31ˢᵀ ANNUAL SPRING CONFERENCE

ABSTRACT FORM

(Maximum 75 words for general category abstract; 100–word maximum for poster and research abstracts)

Title: Generational Differences in Psychosocial Adaptation and Predictors of Psychological Distress in a Population of Recent Vietnamese Immigrants

Submission Category:

- ☒ Research Forum (podium presentation)
- ☒ Research Fair (poster display)
- ☐ Scholastic Poster
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- ☐ Workshop
- ☐ Seminar
- ☐ Theme Day
- ☐ Lecture-Discussion

- ☐ Special Topic Breakfast
- ☐ Special Session
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- ☐ Preconference Session

Abstract:

Background and Objectives: While first-wave Vietnamese immigrants adapted well to life in the United States, subsequent immigrants have had greater adjustment difficulties, including more evidence of psychological distress. This study aimed to analyze psychosocial adaptation differences among three generations of recent Vietnamese immigrants, as well as to examine predictors of mental distress in the sample as a whole. Methods: A community convenience sample of 215 recent Vietnamese immigrants categorized as either elderly, middle-aged, or young adults was assessed for levels of psychological distress, including depression, anxiety, and PTSD, as well as family conflict, dissatisfaction with life in the U.S., acculturation and biculturalism, social support, coping, and premigratory stressors. Results: In terms of generational differences, young adults were most acculturated, most bicultural, most often working and least often on welfare, had the highest family income, and reported themselves as healthiest and least depressed. However, they also reported most dissatisfaction with their current lives in the U.S. Regression analysis explaining approximately one-quarter of the variance in mental distress implicated current dissatisfaction with and lack of adjustment to life in the United States, as well as greater acculturation and increased family conflict. Conclusions: Although young adults scored significantly higher than other generations on most of the risk factors identified as increasing the likelihood of psychological distress, they appeared to be buffered against poorer mental health outcomes by perceived positive overall well-being. In terms of testing a predictive model of psychological distress, this study found current adjustment factors significantly more important in determining mental health outcomes than premigratory stressors such as war-related traumas.

Is this proposal intended primarily for: ☐ new family medicine faculty members or ☒ all audiences?

This presentation is intended for faculty from what setting(s): (Check all that apply.)
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Please indicate subject matter of paper from those listed below. Check two that apply.
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31ˢᵗ STFM ANNUAL SPRING CONFERENCE
April 22–26, 1998—Chicago Marriott Downtown

SUBMISSION POSTMARK DEADLINE: OCTOBER 1, 1997

1. Presenter Information *(Correspondence will be directed to the principal presenter only.)*

a. Name and Degree of Principal Presenter __Johanna Shapiro, Ph.D.__

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Additional presenter names, institutions, addresses, telephone numbers, and status (ie, faculty, fellow, student, resident, practicing physician, or other). **All information for each presenter must be listed.** Attach additional sheet if needed. Names will be listed in the program in this order.

b. __(Please see attached)__

c. _____

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   - ☒ Research Forum
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GENERATIONAL DIFFERENCES IN PSYCHOSOCIAL ADAPTATION AND PREDICTORS OF PSYCHOLOGICAL DISTRESS IN A POPULATION OF RECENT VIETNAMESE IMMIGRANTS

Johanna Shapiro, Ph.D., Olivia de la Rocha, Ph.D., Kaaren Douglas, M.D., Stephen Radecki, Ph.D., Truc Dinh, M.D.

INTRODUCTION: Recent Vietnamese immigrants are often perceived as having significant psychosocial adjustment problems to life in the United States, as well as increased psychological distress. In particular, certain generations are considered more vulnerable to difficulties: elderly individuals, who encounter obstacles in mastering daily living skills such as language acquisition and new social customs (Tran, 1990); middle-aged individuals, who experienced the brunt of trauma related to the Vietnam War; and young adults, caught between two cultures and experiencing chronic cultural conflict (Matsuoka, 1990; Boehnlein, Tran, Riley et al, 1995). The purpose of this study was to investigate relative psychosocial adaption among these three generations of Vietnamese immigrants, as well as to identify predictors of psychological distress in the sample as a whole.

While in some respects the Vietnamese population has adapted surprising well overall to life in the United States (Caplan et al, 1989), it is also a community with high rates of depression, anxiety, post-traumatic stress disorder, and somatic symptomatology. Based on previous literature examining relationships between premigratory (war-related) stress (Hauff & Vaglum, 1994, 1995; Hinton, 1993), acculturation (Tran, 1993; Nguyen & Peterson, 1993), coping (Nicassio, 1985; Tran, 1993), perception of overall health status (Chung & Singer, 1995; Chung & Bemak, 1996), family factors (Boehnlein, 1995; Nyugen & Williams, 1989) and social support (Kuo & Tsai, 1986) to psychological distress, we tested a theoretical model asserting that all of the above variables would make significant contributions to psychological dysfunction in a community sample of recent Vietnamese immigrants. For the purposes of this study, we used a model of acculturation that evaluated individual adaptation in terms of perceived individual wellbeing, family harmony/conflict, and social adjustment (Albee, 1986), as well as acculturative skill acquisition. We hypothesized that current acculturation difficulties, rather than past war trauma, would explain most of the variance in mental health status.

A unique feature of this investigation was our focus on three generational groups. We wanted to examine psychological adjustment in three different generations because of other cross-cultural research suggesting that differential adaptation occurs in part as a function of age. We did not have a specific hypothesis regarding differences in generational adaptation because of the paucity of empirical research addressing this issue. However, the present study was designed to address the following research questions: 1) Is the overall adaptation of young adult Vietnamese better or worse than that of the "parent" and "grandparent" generations? 2) On which adaptational parameters do we find differences?

METHODS: Subjects. Subjects were 215 men and women recruited to represent the three generations referred to above. Consecutive subjects were recruited until each of six cells (generation group x gender) had a minimum of 30 subjects, by which time more than enough respondents fell into certain cells, resulting in a stratified sample of 215. Subjects were recruited though Vietnamese community centers and through English as a Second Language classes. Thus our sample can be characterized as a community sample of convenience, but one that captured respondents from the most recent wave of Vietnamese immigrants.

Interviewing. A team of six Vietnamese-American undergraduate students was trained by the presenters. All of these individuals were bilingual in Vietnamese and English. Training consisted of learning how to present the project to ESL instructors, how to summarize the project for prospective subjects, and how to interview subjects in their language of preference. All questionnaires were administered orally to the 60+ age group. About 50% of the "middle-aged" and "young adult" questionnaires were administered orally; the rest were completed independently by the respondent and returned to class the following week.

Measures. A 224-item instrument was constructed which included all demographic data as well as the scales referred to below. Four measures were used to define our dependent variable of psychological distress: 1-2) A Vietnamese version of the Hopkins Symptom Checklist (HSCL-25) (Mollica et al, 1987), a well-validated, reliable instrument with high levels of sensitivity and specificity, including both a depression and an anxiety scale. 3) The Vietnamese Depression Scale (VDS), an instrument developed specifically to measure depression in Vietnamese immigrant refugee populations (Kinzie et al, 1982; Kinzie & Manson, 1987). 4) A measure of post-traumatic stress disorder symptoms based on existing measures of PTSD (Hauff & Vaglum, 1994; Falsetti, 1993), as well as on recommendations made by experts in our local Vietnamese community.

The study's independent measures were as follows: *Individual Adaptation:* Overall health and wellbeing, a single item rated on a Likert-type scale. *Family Adaptation:* Family Conflict, measured through a 12 item scale with an alpha coefficient of .86. *Societal Adaptation:* Dissatisfaction with life in the U.S., a 13 item scale with an alpha coefficient of .81. *Acculturative Skills Adaptation:* a) Aquisition of acculturative skills, primarily language usage and social relations was assessed through a 10 item translated version of the Marin acculturation scale (Marin et al, 1987), with an internal consistency reliability in this study of .76. b) Biculturalism i.e., positive endorsement of values characteristic of both cultures of interest and familiarity with social rules in both cultures, was assessed through a 6 item scale with an internal consistency reliability of .70. *Social Support* was measured through a 16 item scale with an alpha = .95. *Coping*, defined in culturally traditional terms as the ability to overcome adversity and to absorb whatever difficulties life presents, was measured through a two item scale with an alpha coefficient of .75. *Previous War-Related Trauma* was measured through a modified version of the Harvard Trauma Questionnaire (Mollica et al, 1992), resulting in an 8 item scale with an alpha coefficient = .71.

RESULTS. Description of Sample. All subjects had been born in Vietnam, and over three-quarters had been born in urban areas. The mode of years of school was completion of the twelfth grade. The sample had slightly more Buddhists represented than Catholics or other Christians. Sixty-three percent of the sample was married. Almost 83% of the respondent had been in the U.S. three years or less, with 54.2% having been in this country one year or less. The vast majority of the sample were not employed. Almost 70% were receiving some form of government assistance (see Table 1).

Generational Differences. Using one-way ANOVAs and Chi Square tests as methods of analysis, we first examined possible generational differences on all variables within our sample. In terms of psychosocial variables, significantly more young adults reported being in good to excellent health than did respondents in the two other groups, and significantly fewer reported having experienced any war-related traumas. Young adults reported significantly greater acculturation and more biculturalism than either middle-aged or elderly subjects. However, this group also had significantly more dissatisfaction with life in the US than did either of the other groups, and also reported significantly more family conflict. In terms of self-perceptions of coping, the middle-age generation reported better coping skills than did 18-23 year olds. The elderly generation was significantly more depressed on the VDS than the other two generations, but there were no differences among generations on either the HSCL-Depression or the HSCL-Anxiety scales, nor were there differences in PTSD symptoms. The three generations did not differ in terms of perceived social support (see Table 2).

Mental Health Variables. All mental health outcomes were highly intercorrelated (range of r-values .52 [PTSD & HCSL-Anxiety] - .74 [VDL-Depression & HSCL-Depression]. For the VDS, the total group mean fell well below the suggested cut-off score of 11 for community samples, and no generational group mean fell above this cut-off. Young adults scored significantly lower than the elderly group (F = 5.31, p = .006). The overall group means for the Hopkins Depression Scale and the Hopkins Anxiety Scale fell slightly below the cut-off score (1.75) for clinical pathology. Again, for neither scale did any group mean exceed the cut-off score used for screening clinical pathology. However, depending on the age group, between one-quarter and on-third of the sample scored above the recommended cut-off scores for both the HSCL-Depression and Anxiety (see Table 3). There were no significant generational differences on either of these scales, although young adults tended to score slightly lower than either of the other two groups. Because of the post-hoc construction of the PTSD scale, it was not possible to make normative comparisons.

Bivariate Correlates of Mental Health Outcomes. (see Table 4). PTSD scores were correlated with being married, more years in school, greater acculturation, greater family conflict, greater dissatisfaction with life in the US, and premigratory trauma. Anxiety scores were associated with female gender, dissatisfaction with life in the US, premigratory trauma, and poorer overall wellbeing. Depression scores were weakly related to less social support and more premigratory trauma, and more strongly to greater

dissatisfaction, greater family conflict, and for the VDS only, age, years in the US, and poorer overall wellbeing.

Multiple Regression Analysis. Because of the high intercorrelations among the study's mental health variables, we factor analyzed these four scales using a principal components analysis. This produced a single factor with an eigen value of 2.93 that explained 73.1% of the variance. Factor loadings (all exceeding .78) were applied to the original scale scores to create factor scores. These factor scores, referred to hereafter as Mental Distress, served as the dependent variable for the regression analysis. This new Mental Distress variable was first correlated with other independent variables of interest based on earlier bivariate analyses. No demographic variables had a significant correlation with respondents' mental distress. However, a dummy variable of generation indicated that being a young adult was very slightly correlated with improved mental health ($r = -.14$), $p = .05$). Mental Distress in these analyses also proved related to health, family conflict, poorer social adjustment, and very slightly to acculturation skills, as well as not having experienced war trauma and currently having less social support. There was no correlation between Mental Distress and biculturalism or coping.

A single stepwise regression was performed that explained 24.3% of the variance in Mental Distress ($F = 11.25$, $p = .000$). The largest contributor was poor social adjustment, but young adult generation, family conflict, poorer perceptions of wellbeing, and having acquired more acculturative skills also made significant contributions (see Table 5). War Trauma and Social Support did not enter into the equation when the entry criterion was set at $p = .05$.

DISCUSSION. This multigenerational sample of recent Vietnamese immigrants in general conformed to study expectations. In some respects, the youngest generation appeared to be adapting better to life in the US, as evidenced by the fact that this group was the most acculturated in terms of language and social proficiency, was most bicultural, was most often working and least often on welfare, had the highest family income, and reported themselves as healthiest and least depressed. However, compared to similar populations of young Vietnamese immigrants, their mental distress scores tended to be somewhat higher. Further, this group reported most dissatisfaction with their current lives in the US, and had PTSD symptom scores that did not differ significantly from the parent and grandparent generations.

Taken as a whole, the study sample showed no evidence of serious psychopathology, but nevertheless did evince troubling signs of significant depressive and anxious symptomatology. While neither the group as a whole nor any subgroup fell above screening cut-offs for anxiety or depression, mean scores for the HSCL-25 tended to be higher than those reported in other studies of comparable populations, although VDS scores tended to be similar or lower (Pernice & Brook, 1994, 1996; Liebkind, 1996).

In general, the findings of this study lend support to research models (Tran, 1993) that emphasize acculturation and adaptation difficulties as exerting stronger effects on mental

health outcomes than premigration stressors and traumas. In our bivariate analyses, acculturation was associated with poorer mental health, specifically increased reporting of PTSD symptoms. Adjustment-related measures of overall perceived wellbeing, family conflict, and dissatisfaction with life in the US were also positively correlated with one or more of our psychological outcome measures. By contrast, premigration traumas were more weakly related to these outcomes in bivariate analyses. As expected, social support appeared to mitigate the severity of depressive symptoms, although the association was not robust. Coping and biculturalism demonstrated no statistical relationship to the outcome variables.

When we examined mental distress through regression analysis, we were able to explain approximately one-quarter of the variance. This suggests that, in terms of understanding predictors of mental distress in this population, other significant factors remain to be discovered. The single most important contributor to mental distress in this sample was subjects' current dissatisfaction with and lack of adjustment to life in the US, followed by family conflict and acculturative skills.

Table 1
Description of Sample

Total N = 184

Gender	54.9% Male
Age	$\bar{x} = 45.5$ s.d. $= 19.1$
18 - 23	30%
40 - 59	40%
60+	30%
Place of Birth	
Urban Vietnam	77.2%
Rural Vietnam	22.8%
Education	$\bar{x} = 11.4$ years (s.d. $= 3.70$)
Religion	
Buddhist	51.1%
Catholic, other Christian	43.5%
Years in United States	
1 or less	54.2%
3 or less	82.7%
5 or less	92.7%
Currently Working	16.8%
Currently on Government Assistance	69.7%
Estimated monthly family income	
$1,500 or less	85.5%
Married	62.5%

Table 2
Generational Differences

Category Variable	Age 18 - 23	Age 40 - 59	Age 60+	Chi-Square/F-Ratio	D.F.	Significance (p)
Demographic						
Where Born				8.49	2	.001
Working				25.78	2	.0000
Government Assistance				16.01	2	.0003
Marital Status				68.69	2	.0000
Health				57.91	2	.0000
Years in U.S.	1.3 (1.2)	1.8 (1.7)	3.6 (2.6)	23.1	2	.001
Years/School	12.0(2.5)	12.0(3.8)	10.0(4.3)	4.6	2	.012
Family Income *	2.8 (1.3)	2.2 (1.0)	2.3 (1.4)	3.7	2	.027
Psychosocial						
Hardiness	6.7(1.9)	7.5(2.0)	7.0(1.9)	2.89	2	.058
Accultration	2.0(.37)	1.7(.40)	1.6(.43)	11.7	2	.001
Biculturalism	2.2(.16)	.14(.14)	.13(.14)	6.5	2	.002
Dissatisfaction	45.4(7.3)	43.1(8.9)	41.2(9.4)	3.35	2	.04
Trauma	4.4(1.9)	2.8(1.6)	3.6(2.1)	13.0	2	.001
Depression	3.7(3.4)	5.3(4.4)	6.6(5.8)	5.3	2	.006

* Reported are ordinal categories of monthly income:

    1 = $0 - 499

    2 = $500 - 999

    3 = $1000 - 1499

    4 = $1500 - 2000

Table 3
Correlations: Mental Health Variables

	PTSD	HSCL-A	HSCL-D	Depression
PTSD	1.000	.52*	.65*	.53*
HSCL-A	.52*	1.000	.74*	.64*
HSCL-D	.65*	.74*	1.000	.74*
VDL-Depress	.53*	.64*	.74*	1.000

*p<.000

Table 4
Mental Health Variables - Descriptive Statistics

	Overall Gp		18 - 23		% > Cut off	40 - 59		%> Cut off	60 +		%> Cut off	Men		%> Cut off	Women		%> Cut off
	$\bar{x}$	s.d.	$\bar{x}$	s.d.		$\bar{x}$	s.d.		$\bar{x}$	s.d.		$\bar{x}$	s.d.		$\bar{x}$	s.d.	
VDS	5.21	4.74	3.73	3.40	1.9	5.28	4.42	9.5	6.60	5.82	18.2	4.76	4.63	8.9	4.63	4.83	12
HCLS-D	1.62	.48	1.56	.38	25.5	1.63	.39	31.1	1.67	.57	32.7	1.60	.43	29.7	1.65	.47	30.1
HCLS-A	1.63	.53	1.56	.44	27.3	1.63	.48	40.5	1.71	.66	34.5	1.56	.48	35	1.72	.58	37.3
PTSD	29.26	8.79	26.77	7.01	-	30.00	7.95	-	27.41	10.96	-	27.06	7.9	-	38.67	9.3	-

Table 5
Bivariate Analyses

Demographic	PTSD	HSCL-A	HSCL-D	Depress
Marital Status	t = -2.35**	-	-	-
Years of School	r = .25**	-	-	-
Gender	-	t = -2.08*	-	r = .18*
Age	-	-	-	F = 5.3**
Years in U.S.	-	-	-	r = .17*
Health	-	t = 2.93**	-	t = 2.23**
Psychosocial				
Acculturation	r = .23**	-	-	-
Dissatisfaction	r = .23**	r = .27***	r = .29***	r = .28***
Conflict	r = .33***	-	r = .25***	r = .25***
Trauma	r = -.17*	r = -.15*	r = -.15*	r = -.16*
Support	-	-	r = -.16*	r = -.15*

*   p < .05

**   p ≤ .01

*** p ≤ .001

PRESENTATION: MENTAL DISTRESS IN VIETNAMESE IMMIGRANTS

I. SLIDE 1 - TITLE - This study investigated psychosocial adaptation and psychological distress in three generations of recent Vietnamese immigrants

II. SLIDE 2 - INTRODUCTION

    A. Since the fall of Saigon in 1975, several waves of Vietnamese immigrants have arrived in the U.S.

    B. Previous research has shown that the most recent wave, the so-called 3rd wave, is characterized by psychosocial adjustment problems, psychological distress, and high levels of diagnosable psychiatric disorder

    C. Previous articles have also identified specific generational challenges:

        1. For the elderly, difficulties in daily living, such as contending with a strange language and unfamiliar customs

        2. In addition to dealing with general cultural adaptation, the middle-aged generation must also come to terms with war-related trauma, internment in so-called reeducation camps, and consequent lengthy separation from family

        3. Finally, young adults must attempt to resolve chronic cultural conflict embodied in the clash between the older generations' traditional values and the exposure of youth to American culture

    D. These were the three generations on which this study focused

III. SLIDE 3 - RESEARCH QUESTIONS

    A. Do generational differences exist in terms of psychosocial adjustment and psychological distress?

    B. Do acculturation stressors (such as Current Dissatisfaction with life in the U.S., Family Conflict, and other Acculturation processes) make a larger contribution to Psychological Distress than do premigration experiences (operationalized in this study as War-Related Trauma)?

    C. Do membership in a particular Generation and Social Support exert a positive influence on Psychological Distress?

IV. SLIDE 4 - HYPOTHESES I

    A. Specifically, we hypothesized that the young generation Vietnamese would be better adjusted than their older counterparts in terms of mental and physical health, acculturation, social support, and financial independence

    B. We also hypothesized that, because of their vulnerability to cultural conflict, youth would report greater family conflict, but in general would be less dissatisfied with life in the U.S. than would older generations

    C. Younger generation - less war-related trauma

V. SLIDE 5 - HYPOTHESES II

    A. One controversy that exists in current literature on immigrants and refugees is whether current adjustment difficulties or past premigratory trauma are more important in predicting current psychological distress

B. We hypothesized that Current Social Adjustment and past War-Related Trauma would both contribute to Psychological Distress, but the contribution of current Social Adjustment would be greater

C. Finally, we hypothesized that both Youth and Social Support would function as protective factors against Psychological Distress

VI. SLIDE 6 - METHODS: SUBJECTS

A. Subjects were 215 Vietnamese men and women at 5 English as a Second Language (ESL) sites in Orange County CA who listened to a presentation of the research project and were invited to participate

B. 184 individuals or approximately 85% of those approached agreed to participate

C. We think this high response rate was due to the use of bilingual *selection bias-* Vietnamese-American college students as recruiters and interviewers *ESL participants more*

D. Subjects responded to a 224 item questionnaire in Vietnamese or English *motivated to* that was administered orally to all older subjects andabout half the middle-aged *acculturate* subjects; the vast majority of younger generation subjects completed the questionnaire independently

E. The questionnaire took approximately 1 1/2 hr to complete orally

VII. SLIDE 7 - DESCRIPTION OF SAMPLE I

A. Our sample consisted of slightly more males than females

B. We chose the following cut-off points to operationalized the three generations of interest; and subjects were fairly evenly distributed by generation

C. Most of the respondents were born in urban areas, primarily Saigon

D. Our sample was comparatively well-educated, with a mean of 11.4 yrs of schooling

VIII. SLIDE 8 - DESCRIPTION OF SAMPLE II

A. The sample was split fairly equally between Buddhists and Catholics

B. The majority of subjects had been in the U.S. one year or less

C. Almost 93% had been in the U.S. 5 yrs or less, so we believe this qualified as a recent immigrant sample

D. Most of our subjects were not working, and most received govt aid

E. Most were poor

IX. SLIDE 9 - MEASURES * INDEPENDENT VARIABLES

A. The two primary independent variables of interest were Current Dissatisfaction with Life in the U.S. and War-Related Trauma

B. Dissatisfaction included items such as feeling discriminated against, feeling did not belong in this country, fearful of violence and gangs, has problems *unhappy with life in U.S.,* understanding U.S. customs and rules, and wanting to return to Vietnam *fearful of future* *for life in U.S.*

C. War-related Trauma included serving in the Vietnamese army, experiencing mental or physical torture, losing family members in the war, spending time in reeducation camps, and the nature of the emigration experience

D. The other independent variables listed were selected because, in our judgment, they reflected additional dimensions of current adjustment

E. Family Conflict - level of disagreement about such things as importance of acculturation, working hard, giving children independence, house rules, parental control *media preference*

F. Acculturation was primarily a measure of language usage and social interaction *in*

G. Biculturalism measured the respondent's level of comfort and knowledge of both Vietnamese and American customs and values

H. Social support

I. Overall perceived health status

X. SLIDE 10 - MEASURES * DEPENDENT VARIABLES

A. Four measures of psychological distress were used:

B. Depression and anxiety subscales of the Hopkins Symptom Checklist

C. Kinzie's Vietnamese Depression Scale, developed specifically for use with Vietnamese immigrants

D. A scale measuring post-traumatic stress disorder

XI. SLIDE 11 - RESULTS * GENERATIONAL DIFFERENCES

A. Generational differences were examined thru chi-square tests and analysis of variance; numbers on this slide represent actual number of subjects

B. As predicted, younger generation were more likely to be employed, less likely to be on government assistance, and reported overall better health

XII. SLIDE 12 - RESULTS * GENERATIONAL DIFFERENCES

A. Although the younger generation had spent less time in the U.S. than the oldest generation, they were better educated, and reported higher family income

XIII. SLIDE 13 - RESULTS * GENERATIONAL DIFFERENCES

chk #1

A. As predicted, the younger generation was characterized by greater acculturation in terms of better language skills and being more likely to socialize with Americans as well as Vietnamese

B. They were also significantly more bicultural

C. However, contrary to our hypothesis, they were slightly more likely to report Dissatisfaction with their life in the U.S.

XIV. SLIDE 14 - RESULTS * GENERATIONAL DIFFERENCES

A. As expected, the younger generation reported significantly less War-related Trauma, and significantly greater Family Conflict

B. In terms of the study's dependent variables, the only significant difference was that on the Vietnamese Depression Scale, the younger generation was significantly less depressed than the older generations

C. There were no generational differences in terms of Social Support, or any of the other measures of Psychological Distress

XV. SLIDE 15 - MENTAL DISTRESS FACTOR

A. To pursue our second hypothesis, we next explored the possibility that our 4 dependent variables were measuring a single construct

B. To test this possibility, We developed a correlation matrix that showed moderate to high correlations among all four measures

C. We then conducted a Principal Components Factor Analysis of the 4 measures that yielded 1 Factor explaining 73% of the variance, and to which all four scales contributed fairly equally

D. These findings allowed us to conclude that the 4 scales were actually measuring a single construct which we called Mental Distress

XVI. SLIDE 16 - BIVARIATE CORRELATIONS OF MENTAL DISTRESS

A. Health and Social Support showed very small negative correlations with Mental Distress, indicating that better health and greater social support were associated with decreased mental distress

B. Acculturation, Family Conflict, Dissatisfaction with Current Life, and War-Related Trauma all showed positive associations with Mental Distress

C. There were no significant correlations of Mental Distress with any demographic variables

XVII. SLIDE 17 MULTIPLE REGRESSION I * MENTAL DISTRESS

A. Two multiple regressions were performed using Mental Distress as the dependent variable with entry criterion set at $p = .05$

B. To test the hypothesis regarding the contributions of Current Dissatisfactions and Past Trauma, the following variables were entered into a regression equation: Health, Dummy Young, Dummy Old, War Trauma, Dissatisfaction, Family Conflict, Acculturation, and Social Support

C. This equation explained only 15% of the variance in Mental Distress

D. Only War-related Trauma, Dissatisfaction and Conflict made significant, independent contributions to Mental Distress

E. As can be seen, War-related Trauma contributed 3% of the variance, while Dissatisfaction and Conflict contributed a combined total of 12%

XVIII. SLIDE 18 - MULTIPLE REGRESSION II * MENTAL DISTRESS

To further investigate the relationships between mental distress and current psychosocial adjustment variables

A. Because the younger generation had significantly less War-related Trauma than the other two generations, we reran the regression equation ommitting this variable of War-Related Trauma

B. This equation explained 19% of the variance in Mental Distress

C. In this equation, Dissatisfaction, Family Conflict, and Acculturation all made independent contributions to Mental Distress

D. Younger age contributed a small protective factor, as seen by the negative beta value

XIX. SLIDE 19 - CONCLUSIONS I

A. On the positive side, the younger generation of Vietnamese had better acculturative skills, was more bicultural, was more often working, less often on welfare, had a higher family income, was healthier and (according to the VDS), was less depressed

B. However, they also expressed more family conflict and more dissatisfaction with life in the U.S.

C. Despite their greater acculturation, they did not report greater social support

XX. SLIDE 20 - CONCLUSION II

A. In terms of our second hypothesis, we conclude that War-related Trauma and Current Social Adjustment both contribute to Psychological Distress, but Current Adjustment had a greater impact

B. Youth appears to confer some protective benefit against Psychological Distress, while Acculturation makes a small but significant contribution to Psychological Distress

C. In conclusion, young Vietnamese immigrants have certain strengths and assets; however their greater dissatisfaction with life in the U.S. and their greater family conflict may be significant in predicting worse psychological distress as they lose the protective buffer of youth. Thus we see this as a generation at risk.

potential