustworthy combined with racial socialization messages have positive effects on children (Elmore & Gaylord-Harden, 2013; Pezzella et al., 2016; Smalls, 2008). The training parenting style can also be viewed as a form of a close, supportive form of parenting for Asian Americans. When parents promote messages about treating others equally, the context becomes especially salient. Discrepancies between parent and child reports of racial socialization (Hughes et al., 2008; Peck et al., 2014) may be explained by the parenting style. Children may not perceive or take in these messages unless there is more guidance, support, and care from their mothers. One explanation for this finding may be that more directive parenting behaviors with messages about treating everyone the same will lead children to be more interpersonally effective. Children may be more competent in developing interethnic friendships,

consistent with previous research indicating that parents' socialization impact positive cross-ethnic friendships (Hamm, 2001). The positive social behaviors and skills may lead to lower depressive symptoms.

Inconsistent with our hypothesis, we found that authoritarian parenting style positively predicted depressive symptoms. Research on authoritarian parenting and depressive symptoms with Asian Americans have been mixed (Li et al., 2010; Milevsky et al., 2007; Radziszaska et al., 1996). Although this finding mimics studies that have highlighted the negative effects of authoritarian parenting (Milevsky et al., 2007; Radziszaska et al., 1996), we posit that this relationship may be because the parenting style does not fully capture the nuances in Asian American parenting. Specifically, the amount of concern, warmth, and love is not captured in authoritarian parenting. Thus, children are more likely to be depressed with harsh punishment and without warmth (Kim & Cain, 2008). This study shows that the training parenting style may be a more appropriate measure of Asian American parenting, as it captures both the care and demand. Another tentative explanation of this finding is that the relationship may be due to an acculturation gap and intergenerational conflict (Lui, 2015). Emerging adults growing up in the U.S. may value more independence and freedom compared to their mothers who are often immigrants and have more collectivistic values.

Surprisingly, we found that Asian American college students' perceptions of their mothers' racial socialization strategies (maintenance of heritage culture, becoming American, promotion of equality) had no main effect on their depressive symptoms. One tentative hypothesis for the lack of findings is that racial socialization may have an impact on depressive symptoms through other mediating variables such as ethnic identity.

Scholars have examined ethnic identity as a mechanism to explain the relationship between racial socialization and positive outcomes (Brown & Ling, 2012; Tran & Lee, 2010).

Authoritative parenting style also had no relationship with depressive symptoms. Scholars have noted the benefits of authoritative parenting (Liem, Cavell, & Lustig, 2010; Kim & Chung, 2003; Milvesky et al., 2006; Steinberg, Mounts, Lamborn, & Dornbusch, 1991), but the benefits may be less significant for Asian Americans (Chao, 2001). Results highlight that “optimal” Western parenting practices may not always be beneficial for other racial groups. Rather, other qualities such as filial piety, emotion socialization, or co-parenting relationship quality may be more indicative of later depressive symptoms.

One notable finding in the bivariate analyses is that emerging adults who perceive their mothers to use training parenting style are also more likely to receive various types of racial socialization messages. One conceptual explanation is that these mothers may have stronger ties with their ethnic culture and identity. They hold strong Asian values which are then reflected in their parenting styles and practices. Parents with strong cultural identities are more likely to instill cultural pride in their children (Hughes, 2003; Thomas & Speight, 1999). Interestingly, parents in our sample are socializing their children to be proud of their culture but also to fit into the mainstream. Mothers may want to preserve their children’s ethnic culture while also being aware of the adaptive and sometimes necessary nature of fitting in.

### **Limitations**

Although the proposed study is innovative in examining ethnic-racial socialization within the context of parenting styles, it is not without limitations. First, because the data was cross-sectional, we do not know how racial socialization and parenting styles affect children's health outcomes over the lifespan. Although longitudinal methodology has been utilized with ERS (DeBerry, Scarr, & Weinberg, 1996; Else-Quest & Morse, 2015), further research with Asian Americans and various health outcomes should be examined to understand the impact they may have on children.

In addition, the measures used a retrospective report asking individuals about their perceptions of their parents' parenting styles and frequencies of racial socialization. The study only relied on the viewpoint of the children, yet parents may have different perceptions and intent. Research has shown that there is often minimal consensus on whether parents use racial socialization practices (Peck et al., 2013). Thus, it may be important to uncover what other mechanisms may be impacting what messages children accept, reject, or ignore. Furthermore, the training parenting style has not been validated, which may explain the smaller effect size compared to the widely used and validated Western parenting style measure (Parental Authority Questionnaire; Buri, 1991).

Another limitation is that the study only examined mothers and did not consider other parental figures such as fathers. Asian American families are characterized by the patriarchy, where the male is viewed as the dominant figure (Chao & Tseng, 2002). Thus, fathers may have a different impact on their children. For example, Korean Americans found that fathers' parenting style may be more important on youth's academic achievement (Kim & Rohner, 2002). Lastly, parenting is dynamic, fluid, and transactional between the parent and child.

Despite these limitations, the present study contributes to a further understanding of racial socialization and parenting among Asian American college students. The study identifies protective factors for the prevalence of depression rates, pointing to the necessity of family-based interventions.

### **Lessons Learned**

Although this study sheds light into the importance of both content and style with Asian American mothers' parenting, there are many valuable lessons I have taken away from this study. First off, given the high-functioning sample and low variability in depressive symptoms, I would want to test other, more relevant outcomes to college students such as self-esteem or anxiety. Given that participant recruitment was during a stressful socio-political time, it may also be that there were other factors on students' minds rather than their mothers' parenting.

Furthermore, participants' level of discrimination may explain more of the depressive symptoms; for example, racial socialization may not be as relevant for participants who perceive low levels of discrimination. Although there are limitations to this study, it can be a stepping stone to future studies that examine Asian American parenting styles. For example, a recent meta-analysis has found that children of various ethnic groups respond similarly to different parenting styles (e.g. a positive outcome with authoritative parenting; Pinquart & Kauser, 2018). However, given that the current study indicates that training parenting style may be more relevant for Asian Americans, future studies should consider using more culturally appropriate parenting measures rather than "universal" or Western measures across all cultures.

### **Implications**

Our findings have important implications to help clinicians when working with Asian American college students. First, the study highlights the importance of recognizing culturally adaptive strategies parents use that have an impact on mental health. Although authoritative parenting is often viewed as the most beneficial for children, it is important to recognize that parenting varies across cultures and thus can have different effects on children. It may be useful for clinicians to be aware of cultural differences, not make assumptions, and validate these parenting practices.

Our results also stress the need for culturally responsive family-centered prevention and intervention programs that discuss both what and how messages are delivered to children. Given the detrimental consequences of discrimination (Gee et al., 2009; Hwang & Goto, 2008), programs that help parents address these experiences may be beneficial for children. For example, a recent pilot intervention addressing racial socialization content, coping strategies in racially stressful situations, and delivery of messages was linked to decreased stress (Anderson, McKenny, Mitchell, Koku, & Stevenson, 2017). Future parent training programs with Asian Americans should also consider both content while also normalizing their parenting methods.

## **Conclusion**

The present study advances the literature by providing a more culturally nuanced approach to study parenting. Specifically, it is the first study to use the training parenting style to predict mental health outcomes, and also to examine it in conjunction with racial socialization. Findings highlight the importance of how context can change the impact when having conversations about race. In addition, the results are consistent with social learning theory, providing evidence that mothers model and reinforce behaviors through

racial discussions and the parenting style, which in turn impact their self-concept. Given the unique discriminatory related stressors Asian American college students face, identifying and acknowledging the strengths of Asian American families may be valuable.



Table 1  
*Univariate Statistics (N = 280)*

Variables	<i>M</i>	<i>SD</i>	Min	Max	$\alpha$
1. Gender	1.67	0.58	1	4	
2. Age	19.53	1.57	18	27	
3. Generational status	2.88	0.82	1	8	
4. Maintenance of Heritage Culture (MCH)	3.72	.56	1.67	5	.638
5. Becoming American (BA)	2.97	.87	1	5	.817
6. Promotion of Equality (PE)	3.31	1.03	1	5	.777
7. Authoritative Parenting Style	3.31	.73	1.30	4.8	.841
8. Authoritarian Parenting Style	3.48	.77	1.33	5	.888
9. Training Parenting Style	4.32	.57	1.67	5	.784
10. CS *Authoritative	0.27	3.76	-12.77	20.19	
11. CS * Authoritarian	0.49	3.98	-13.13	19.29	
12. CS * Training	0.09	0.36	-1.10	3.04	
13. BA * Authoritative	1.13	6.32	-25.71	28.29	
14. BA * Authoritarian	-0.84	6.71	-23.29	29.95	
15. BA * Training	0.06	0.58	-3.03	3.85	
16. PE * Authoritative	3.13	7.65	-24.56	40.70	
17. PE * Authoritarian	-1.65	8.41	-33.92	28.08	
18. PE * Training	0.15	0.68	-1.59	6.13	
19. Depressive Symptoms	2.13	.64	1	3.8	.863

Table 2  
*Bivariate Correlations (N = 280)*

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Age	—																
2. MHC	0.01	—															
3. BA	-0.09	-.32**	—														
4. PE	-0.09	0.02	.44**	—													
5. Authoritative	0.07	0.07	.20**	.46**	—												
6. Authoritarian	0.02	0.11	-.13*	-.21**	-.47**	—											
7. Training	0.02	.27**	.14*	.26**	.37**	0.11	—										
8. MHC *Authoritative	-0.04	-0.06	.17*	.16*	.13*	-.12*	-0.01	—									
9. MHC *Authoritarian	-.002	-0.11	-0.07	-0.11	-0.13*	0.07	-0.07	-.45**	—								
10. M*Training	-0.01	-0.08	0.08	0.01	-.01	-0.06	-.19**	.50**	0.04	—							
11. BA*Authoritative	-0.07	-.16*	-.13*	-0.07	-0.06	0.03	.009	-.29**	0.10	-.20**	—						
12. BA*Authoritarian	.16**	-0.06	.14*	0.008	0.03	.008	-0.05	.13*	-.27**	0.06	-.50**	—					
13. BA*Training	-0.10	0.08	-0.08	-0.05	.01	-0.05	-.14**	-.17**	.01	-.30**	.43**	-0.03	—				
14. PE*Authoritative	-.12*	.14*	-0.07	-.16**	-0.13*	0.05	-.044	-0.09	-0.02	-0.03	.55**	-.31**	.15*	—			
15. PE*Authoritarian	.15*	-0.10	0.01	0.001	0.05	-0.07	-0.07	0.04	0.03	0.06	-.32**	.54**	0.03	-.48**	—		
16. PE*Training	-0.04	0.01	-.05	-0.02	-0.04	-0.07	-.33**	0.06	-.02	.17**	.17**	0.05	.51**	.32**	.16*	—	
17. Depressive Sx	0.03	-0.01	0.00	-.16**	-.33**	.34**	-.13*	-.13*	0.04	-0.04	0.10	-0.03	-.004	.13*	-.10	0.10	—

*Note.* All continuous independent variables are mean centered.

MCH: Maintenance of Heritage Culture; BA: Becoming American; PE=Promotion of Equality; Sx: Depressive Symptoms

\* $p \leq .05$ . \*\* $p \leq .01$ .

Table 3

*Hierarchical linear regression to predict depressive symptoms using racial socialization and parenting style variables (N = 280)*

Model	B	SE	$\beta$	t
Step 1				
Age	0.01	0.02	0.03	0.54
Step 2				
Age	0.01	0.02	0.02	0.39
Maintenance of Cultural Heritage	0.03	0.07	0.03	0.04
Becoming American	0.07	0.05	0.10	1.16
Promotion of Equality	-0.12	0.04	-0.20	-2.92**
Step 3				
Age	0.02	0.02	0.05	0.85
Maintenance of Cultural Heritage	0.05	0.07	0.04	0.63
Becoming American	0.09	0.05	0.12	1.76
Promotion of Equality	-0.03	0.04	-0.04	-0.63
Authoritative Parenting	-0.02	0.01	-0.17	-2.22*
Authoritarian Parenting	0.02	0.01	0.29	3.99***
Training Parenting	-0.12	0.07	-0.11	1.68
Step 4				
Age	0.03	0.02	0.07	1.13
Maintenance of Cultural Heritage	0.02	0.07	0.02	0.30
Becoming American	0.09	0.05	0.12	1.72
Promotion of Equality	0.00	0.43	0.00	0.02
Authoritative Parenting	-0.01	0.01	-0.14	-1.88
Authoritarian Parenting	0.02	0.01	0.28	4.13***
Training Parenting	-0.19	0.08	-0.17	-2.42*
MCH * Authoritative Parenting	-0.18	0.01	-0.10	-1.30
MCH * Authoritarian Parenting	-0.01	0.01	-0.06	-0.91
MCH * Training Parenting	0.11	0.13	0.07	0.85
BA * Authoritative Parenting	0.00	0.01	0.00	0.05
BA * Authoritarian Parenting	0.00	0.01	-0.02	-0.19
BA * Training Parenting	0.11	0.09	0.10	1.15
PE * Authoritative Parenting	0.01	0.01	0.16	1.91
PE * Authoritarian Parenting	0.00	0.01	0.03	0.36
PE * Training Parenting	-0.23	0.08	-0.24	-2.89**

*Note.* All continuous independent variables are mean centered.

MCH: Maintenance of Cultural Heritage; BA: Becoming American; PE=Promotion of Equality;

Sx: Depressive Symptoms

\* $p \leq .05$ . \*\* $p \leq .01$ . . \*\*\* $p \leq .001$ .

Table 4  
*Other Demographic Information*

Generational Status	
1 <sup>st</sup> generation	1.1%
1.5 generation	22.1%
2 <sup>nd</sup> generation	71.8%
3 <sup>rd</sup> generation	1.4%
4 <sup>th</sup> generation	2.1%
Other	1.1%

\*Other: responses Born in Canada; Born in English and came to U.S.; born in a non-Asian, non-US country. I came to the US as an infant. My parents were born in an Asian country.

Citizenship Status	
Born in the United States	75.4%
U.S. Citizen - Naturalized	19.3%
Permanent Resident	5.4%

Highest Education Level	
High school or equivalent	76.8%
Two year college or technical school	8.6%
4 year college/university	10.7%
Graduate School	0.4%
Other	1.1%

\*Missing: 2.5%

\*Other responses: Some college; in college

Ethnicity	
Chinese	34.4%
Korean	19.3%
Filipino	8.6%
Japanese	1.1%
Indian	15.4%
Taiwanese	5.7%
Pakistani	5%
Bengali	1.8%
Cambodian	1.1%
Sri Lankan	.7%
Indonesian	.7%
Thai	.4%
Afghan	.3%
Hmong	.3%

Burmese	.3%
Native Hawaiian	.3%
Nepalese	.3%
Fijian	.3%
Half Taiwanese half Bengali	.3%

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Socioeconomic Status

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Lower Class	2.1%
Working Class	14.6%
Middle Class	41.4%
Upper Middle Class	35.7%
Upper Class	3.5%

\*Missing: 2.5%

---

Neighborhood Demographics

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Mostly White	43.2%
About half White and half Asian	25%
Mostly non-Asian people of color	12.9%
Other	10.7%
Mostly Asian	5.7%

\*Missing: 2.5%

\*Other responses: About 50% Black 50% White; Black; Black/Asian/White about equal; full of all ethnicities (i.e. White, Asian, Black, Hispanic, etc.); equal mix of White, Black, and Latinx; Filipino, Black, and Hispanic; From a small Korean community to a predominately White town; Half Asian/Half African American; Half Spanish/Half Asian; Half white, about 35% non-Asian people of color; about 15% Asian; Half White/Half Latino (2); Half White/Half Other; Grew up in a mainly White place, then moved to a mainly Black place but both were quite diverse; Initially mostly non Asian people of color (Black) and then later about half white and half Asian; Mixture of White and Hispanic; Mixture of Whites/Asians/Blacks; Mostly Black and White; Only Asian, African Americans, Middle Easterners and Hispanic; Very diverse (9);

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Sexual Orientation

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Heterosexual	76.8%
Bisexual	10.4%
Asexual	2.1%
Gay	1.8%
Uncertain	1.8%
Other	1.4%
Questioning	1.1%
Queer	1.1%
Lesbian	.4%

\*Missing: 3.2%

\*Other responses: Demisexual; Pansexual

Figure 1  
*Operational Model*

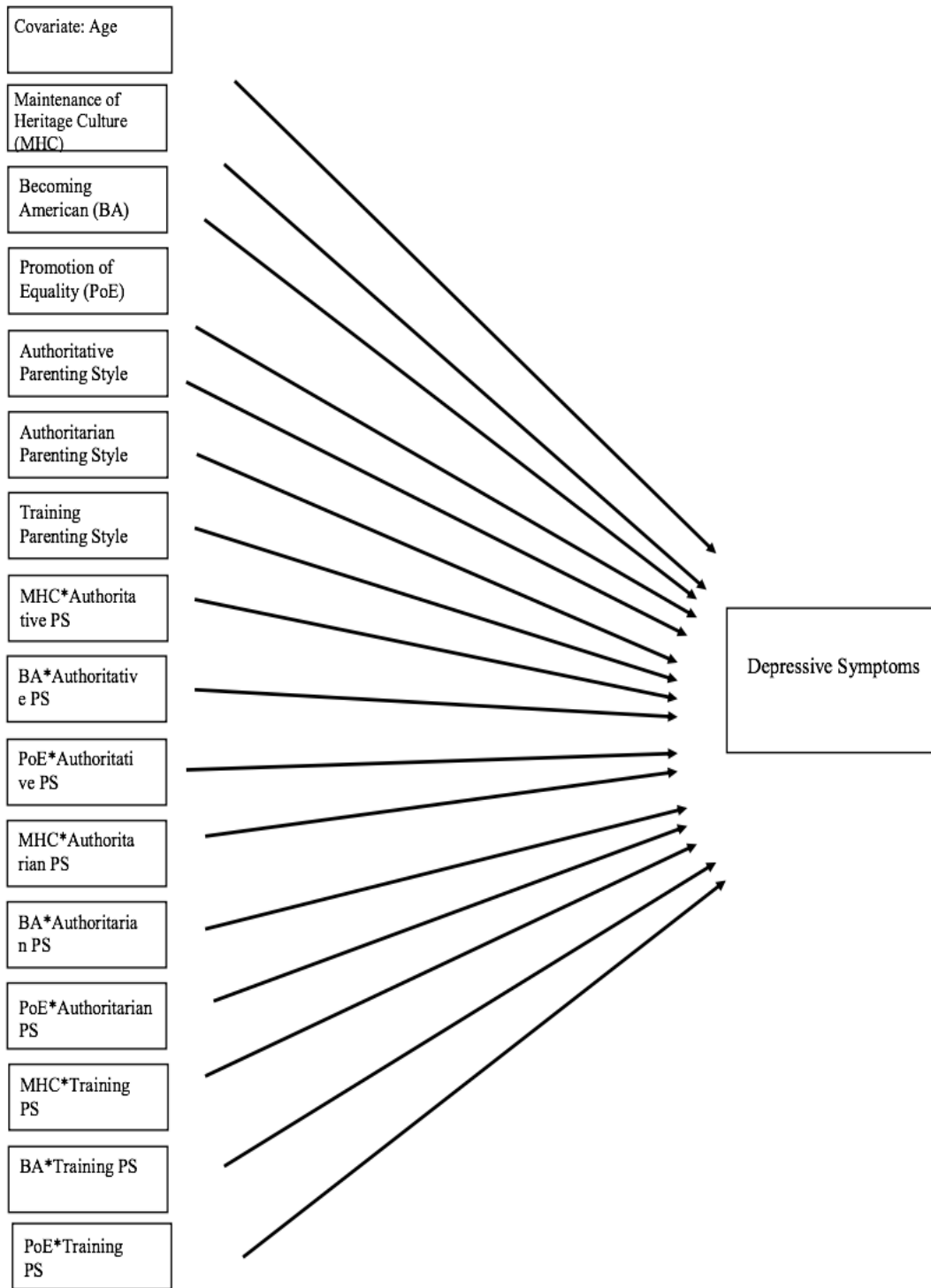
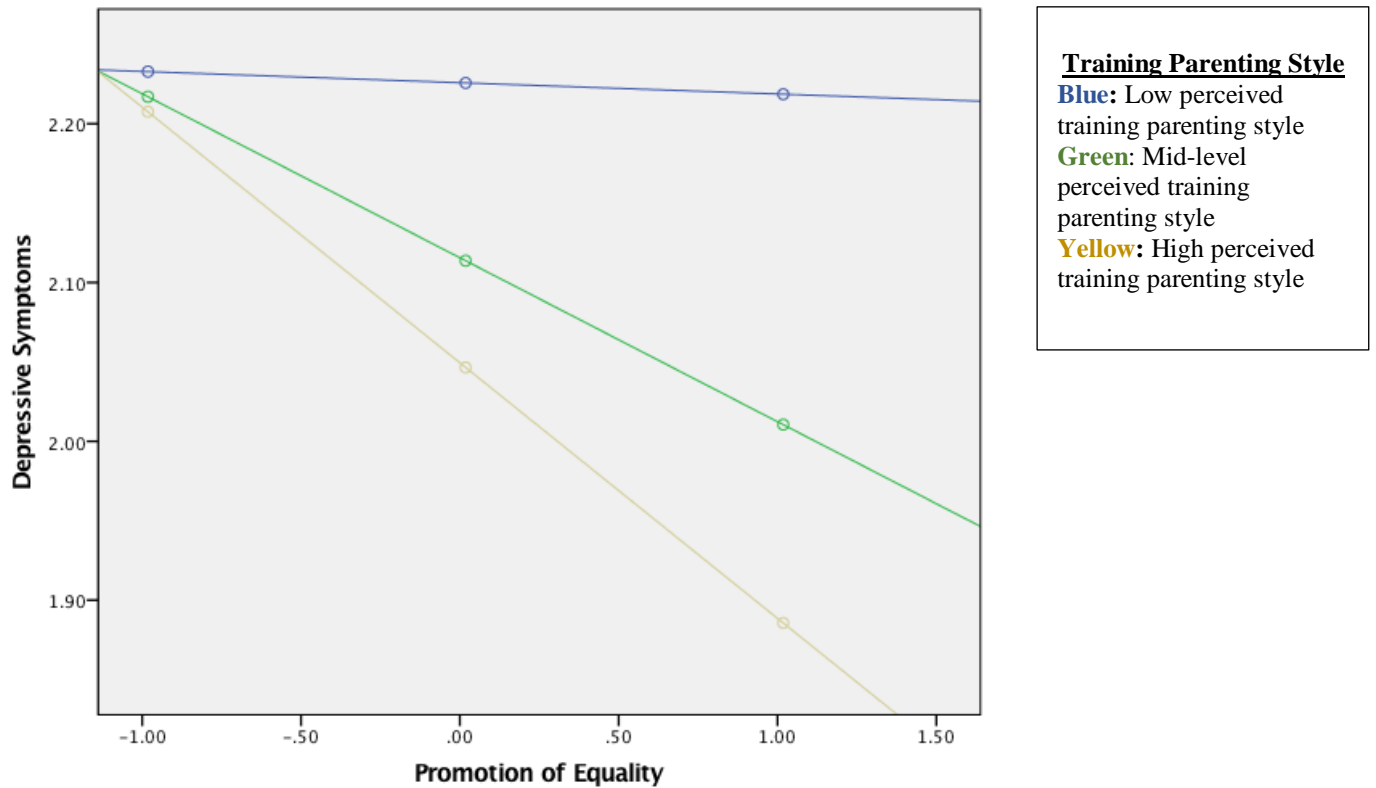


Figure 2  
*Interaction between promotion of equality and training parenting style predicting depressive symptoms*



## Chapter 2. Review of the Literature

The following chapter aims to provide an overview of previous conceptualizations of ERS and parenting styles as well as current measurements of the constructs. The chapter will provide a rationalization for the chosen conceptualization and measurements.

### Conceptualization of Racial Socialization

The term *ethnic and racial socialization* began to emerge in the 1980s and became more prevalent in the literature by the 1990s, as African American parents were concerned about the racial barriers their children would encounter. Ethnic-racial socialization (ERS) has been defined as the direct and indirect process of communication about race/ethnicity. This concept became of increasing concern due to the rapid growth of racial/ethnic minorities in the U.S. (Hughes et al., 2006). Furthermore, people of color often have to learn to navigate around the barriers they face due to their race/ethnicity. Children start to recognize unfairness due to race or gender starting from preschool, and most children understand the concept of discrimination by age 10 (Brown & Bigler, 2005). As racial minority children experience and can comprehend racial prejudice from a young age, it becomes imperative for parents and educators to help facilitate racial understanding. Moreover, the number of racial/ethnic minorities in the U.S. is projected to increase – by 2044, over 50% of the U.S. population will be a minority and by 2060, one in five will be foreign born (U.S. Census Bureau, 2015). An increasingly diverse world implies that children will interact with others of different racial/ethnic backgrounds, pointing to a need in helping them navigate a racially diverse world (Cabrera, Kuhns, Malin & Aldoney, unpublished).

Although ERS can be understood through the lens of teachers, educators, parents, peers, and other figures, the literature has primarily focused on parents. For the purposes of the present study, we will be focusing on Asian American mothers, as they are crucial to children's



understanding of the world and often the main socialization agent/primary caregiver.

Furthermore, there is an emphasis on family dynamics due to collectivistic values within Asian Americans, stressing the pressing need to explore parenting effects.

Ethnic and racial socialization can be distinguished into two different processes.

Historically, racial socialization emerged to examine how African American parents instill high self-esteem and prepare their children for racial bias, whereas the concept of ethnic socialization referred to the experiences of immigrant groups in the United States such as children's identity and cultural retention (Hughes et al., 2006). However, because the two concepts often coincide with one another, scholars have used them interchangeably or use the term "ethnic-racial socialization" (ERS). Thus, we will be utilizing both race and ethnicity in conjunction, as it is difficult to delineate the two concepts especially within Asian American families.

Although studies have shown that most ethnic minority parents socialize their children about race in some form, the majority of research has focused on African American families (Hughes et al., 2006; Priest et al., 2014). Within African American families, ERS has been examined as a multidimensional construct as parents can use none, a few, or a multitude of techniques to socialize their children about race/ethnicity. The most common framework has identified four common socialization techniques with African American families, including cultural socialization, preparation for bias, promotion of mistrust, and egalitarianism/silence about race, in order of most to least prevalence rates (Hughes et al., 2006). These techniques are often used with minority families due to discrimination and prejudice. Moreover, they are critical to explore due to the outcomes and implications ERS has on children.

**Cultural Socialization.** The most common and extensively researched technique is cultural socialization, which includes instilling cultural pride about one's racial/ethnic group in

ways such as books, ancestry, holidays, etc. It has been linked to positive youth outcomes, such as higher self-esteem (Brown & Ling, 2012; Constantine & Blackmon, 2002; Fischer & Shaw, 1999; Harris-Britt, Valrie, Kurtz-Costes, & Rowley, 2007), lower depressive symptoms (Liu & Lau, 2013; McHale et al., 2006), better psychological adjustment (Li, Costanzo, & Putallaz, 2010), social competence (Tran & Lee, 2010), academic adjustment (Anglin & Wade, 2007), and academic motivation (Huynh & Fuligni, 2008). However, other studies have shown that cultural pride has been linked to lower self-esteem and energy levels (Davis & Stevenson, 2006) as well as a lower GPA (Neblett et al., 2006).

**Preparation for bias.** Preparation for bias refers to sending messages to children that they may experience discrimination and teaching them coping mechanisms when faced with it. Currently, the literature on its findings seemed to be mixed. Researchers have found negative effects such as higher depression levels (Liu and Lau, 2013), whereas other scholars have found that it was associated with lower child problem behavior (Caughy et al., 2010), higher self-esteem (Harris-Britt et al., 2007), and higher academic adjustment (Anglin & Wade, 2007).

**Promotion of mistrust.** Promotion of mistrust is teaching children to be wary of other groups (usually White populations) due to racial bias and is often viewed negatively in the literature. It has been linked to mostly negative youth outcomes, such as depression (Liu & Lau, 2013) and lower academic achievement (Huynh & Fuligni, 2008).

**Egalitarianism.** Lastly, egalitarianism is the notion that everyone is equal and/or race does not matter, and silence is not talking about race/ethnicity (Hughes et al., 2006). Egalitarianism is not as extensively researched as the other techniques, but is linked to negative mental health outcomes such as depression (Davis & Stevenson, 2006). It is used interchangeably in the literature with the terms *mainstream socialization* and *colorblindness*.

**Asian American ERS.** Although the number of studies on ERS is growing, excluded in this area of research is this process with other racial groups. When scholars conceptualized ERS with Asian American populations, they have adapted the conceptualization for Black/African American families (Brown & Ling, 2012; Huynh & Fuligni, 2008; Tran & Lee, 2010). However, this conceptualization may be problematic, as Asian Americans often have different lived experiences such as language barriers, immigration, and acculturation. For example, many Asian Americans migrate to the U.S. for the purposes of a better economic situation, leading them to believe in meritocracy or the idea that if they try hard, they will succeed (Yoo, Burrola, & Steger, 2010). Therefore, many parents may also endorse the belief that everyone is the same and not emphasize racial differences by telling their children that they should be grateful that they are able to live in another country. Moreover, Asian Americans are often viewed as “honorary whites,” because they are quick to assimilate into the U.S. culture (Lee & Kye, 2016). Parents may be telling their children to fit in with the mainstream culture rapidly as a protective factor, which highlights differences compared to other racial minority groups. Thus, more studies with an Asian American conceptualization are needed to capture the nuances in their understanding and experience with race/ethnicity.

**Covariates of ERS.** There are various predictors of ERS that are important to control for in the current study, such as the children’s age, gender, parents’ immigration status, socioeconomic status, region/neighborhood, parents’ racial identity, as well as discrimination experiences. When examining age, parents tend to prep their older children for racial bias and promote messages of mistrust, whereas for younger children, parents tend to endorse cultural pride (Hughes & Chen, 1997). Specifically, mothers transmit cultural socialization and prep for bias with their older children compared to their younger ones (Hughes, 2003; McHale et al.,

2006). In general, parents seem to be socializing their children about race when their children are of older age. This may be because parents feel like their children are more prepared and have a greater understanding of race as they become older.

Parents also transmit differing information to their children dependent on the children's gender. For boys, parents are more reluctant to discuss racial issues, whereas parents emphasized cultural socialization for girls (Caughy, Nettles, & Lima, 2010). Other studies have shown that girls receive cultural socialization messages, whereas boys receive messages about preparation for bias. For girls, preparation for bias, racial pride, and a high Afrocentric home environment led to higher behavior issues. On the other hand, for boys, promotion of mistrust was linked to higher externalizing problems (Caughy, Nettles, Campo, & Lohrfink, 2006). In general, mothers were more likely to socialization their children about race compared to fathers (Thorton, Chatters, Taylor, & Allen, 1990).

Higher socioeconomic status has been linked to a higher frequency of racial socialization messages (Hughes et al., 2006). In addition, in neighborhoods with a negative social climate, silence about race was less common. On the other hand, in neighborhoods with potential for community involvement with children, parents used cultural socialization and preparation for bias (Caughy et al., 2010). Thus, it is important to consider the environmental context and how it may play a role in message about race.

Previous research has also found that for African American parents, those who experienced discrimination at work were more likely to send messages about distrusting White people (Hughes and Chen, 1997). In general, those who experience discrimination were more likely to socialize their children about race (Hughes et al., 2006). This is important to consider, as parents may feel as though they do not experience discrimination. When thinking about the

Asian American community, many first generation immigrants often spend time with people of their own racial/ethnic group when coming to the U.S. It may feel safer and more comfortable to engage with those that speak their own language and have a common culture. Due to the lack of interaction with other racial groups, they may perceive that they do not experience discrimination.

### **Measurements of Racial Socialization**

Parallel to the state of the ethnic-racial socialization literature, the majority of the developed scales have been based on African American samples. The following section will critically analyze the current status of established ERS scales.

**Hughes and Johnson (2001).** The mostly widely used scale is a 15-item measure created by Hughes and Johnson (2001) that assesses parents' racial socialization practices. Although their large sample size was ethnically diverse, they utilized a subsample of African American parents and children dyads. Rather than values and attitudes, the questions ask about frequencies of specific parenting behaviors. The multidimensional model includes the four dimensions: cultural socialization, preparation for bias, promotion of mistrust, and pluralism; the first three were retained in the final model and pluralism was added in the same factor as cultural socialization. Sample items include "encouraged child to read books about other ethnic groups," "talk to child about others trying to limit him or her because of race," and "done or said things to child to keep child from trusting kids of other races."

The measure attempts to incorporate three of the ERS techniques in one multidimensional model. Compared to other measures, the items are more vague, allowing researchers to adapt the scale for other populations. However, the promotion of mistrust subscale seems to be underrepresented, as there are only two items that have been retained in the final model. The two

items do not seem to fully encapsulate the conceptualization of the technique and makes it difficult to justify retaining the factor. Furthermore, the items asking about indirect transmission of information only include “encouraging child to read books” and excludes other sources, such as film, music, food, holidays, etc. Most of the items include items about a direct transmission of race, which may be problematic because many Asian American families may use indirect techniques as well through cultural resources. They may not be as explicit especially given that the Asian American parenting style and communication looks different compared to Western styles. Despite the fact that this measure has been widely used in previous studies with other racial/ethnic groups, it was originally developed using an African American sample. Thus, the conceptualization and operationalization of ERS may be different for other ethnic minorities. For example, Asian Americans have been found to rarely use promotion of mistrust techniques with their children (Juang et al., 2016).

**Hughes and Chen (1997).** Hughes and Chen (1997) developed a 16-item measure with three factors (preparation for bias, cultural socialization, and racial mistrust). Similar to Hughes and Johnson (2001), the measure asked parents to report on their frequencies of racial socialization practices. The scale includes statements such as “talked to child about fight for equality among Blacks,” “taken child to Black cultural events,” “told child to distrust Whites.” The measure includes more indirect, specific methods of cultural socialization that are lacking in Hughes and Johnson (2001), such as reading Black story books and taken to get Black clothes or hairstyles.

However, many of the statements state specific practices – for example, two separate items ask about reading Black history books to your child and reading Black story books. Many parents may not distinguish between the two types of books. Furthermore, the statements in the

cultural socialization factor are also all indirect methods and lack direct statements that could also be a form of communicating racial/ethnic pride. For example, parents may tell their children directly to be proud of their culture and heritage. The item about Black hairstyle and clothing may also not be as relevant for an Asian American population, unless the item asked about supporting and going to Asian American stores (e.g. hair, grocery stores, restaurants).

Furthermore, the promotion of mistrust section is again underrepresented with only two statements in the factor. The statements are directly related to mistrusting white people (e.g. “told child to distrust Whites”). This may be limiting the participants’ answers, as parents could also be promoting mistrust of other racial groups as well. Families may be biased against other minority groups. In addition, the scale does not account for other relevant factors in Asian American socialization, such as promoting equality amongst all groups.

**Adolescent Racial and Ethnic Socialization Scale (ARESS).** The Adolescent Racial and Ethnic Socialization Scale (ARESS) is a scale that assesses both racial socialization and ethnic socialization separately (Brown & Krishnakumar, 2007). In previous scales, researchers have often combined the two constructs together; however, distinguishing between the two constructs may provide a more nuanced understanding of their differences. Adolescents were to report frequency levels from 0 (*never*) to 3 (*always*). For the adolescent racial socialization scale, the 17 items examine racial barrier awareness, coping with racism/discrimination, and promoting cross-racial friendships. Respective examples include “my maternal/paternal caregiver teaches me that racism is present in America,” “my maternal/paternal caregiver teaches me to stand up for myself,” “my maternal/paternal caregiver encourages me to have White friends.” The cross racial relationships factor fails to mention other racial/ethnic groups other than White and Black friends – this supports the notion of a Black-White dichotomy. Furthermore, coping with racism

and discrimination includes a statement about religion (“My maternal/paternal caregiver teaches me that a belief in God helps with life struggles,”) which may not be a relevant coping mechanism for Asian Americans. Especially because the predominant religions in Asia are Buddhism, Islam, and Hinduism, while others identify as non-religious, this item is not appropriate (Migiro, 2018). Moreover, some items may not be coping mechanisms related specifically to racism. For example, the statement “my maternal/paternal caregiver teaches me to stand up for myself,” could be how parents value confidence rather than a coping technique for racism.

The 25-item scale for ethnic socialization developed five factors including cultural embeddedness, African American history, African American heritage, African American cultural values, and ethnic pride. Some examples are “my maternal/paternal caregiver has Black magazines like Essence, Ebony, Jet in the house,” “my maternal/paternal caregiver teaches me about slavery in this country,” “my maternal/paternal caregiver teaches me to never forget my heritage,” “my maternal/paternal caregiver teaches me the importance of family loyalty,” “my maternal/paternal caregiver teaches me to never be ashamed of my skin color.” The statements cover various methods of ethnic socialization, such as pride, values, and celebration. Although it may be useful to offer a multitude of ethnic socialization forms, the length of the two scales are of a concern as well as its specificity toward Black cultural concepts (e.g. names of Black magazines, Black history/slavery, etc.). Furthermore, families may have had difficulty with access to Black (or Asian) museums or documentaries about Black (/Asian) history, not to mention there is a lack of representation of racial minorities in the media. The factor ethnic pride also seems to have items that are repetitive (e.g. having pride in Black culture, being proud of one’s background, being proud of the accomplishments of Blacks).



**Cultural and Racial Experiences of Racial Socialization (CARES).** The Cultural and Racial Experiences of Racial Socialization (CARES) was a recent scale developed using a stress and coping theoretical framework (Bentley-Edwards & Stevenson, 2016). The scale addresses limitations of previous scales, such as the ambiguity of socialization messages. The items are based on three responses throughout the lifetime: 1-Never, 2-Sometimes, or 3-All of the Time. The 35-item measure found five factors: racial protection, cultural insights, racial stereotyping, bicultural coping, and old school cultural thinking.

Racism protection is defined as racial buffering and being able to manage racial conflicts, such as “You have to work twice as hard as Whites in order to get ahead in the world,” “Racism is real and you have to understand it or it will hurt you.” However, this factor seems to be too broad to generalize as racism protection. For example, the statements “Whites make it hard for people to get ahead in this world” and “You can learn a lot from being around important White people” could be seen as opposing views. Although they are both protective techniques, we could also state that all racial socialization messages are intended for the purposes of protecting children. This factor includes cultural socialization, promotion of mistrust, and cultural pluralism concepts.

Cultural insights include messages about spiritual, heritage, and practical knowledge, such as “Spiritual battles that people fight are more important than physical battles,” “Good Black men are the backbone of a strong family.” Although these concepts are relevant for Black families, spirituality and religion may not be an important factor for Asian American families.

A new construct in ERS called racial stereotyping extends promotion of mistrust to doubting other Black people based on colorism, gender and social class. Examples of items include “Black men just want sex,” “sports are the only way for Black kids to get out of the

hood.” Bicultural coping sends messages about navigating mainstream society such as code switching; parents often use this as a means to avoid conflict. Sample items include “Black children will learn more if they go to a mostly White school,” “Since the world has become so multicultural, it’s wrong to only focus on Black issues.” Lastly, old school cultural thinking suggests ambiguous racial clichés and a post-racial view of society, such as “Racism is not as bad today as it used to be,” “Black women keep the family strong.” Although these statements describe specific actions compared to previous scales, many of them are tailored to the experiences of Black families. For example, the racial stereotyping factor includes statements tailored towards stereotypes of Black people, which are different from stereotypes about Asian Americans. Old school cultural thinking also includes statements that may not be suitable for Asian Americans, such as “Africans and Caribbean people get along with Black people.” Bicultural coping seems similar to the concept of assimilating into the mainstream culture; however, the items should also include statements that emphasize direct transmission of these ideas. For example, parents may encourage and tell their children to spend time or be friends with White people. Hence, because many of the statements may not apply to the Asian American experience, it is not suitable for the present study.

**Asian American Parental Racial – Ethnic Socialization Scale (AAPRES).** A recent scale was developed to measure parental racial-ethnic socialization within Asian American families (Juang et al., 2016). The 31-item scale provides seven domains: maintenance of heritage culture, becoming American, awareness of discrimination, avoidance of outgroups, promoting equality, and cultural pluralism. Examples include “told you to speak in their heritage language,” “had close friends who were American,” “talk to you about why some people will treat you unfairly because your Asian background,” “told you to avoid another racial or ethnic group,”

“told you that racism doesn’t exist,” “showed you that all people are equal regardless of race or ethnicity,” “discussed the importance of racial/ethnic diversity.” Although previous studies have provided differences between both racial and ethnic socialization, due to the commonalities between the two constructs, we will be examining them together.

The measure also addresses common Asian American experiences such as immigration and language that were neglected in previous scales that were developed for African American families. For example, statements include relevant questions to this population such as visiting one’s home country and telling children to speak in their heritage language. In addition, the scale acknowledges limitations with previous scales, such as the development of important factors such as promotion of equality and cultural pluralism. These two techniques are commonly used amongst Asian American families, pointing to the need to address and operationalize these constructs. In addition, the scale was developed and validated with an Asian American college student sample.

## **Conceptualization of Parenting Styles**

### **Western Parenting Styles**

The literature on Asian American parenting is currently examined through either a Western lens or through an Asian/Asian American conceptualization. Most commonly, Baumrind’s (1971) conceptualization of parenting styles is often used, in which he identified three different parenting styles: authoritative, authoritarian, and permissive parenting. Parenting style was defined on two dimensions, parental warmth and parental control, with varying levels from low to high. Authoritative parents have been defined as warm, encourage two-way communication, and are firm with their children. On the other hand, authoritarian parents are more controlling and focus on obedience from the children. Permissive parenting was defined as

parents who are less demanding and use punishment sparingly. Asian American parents often identify with an authoritarian style, which is viewed negatively in the literature.

The majority of the research still demonstrates that authoritarian parenting can be harmful for Asian Americans. Research has found that those who were more integrated, separated, and assimilated in terms of acculturation had more family conflict when students perceived their parents as authoritarian. Furthermore, parents who held stronger Asian cultural values were more likely to use authoritarian parenting which in turn was linked with increased family conflict (Park, Kim, Chiang & Ju, 2010). Previous studies emphasize authoritarian parenting's impact not only on family but also on children's academics. Parents who were strict academically (authoritarian parenting) led to children's lower academic achievement (Chao, 1994). On the other hand, academic achievement was positively linked to authoritarian parenting with children in Hong Kong and parents from the U.S. with no college education (Leung, Lau, & Lam, 1998). Other studies have found no relationship between academic achievement and authoritarian parenting (Turner, Chandler, & Heffner, 2009). Thus, there seems to be mixed findings with authoritarian parenting with Asian Americans, warranting for a more detailed understanding of Asian American parenting.

Although the parenting style literature most commonly utilizes this conceptualization, it does not capture the full details of Asian American parenting. Authoritarian parenting solely emphasizes strict control from parents, but does not reflect that stringent parenting may be a form of care. It also does not explain the parenting paradox of why Asian American students perceived their parents to be authoritarian but they also had the highest grade point averages. On the other hand, authoritarian parenting for other racial groups were associated with lower grades

overall, demonstrating that this sole conceptualization is not adequate for our sample (Turner, Chandler, & Heffer, 2009).

### **Asian American parenting**

On the other hand, qualitative research has provided more of a nuanced understanding into Asian American parenting. For many Asian families, the culture stems from a Confucian background, one that emphasizes filial piety, education, and family harmony. Filial piety is the idea that it is important to respect one's elders through compliance and obedience. Thus, due to the Confucian background, many parents believe that it is the parent's responsibility to teach the child and emphasize modeling appropriate behaviors (Kim & Wong, 2002). Not only do families believe in Confucian ideals, but they also often come from a collectivistic society, defined as a "cluster of attitudes, beliefs, and behaviors toward a wide variety of people" (Hui & Triandis, 1986, p.1). As a collectivistic society, many cultures highlight the importance of family, face, and respect towards hierarchy. Some characteristics include sharing resources, valuing interdependence, and behaviors that are driven by others. Thus, those who were older in age and male are often considered as superior. The father is often times the parental figure with most power and authority in the family (Kim & Wong, 2002). Asian American families often stress the family unit, whereas Western parenting styles emphasize independence for the children – the parenting styles may be different but it may not be accurate to say that one is a "better" parenting style than the other.

Scholars have also examined differences between European American, African American, Latinx, and Asian American parenting differences using data from the National Survey of Families and Households (Julian, McKenry, & McKelvy, 2003). Asian American family structures have been identified as patriarchal and includes the extended family

(grandparents, aunts, uncles, etc.). Although assimilation into Western culture has influenced a shift in traditional values, there is still a strong sense of collectivist ideals where the family comes before the individual. Furthermore, Asian American parenting is more focused on obedience towards parents compared to creating friendships. Parents are also more focused on academic achievement and self-control while placing less importance on independence. This finding was also consistent in recent qualitative study examining Chinese American parenting (Yuwen & Chen, 2013). Parents held high expectations for their children's academic performance, yet a participant perceived this expectation positively. Chinese American adolescents also viewed their parents to hold strict family rules, higher set standards for daughters, stricter mothers, and more relaxed fathers. Although "poor or ineffective parent-child communication and lack of support were identified as negative influences on their psychosocial health" (Yuwen & Chen, 2013, p. 240), they did not indicate whether this is attributed to a parenting style. Rather, the adolescents wanted their parents to be more straightforward and believed their depressive symptoms could be due to other cultural aspects (e.g. being introverted).

Recently, scholars have coined various terms to capture the differences in parenting for Asian Americans. The following sections provide an overview of the concepts.

### **Tiger Parenting**

A more recent conceptualization of Asian American parenting has been coined *tiger parenting*. Amy Chua (2011) first proposed this idea that tiger mothers are Chinese mothers that are highly controlling of their children, such as no sleepovers, obtaining straight A's, and intensely practicing the piano in order to set children up for success. Tiger parents are described as parents who endorse serious discipline and stress academic achievement and family

obligation. Furthermore, the parenting style includes high levels of both authoritative and authoritarian among Asian parents (Xu et al., 2005). Researchers have identified four parenting profiles with Asian American families: supportive parenting, easygoing parenting, tiger parenting, and harsh parenting (Kim, Wang, Oorzco-Lapray, Shen, & Murtuza, 2013). Surprisingly, the majority of Asian American parents were classified as supportive parenting, followed by tiger parenting and easygoing parenting. In contrast to Chua's (2011) work, they found that many Asian parents are not in fact, tiger parents.

Tiger parenting was found to be linked with high academic pressure, but supportive parenting led to the best adjustment for adolescents. Interestingly, supportive parenting was also associated with a high level of shaming, demonstrating that shaming is a part of expressing support which then is linked to adolescent adjustment (high GPA, low academic pressure, lower depressive-symptoms). Supportive parenting was thus found to have the best outcomes, which is a similar conceptualization to authoritative parenting. However, it is important to recognize that supportive parenting included shaming which is excluded from the Western parenting styles.

Although tiger parents stress academics to their children, surprisingly, their children obtained lower grade point averages compared to those with supportive parents (Kim, 2013). Research has also looked at tiger parenting and its effect on children through physical symptoms. Chinese mothers were found to have higher levels of psychological control, indicating that they were more likely to limit their children's autonomy through manipulation. The control was associated with higher levels of area under the curve (AUCg), which measured total cortisol levels which has been linked to stress (Doan et al., 2017).

The concept of tiger parenting is not appropriate for the current study, as it neglects the concern and care that Asian American parents express to their child – it only refers to the

academic pressure and family obligations. Thus, although the term attempts to encapsulate Asian American parenting, like authoritarian parenting, it leaves out an important component of expressing warmth. It may not be a common style of parenting, and because it also only focuses on Chinese mothers, tiger parenting may not be applicable to other Asian ethnic groups. Asian parents are also warm and supportive toward their children, and it is necessary to challenge this stereotypical notion of the tiger mother (Juang, Qin, & Park, 2013).

### **Helicopter Parenting**

Helicopter parenting, often used interchangeably with tiger parenting refers to the idea of parents over-involving themselves in children's lives (Kwon, Yoo, & Gagne, 2017). It involves being "overly responsive to the child's needs and may involve more benevolent intentions for the child's well-being" (Kwon et al., 2017., p. 2). The features include overinvolvement, strict control without autonomy, and helpful intentions. Helicopter parents differ from tiger parenting, because it emphasizes parental warmth and good intentions from the parents. The children also understand that it is their parent's form of affection. This conceptualization is similar to that of authoritarian parenting but includes the aspect of care. However, helicopter parenting has only been examined through the lens of Korean and Korean American college students. Moreover, it has been shown that Korean parents may be stricter compared to other Asian ethnic groups. Although helicopter parenting does emphasize the good intentions from the parents, the over involvement suggests that the parenting style may be too invasive. Over involvement implies that the parents are constantly watching their children and are too involved compared to their European American parents. This type of parenting has been suggested as harmful for children, as it has been linked to higher levels of depression and lower levels of satisfaction with life



(Schiffrin et al., 2013). It implies that helicopter parenting is negative, which points to a Western viewpoint on what “good parenting” should resemble.

### **Ga-jung-gyo-yuk**

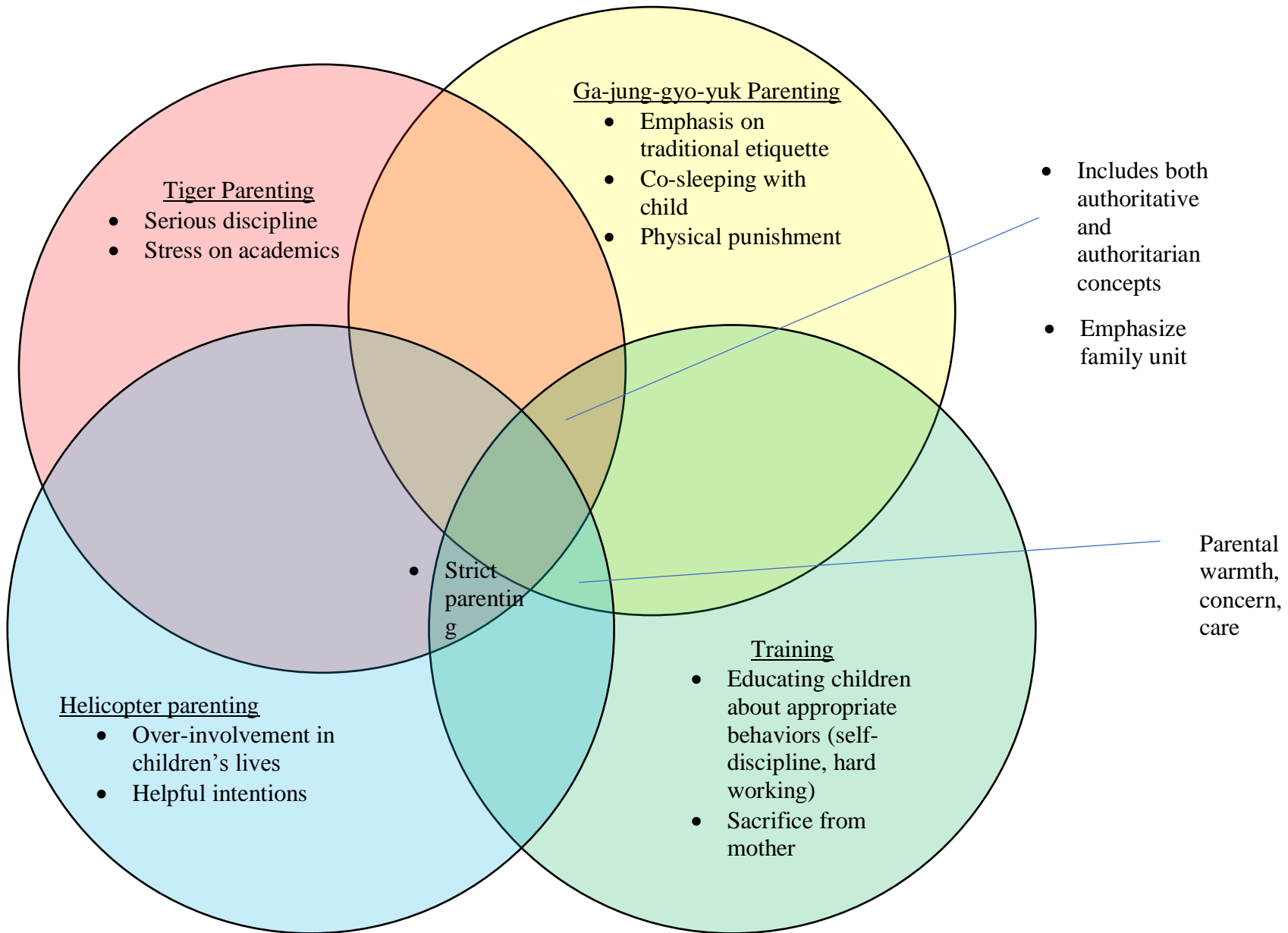
Ga-jung-gyo-yuk (“family education”) is also an emerging conceptualization of specifically Korean American families. The parenting style emphasizes teaching children through role-modeling and teaching them values such as the importance of family, family hierarchy, and family obligation. It also differs from previous conceptualizations, as it includes co-sleeping with parents. Korean American children often sleep next to their parents until age six. The constructs include Korean traditional parent virtues that emphasizes filial piety and parental virtues; enculturation of familial and cultural values, which includes important traditional values such as taking care of parents when older; co-sleeping of parents and children; and Korean traditional disciplinary practices with young children, which incorporates physical forms of punishment. Choi, Kim, Kim, & Park (2013) found that ga-jung-gyo-yuk was found to be positively associated with both authoritative and authoritarian parenting styles. However, this conceptualization is first limited to Korean American families and the concept of co-sleeping in the same bed may not extend to other ethnic groups. Moreover, co-sleeping does not seem to be a relevant factor to consider in terms of parenting styles and depressive symptoms.

### **“Training” Parenting**

Chao (1994) coined the term “child training” from the Chinese term chiao shun, defined as educating children about appropriate behaviors. The term also includes a lot of sacrifice from the mother by being physically available and supportive. The term guan in Chinese means to govern, but has a positive connotation in that it could also mean to care for. These terms evolved from Confucian thought which emphasizes that one is defined through relationships,

relationships have a hierarchy, and harmony is maintained through roles and responsibilities. Moreover, the parent's intentions are not to dominate or control the child but to emphasize the family unit. Chao (1994) compared 50 European American mothers and 50 Chinese mothers, and found that Chinese mothers had significant higher scores for the authoritative parenting styles. Furthermore, they also had higher scores on the "training" measure.

This conceptualization is appropriate for the current study, as it does not emphasize over involvement. Although other ideas of Asian American parenting include the idea that Asian American parents are over involved in their children's lives, this also comes from a Westernized point of view. What is considered normal parenting practices (in this case, a lot of concern for their children) in other cultures may be seen as pathologizing and excessive in the U.S. as it is not considered the "norm." Therefore, the training parenting style seems to add a non-negative viewpoint on Asian American parenting by adding both the parental warmth dimension while retaining the idea of guidance.



## **Parenting Style Measures**

**Child Rearing Practices Report (CRPR).** The most widely used measure for parenting styles is the 91-item Child Rearing Practices Report which examines both authoritarian and authoritative parenting styles (Block, 1965). Examples of items include “My mother taught me at an early age not to cry,” “my mother enjoyed having the house full of children.” The measure includes various versions for mothers, fathers, and children. The scale includes items based on attitudes, values, emotions and specific behaviors to understanding the type of parenting; however, the length of the measure as well as the ambiguity in certain items raise cause for concern. For example, the statement “I tend to spoil my child,” may be culturally specific and vague. The definition of spoil may be defined differently for certain cultures compared to others. Many of the statements reflect a Westernized point of view, such as “I punish my child by putting him off by himself for a while,” as parents in other cultural contexts may not use this form of punishment. “I express affection by hugging, kissing, and holding my child” also exemplifies a viewpoint that affection is expressed through physical touch, whereas affection can be expressed differently in other cultural contexts.

**Parental Authority Questionnaire (PAQ).** Another common scale in the literature is Buri’s (1991) 30-item Parental Authority Questionnaire, which is based on Baumrind’s (1971) three different parenting styles. Questions are based on a 5-point Likert scale and include questions such as “As I was growing up, my father would get very upset if I tried to disagree with him,” “As I was growing up, my father allowed me to decide most things for myself without a lot of direction from him.” Although still a Western based measure, the items point to more specific behaviors compared to previous scales. For example, “if my mother made a decision in the family that hurt me, she was willing to discuss that decision with me and to admit

it if she had made a mistake” demonstrates a definitive scenario within the family system. Furthermore, previous research often utilizes this scale in conjunction with more culturally relevant measures for Asian Americans (Chao, 1994; Chao, 2000; Li et al., 2010)

**Training.** Previous research has found a paradox in reports of parenting – although authoritarian parenting has often been associated with lower academic achievement in European American students, many Asian students reported higher authoritarian parenting styles as well as grade point averages (Chao, 1994). Thus, previous scales based on Western norms are missing constructs that do not fully encapsulate Asian American parenting. Chao (1994) coined the term “child training” that roughly translates to teaching children appropriate behaviors. It includes sacrifice from the mother and being physically available. Although Asian Americans may score high on authoritarian parenting styles, because it includes restrictive behaviors, it does not encompass the motivation behind these styles. To fully capture the culturally specific parenting concept, Chao (1994) created a thirteen-item “training” questionnaire with a 1 being strongly disagree to 5 being strongly agree. Those who scored higher on the survey indicated that parents were strict yet caring. The questionnaire thus included the mother’s ideas on child rearing and learning as well as their ideas on the mother-child relationship. Sample questions for the mother’s ideologies of child learning included “parents must begin training child as soon as ready,” “mothers must train child to work very hard and be disciplined.” For the mother’s ideologies of the parent-child relationship, sample items include “mothers primarily express love by helping child succeed, especially in school,” “child should be in the constant care of their mothers and family.” Therefore, the first factor includes the authoritarian parenting conceptualization whereas the second factor describes the concern for the child that was missing

in Western measures. The revised version of the model (Chao, 2000) included 6 items; they reflect the parent's expression of care and monitoring in a culturally relevant manner.

### **Rationalization of the model**

In previous studies, racial socialization has been examined as a predictor and moderator. Racial socialization has often been used as a moderator between discrimination and an outcome such as self-esteem (Harris-Britt, Valrie, Kurtz-Costes & Rowley, 2007, Fischer & Shaw, 1999), academic success (Wang & Huguley, 2012), and school adjustment (Seol, Yoo, Lee, Park, & Kim, 2015). Fischer and Shaw (1999) first justified using racial socialization as a moderator, because previous scholars hypothesized that group identity processes (e.g. racial socialization) can act as a protective factor for African American mental health. They found that more frequent racial socialization messages diminished the effect of racist messages and poorer mental health. Harris-Britt et al. (2007) then found that both racial pride and prep for bias moderated the association between discrimination and self-esteem. Therefore, ERS can be investigated as a construct that alters the relationship between discrimination and health outcomes.

However, more often than not, ERS has been examined as a predictor of depression with various moderators or mediators that link the association. In particular, in the context of parenting styles, Darling and Steinberg (1993) suggest examining parenting practices and parenting styles in conjunction. They describe parenting practices as “behaviors defined by specific content and socialization goals.” (Darling & Steinberg, 1993, p. 492). Parenting style is defined as the attitudes and communication style towards the child that creates an emotional environment. Both parenting styles and practices are a result of parental goals and values, which then influences adolescent outcomes. They argue that the most useful conceptualization of parenting style is one that changes the outcomes of parent's socialization practices and the

child's openness to the socialization. Studies have utilized parenting styles as a moderator between ERS and various outcomes. For example, the parent-child relationship moderated the association between racial socialization and well-being (Cooper & McLoyd, 2011). Racial barrier socialization has also been found to be linked to adolescent adjustment but moderated by mother-adolescent relationship quality (Cooper & McLoyd, 2011). A review of the literature on parenting styles calls for a need to investigate whether parenting styles moderate the relationship between parenting practices and adolescent achievement (Spera, 2005).

## Appendices

### Appendix A – Online Recruitment Letter

Hello,

My name is Lydia HaRim Ahn, and I am currently a second year doctoral student at the University of Maryland, College Park. My advisor, Matthew J. Miller, and I are requesting your help with our study. Because there is a lack of research on how culturally specific risk and protective factors may impact mental health outcomes, we are conducting a study with **Asian American and/or Pacific Islander adults ages 18 and older** that examines the ways in which unique Asian American cultural and familial factors affect health.

I am writing to ask whether you would be willing to participate in my research study. Participation will require completing a **confidential one-time online self-report survey (approximately 25 minutes)** at your convenience.

Participation in this study is completely voluntary and confidential. You may also quit at any time with no consequences.

If you participate in the study, you will have the **opportunity to enter a raffle to win one of two \$50 e-gift cards.**

This research has been fully approved through the Institutional Review Board (IRB) at the University of Maryland.

If you are interested in participating in this study, please click on the link below to access the confidential survey. If the hyperlink is disabled, copy and paste the link to your internet browser.

[https://survey.az1.qualtrics.com/jfe/form/SV\\_3VMYnEoDAdLmEIZ](https://survey.az1.qualtrics.com/jfe/form/SV_3VMYnEoDAdLmEIZ)

Please forward this email to other individuals who are **Asian American and/or Pacific Islander adults ages 18 years or older**. Thank you for your time and consideration. Please feel free to contact me with any questions, comments, or suggestions.

Sincerely,

Lydia HaRim Ahn  
Doctoral Student  
University of Maryland  
[hrahn@umd.edu](mailto:hrahn@umd.edu)

Matthew J. Miller, Ph.D.  
Associate Professor  
Department of Counseling, Higher Education, and Special Education  
University of Maryland  
College Park, MD 20742  
(301) 405.8446



## Appendix B – Consent Form

### CONSENT TO PARTICIPATE

<b>Project Title</b>	<b>The Study of Asian American Family, Culture, and Health</b>
<b>Purpose of the Study</b>	This research is being conducted by Lydia HaRim Ahn, a doctoral student, and Matthew J. Miller, Ph.D., an associate professor at the University of Maryland, College Park. We are inviting you to participate in this research project because you <u>self-identify as Asian American/Pacific Islander</u> and <u>are at least 18 years of age</u> . The purpose of this research project is to examine cultural factors that affect Asian American mental health outcomes.
<b>Procedures</b>	The procedures involve completing a 25 minute confidential one-time online survey. Participation consists of completing an online consent form, responding to items on the Asian American Family, Culture, and Health (e.g., “While growing up, how often did your parent routinely cook Asian food for you?” “I felt that I was just as good as other people”). You will also be asked to complete a brief demographics questionnaire.
<b>Potential Risks and Discomforts</b>	There may be some risks from participating in this research study such as experiencing painful thoughts and/or emotional distress or feelings of stigma or embarrassment. Please note that you are able to skip any question(s) that make you feel uncomfortable. In addition, a number of mental health resources are provided in the survey. If you experience discomfort or distress you can contact Lydia Ahn and/or Matthew J. Miller, Ph.D. directly for mental health information and resources ( <a href="mailto:hrahn@umd.edu">hrahn@umd.edu</a> ; <a href="mailto:mmille27@umd.edu">mmille27@umd.edu</a> ).
<b>Potential Benefits</b>	This research is not designed to help you personally, but the results may help the investigator learn more about the nature and context of Asian American family, culture, and health experiences.
<b>Confidentiality</b>	Participants only need to provide identifiable information at the end of the survey (e.g. email address) if they wish to enter the raffle. We will do our best to keep your personal information confidential. To help protect your confidentiality: (1) a generic study ID will be used to replace identifiable information (e.g., name or email address) on all data collected; (2) through the use of the study ID, the researcher will be able to link your survey to your identity; (3) only the researchers will have access to the identification key; and (4) all data will be securely stored. If we write a report or article about this

	<p>research project, your identity will be protected to the maximum extent possible as we will report data in aggregate form only. The data will be retained for 10 years after the completion of the study, according to the University of Maryland policy on human subject files, and then will be destroyed.</p> <p>Your information may be shared with representatives of the University of Maryland, College Park or governmental authorities if you or someone else is in danger or if we are required to do so by law. For example, we are required to report situations in which a participant is at risk for self-harm or harm to others.</p>
<p><b>Compensation</b></p>	<p>You will have the opportunity to register for a raffle to win one of two (2) \$50 e-gift cards for participating in this study. You will be responsible for any taxes assessed on the compensation.</p> <p><input type="checkbox"/> Check here if you expect to earn \$100 or more as a research participant in UMCP studies in this calendar year. You must provide your name, address and SSN to receive compensation.</p> <p><input type="checkbox"/> Check here if you do not expect to earn \$100 or more as a research participant in UMCP studies in this calendar year. Your name, address, and SSN will not be collected to receive compensation.</p>
<p><b>Right to Withdraw and Questions</b></p>	<p>Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.</p> <p>If you are an employee or student, your employment status or academic standing at UMD will not be affected by your participation or non-participation in this study.</p> <p>If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigator:</p> <p style="text-align: center;">Matthew J. Miller, Ph.D. 3214 Benjamin Building, University of Maryland, College Park, 301.405.8446, or mmille27@umd.edu</p>
<p><b>Participant Rights</b></p>	<p>If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:</p> <p style="text-align: center;"><b>University of Maryland College Park Institutional Review Board Office</b></p>

	<p style="text-align: center;"><b>1204 Marie Mount Hall</b>  <b>College Park, Maryland, 20742</b>  <b>E-mail: <a href="mailto:irb@umd.edu">irb@umd.edu</a></b>  <b>Telephone: 301-405-0678</b></p> <p>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</p>
<b>Statement of Consent</b>	<p>By continuing to the survey you indicate that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree to participate in this research study. You may print a copy of this signed consent form.</p> <p>If you agree to participate, please click “continue” below. By clicking on the “continue” link below you are indicating that you are at least 18 years of age, the research has been explained to you, your questions have been fully answered, and you are freely and voluntarily participating in this research study.</p>
<b>Signed Consent</b>	<p>I have agreed that I am of at least 18 years of age, identify as Asian American, and that I am freely and voluntarily participating in this research study:</p> <p>First name (This will be de-identified and replaced with a participant ID number): _____</p>

## Appendix C - Measures

All families operate differently. Please indicate who you will be referring to when answering the following questions for Parent 1 and Parent 2 (e.g. mother, father, babysitter, grandma, grandpa, aunt, uncle, etc.). If there are more than two parents you closely associate with, please choose the two you feel closest to.

Parent 1 \_\_\_\_\_

Parent 2 \_\_\_\_\_

### Appendix C1: Asian American Parental-Ethnic Racial Socialization Scale (Juang et al., 2016)

Part 1 Instructions: One way we learn about culture and ethnicity is through our parents. Please indicate below for Parent 1 and Parent 2 whether they have engaged in each of the following activities and if so, how frequently.

*1 (never) 2 (rarely) 3 (occasionally) 4 (often) 5 (very often)*

#### **Maintenance of Heritage Culture**

1. While growing up, how often did your parent routinely cook Asian food for you?
2. While growing up, how often did you spend time with relatives who are from your home country?
3. While growing up, how often did your parent tell you to speak in their heritage language?
4. While growing up, how often did you visit stores and professionals (such as doctors, business owners) of your own ethnicity/culture?
5. While growing up, how often did your parent show you that because they are immigrants they have worked hard to come to this country?
6. While growing up, how often did you celebrate your heritage culture's holidays?
7. While growing up, how often did you use "ethnic" media (e.g. newspapers, books TV shows)?
8. While growing up, how often did your parent take you to visit their home country?
9. While growing up, how often did your parent encourage you to be proud of your culture?

#### **Becoming American**

10. While growing up, how often did your parent have close friends who were non-Asian Americans?
11. While growing up, how often did your parent spend time with non-Asian Americans?
12. While growing up, how comfortable was your parent speaking English?
13. While growing up, how often did your parent invite non-Asian American people over to your house?

#### **Promotion of Equality**

14. While growing up, how often did your parent show you that all people are equal regardless of race or ethnicity?

15. While growing up, how often did your parent tell you that race or ethnicity is not important in choosing friends?
16. While growing up, how often did your parent treat people of other races/ethnicities all in the same way?

**Appendix C2: Perceived Training Parenting Style - (adaptation of Chao, 2000)**

**Part 2 Instructions:** Please indicate the extent to which you believe Parent 1 and Parent 2 endorsed the following values while you were growing up.

1 (*strongly disagree*) 2 (*disagree*) 3 (*neutral*) 4 (*agree*) 5 (*strongly agree*)

1. My parent guided my behaviors as soon as I was ready.
2. My parent continuously monitored and corrected my behavior so I could learn.
3. My parent taught me to work very hard and to be disciplined.
4. My parent's most important concern was to take care of me.
5. I was always in the constant care of my mother or other family members.
6. My parent would do everything for my education and make many sacrifices.

**Appendix C3: Parental Authority Questionnaire (Buri, 1991)**

**Part 3 Instructions:** Click the number on the 5-point scale that best describes how that statement applies to Parent 1 and Parent 2.

1 (*strongly disagree*) 2 (*disagree*) 3 (*neutral*) 4 (*agree*) 5 (*strongly agree*)

**Authoritative Parenting Style**

1. As I was growing up, once family policy had been established, my parent discussed the reasoning behind the policy with the children in the family.
2. My parent has always encouraged verbal give-and take whenever I have felt that family rules and restrictions were unreasonable.
3. As I was growing up, my parent directed the activities and decisions of the children in the family through reasoning and discipline.
4. As I was growing up, I knew what my parent expected of me in my family, but I also felt free to discuss those expectations with my mother when I felt that they were unreasonable.
5. As the children in my family were growing up, my parent consistently gave us direction and guidance in rational and objective ways.
6. As I was growing up, my parent took the children's opinions into consideration when making family decisions, but she would not decide for something simply because the children wanted it.
7. My parent had clear standards of behavior for the children in our home as I was growing up, but she willing to adjust those standards to the needs of each of the individual children in the family.
8. My parent gave me direction for my behavior and activities as I was growing up and she expected me to follow her direction, but she was always willing to listen to my concerns

and to discuss that direction with me.

9. As I was growing up, my parent gave me clear direction for my behaviors and activities, but she was also understanding when I disagreed with her.
10. As I was growing up, if my parent made a decision in the family that hurt me, she was willing to discuss the decision with me and to admit it if she made a mistake.

#### Authoritarian Parenting Style

11. Even if her children didn't agree with her, my parent felt that it was for our own good if we were forced to conform to what she thought was right.
12. Whenever my parent told me to do something as I was growing up, she expected me to do it immediately without asking any questions.
13. As I was growing up, my parent did not allow me to question any decision she had made.
14. My parent has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.
15. My parent felt that wise parents should teach their children early just who is boss in the family.
16. As I was growing up, my parent would get upset if I tried to disagree with her.
17. As I was growing up, my parent let me know what behavior she expected of me, and if I didn't meet those expectations, she punished me.
18. My parent has always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up.
19. As I was growing up, my parent often told me exactly what she wanted me to do and how she expected me to do it.
20. As I was growing up, I knew what my parent expected of me in the family and she insisted that I conform to those expectations simply out of respect for her authority.

#### Appendix C4: CESD-R

**Part 4 Instructions:** Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the **past week**.

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

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

## Appendix C5: **Demographics**

### **Please state your self-identified gender:**

Female  
Male  
Transgender  
Intersex  
Questioning  
Other (specify)

### **Race (check all that apply)**

African American/Black  
Asian/Asian American/Pacific Islander  
Latino/a/Hispanic  
Middle Eastern  
Native American Indian or Alaskan Native  
Multiracial and/or Multiethnic (please specify)  
White/European American  
Other (specify)

### **Ethnicity**

Korean  
Japanese  
Chinese  
Filipino  
Malaysian  
Singaporean  
Thai  
Indian  
Pakistani  
Other (specify)

### **Which do you consider to be most appropriate in describing your generational status:**

1<sup>st</sup> Generation = I was born in an Asian country and came to the U.S. as an adult

1.5 Generation = I was born in an Asian country and came to the U.S. as a child or adolescent \_\_\_\_\_ (indicate age you came to the U.S.)

2<sup>nd</sup> Generation = I was born in the U.S., either parent was born in an Asian country

3<sup>rd</sup> Generation = I was born in the U.S., both parents were born in the U.S., and all grandparents were born in an Asian country

4<sup>th</sup> Generation = I was born in the U.S., both parents were born in the U.S., and at least one grandparent was born in an Asian country and one grandparent was born in the U.S.

5<sup>th</sup> Generation = I was born in the U.S., both parents and all grandparents were also born in the U.S.

Don't know what generation best fits since I lack some information

Other (Please specify): \_\_\_\_\_

**What is your citizenship status?**

US citizen - born in the United States

US citizen - naturalized

Permanent resident

International (F-1, J-1, )

Other:

**What is your highest level of education?**

1. none
2. grade school or equivalent
3. middle school or equivalent
4. high school or equivalent
5. two year college or technical school
6. 4 year college/university
7. graduate school

**Please indicate your current status:**

- a. Full time college/university student
- b. working part time
- c. working full time
- d. seeking employment
- e. not currently employed and not seeking employment
- f. self-employed
- g. retired
- h. other – please specify:

**Do you or members of your household currently receive public assistance (e.g., food stamps, welfare, etc.):** yes/no

**How would you describe your own socio-economic status:**

1. lower class
2. working class
3. middle class
4. upper middle class
5. upper class
6. other

**What is your estimated total annual household income (remember all of this information is confidential)**

1. none
2. between \$1 and \$24,999.00 per year
3. between \$25,000.00 and \$49,999.00 per year
4. between \$50,000.00 and \$74,999.0 per year
5. between \$75,000.00 and \$99,999.00 per year
6. between \$100,000.00 and \$149,999.00 per year



7. between \$150,000.00 and \$199,999.00 per year
8. Over \$200,000.00 per year
9. Other

**Sexual Orientation Identity:**

- Bisexual
- Lesbian
- Gay
- Uncertain
- Heterosexual
- Questioning
- Queer
- Asexual
- Other (specify)

**Please state your self-identified religious affiliation?**

- Agnostic
- Atheist
- Buddhist
- Catholic
- Hindu
- Jewish
- Mormon/Latter Day Saints
- Muslim
- Protestant
- Unitarian
- Other Faith/Religious tradition (specify)
- None

**My religious beliefs influence all aspects of my life (RCI; E. Worthington)**

1 = strongly disagree; 6 = strongly agree

**Neighborhood demographics (This is only for the purposes of community information)**

Zip code: \_\_\_\_\_

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