

The purpose of the Vietnamese Family Project is to explore the acculturation process on Vietnamese immigrants who have resided in the United States from one-to-ten years.

The project measures acculturation, family relations, social support, hardiness, war-related trauma, post traumatic stress disorder, anxiety and depression in three generations: elderly (age 59 and over), middle-aged (40-59), and young adults (18-23). Our data consists of 60 individuals from each generation group, 30 males and 30 females. We hypothesize that bicultural individuals will exhibit less stress, anxiety, depression and dysfunctional coping. Also, we expect that families that demonstrate support and flexibility for bicultural life styles will have family members who perform well on our outcome measures of adjustment.

For example, our data indicate a high percentage of our sample in all age categories, immigrants wanted to preserve the traditional Vietnamese culture, but almost an equal amount wanted to incorporate American values. Data analysis is still in progress, but preliminary results indicate, as expected, significantly more PTSD among males in the 40-to-59-year-old age group; and significantly greater acculturation among young Vietnamese of both sexes; a highly significant association between mental torture and both depression and PTSD.

ABSTRACT

EFFECTS OF ACCULTURATION ON VIETNAMESE FAMILY STRUCTURE AND FUNCTION

Research on multiethnic populations has long identified a relationship between physical and psychological adaptational outcomes for individuals and the integrity of the family unit. It is generally believed that a "strong" family buffers the negative effects of interactions with the majority culture, such as discrimination and alienation. However, little is known about precisely how families exercise this buffering effect, or about which particular family attributes may enhance buffering.

We believe that a key aspect of family integrity is the attitudes toward and levels of acculturation that exist within the family. The overall purpose of this investigation is to determine whether a relationship can be identified between acculturation in Vietnamese families and various adaptational and maladaptational outcomes among individual family members. In particular, we will investigate the hypotheses that bicultural individuals will exhibit less stress, depression, and dysfunctional coping; and that cohesive, flexible families that demonstrate support for the bicultural model (regardless of the level of generational acculturation) will have family members who perform well on our outcome measures of adjustment.

The project team will develop a semi-structured interview, based on existing literature and reviewed by members of the Vietnamese community, that will be administered orally to 50 Vietnamese families. Because of our interest in intergenerational issues and conflicts, members of three generations (grandparent, parent, and child) will be interviewed. The interview will address several areas of concern: 1) Demographic information, including length of time in U.S., employment status, and evidence of war trauma 2) Level of acculturation, as measured by bilingualism, availability of cultural mediators, presence of cultural "feedback" and other factors 3) Presence of intergenerational conflicts 4) Satisfactions and dissatisfactions about living in the U.S. 5) Problematic and positive coping behaviors. Several standardized instruments also will be used, specifically a depression scale, a parent-child communication scale; and a measure of family characteristics.

EFFECTS OF ACCULTURATION ON VIETNAMESE
FAMILY STRUCTURE AND FUNCTION

STATEMENT OF PURPOSE: While the Vietnamese are frequently referred to as a "model minority," in fact rates of divorce, intergenerational conflict, and gang involvement are on the rise in this community. The reasons for these problems are multifaceted, and include such factors as educational attainment, socioeconomic status, family separation etc. One important element that has been related to adaptational outcomes in other ethnically-based research is the integrity of the family unit. We believe that a key aspect of family integrity is attitudes toward and levels of acculturation that exist within the family. The overall purpose of this pilot investigation is to determine whether a relationship can be identified between acculturation in Vietnamese families and various adaptational and maladaptational outcomes among individual family members.

List Review
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Significance
BACKGROUND: With the fall of Saigon, over 130,000 Vietnamese refugees fled to the United States in 1975. This "first wave" of Vietnamese immigrants were often well-educated, powerful individuals and their families who had played prominent roles in the government of South Vietnam. In the past 10 years, we have seen a second wave of immigration from Vietnam, as relations between our two countries have become increasingly normalized, and restrictions on immigration eased. This "second wave" of Vietnamese immigrants often is from a different socioeconomic background, and is less skilled and well-educated than their predecessors (Chu, 1981). While studies suggest that, despite difficulties, the original immigrant group by and large has made a good adjustment to the United States, little research exists on the experiences of this second wave. Anecdotal evidence points to greater adjustment difficulties, in particular the threatened dissolution of family structure and values. Vietnamese community members point to the growing divorce rate, as well as the rise in intergenerational conflict, two social issues previously almost unheard of in traditional Vietnamese culture (Boman & Edwards, 1984).

In American majority culture, the individual is viewed as the basic unit of society. By contrast, in traditional Vietnamese culture, the basic social unit is the family. The close-knit Vietnamese family and extended family traditionally have been a source of strength, buffering against the pressures to assimilate into an alien culture (Lin, Tazuma, Masuda, 1979). However, the family unit itself is subject to significant and growing pressures, both from traditional sources (ie., the traditional Vietnamese coping strategy of placing one's hopes for success on the next

generation) and from the surrounding society (ie., peer pressure on adolescents to "fit in" and become "Americanized"). Many of the social relations within the family, which in Vietnamese culture historically have been carefully regulated, are inevitably changed as the result of their encounter with American mores (Cox & Gelfand, 1987). For example, a culture that respects and reveres parents now finds these same parents dependent on their children to mediate between them and a strange society. The parental and grandparental generations are socially isolated, lacking adequate social support. For the father especially, there is a loss of established social role and status. Traditional Vietnamese values of tanh can cu (willingness to do things the hard way when necessary); tanh hieu hoc (love of learning); family loyalty; and an emphasis on harmony often are challenged by the assertive, individualistic, materialistic values of the dominant culture (National Indochinese Clearinghouse, 1981).

BICULTURALISM

The theory of biculturalism states that individuals from a nonmajority cultural and ethnic background will be characterized by high psychosocial adjustment when they can demonstrate biculturalism, ie., mastery of skills and development of attitudes of respect and appreciation that allow them to function successfully in both the dominant and nondominant cultures (Anda, 1984). The literature identifies three basic conditions in this model: a) traditional monoculturalism, where the individual shows little sign of incorporating any aspects of the dominant culture b) overacculturation, in which the individual has attempted to assimilate completely into the majority culture, leaving behind his or her culture of origin c) biculturalism, in which the individual evinces respect for and familiarity with traditional culture, while moving comfortably and skillfully within the majority culture.

PROJECT TEAM: The project team consists of five members from the Department of Family Medicine, as well as 3 research assistants to be hired with project funds. These members are Johanna Shapiro, Ph.D., Professor (Academic Senate member); Kaaren Douglas, M.D., MSPH, Associate Clinical Professor; Truc Dinh, M.D., Associate Clinical Professor; Patricia Lenahan, LCSW, staff clinical social worker; Nhat Mai, M.D., Geriatric Fellow. This proposal represents a departmental effort to investigate the relationship between the acculturation process and changes in Vietnamese family structure and function. While the majority of investigators are family physicians, our interest in this proposal is not the physical health of members of the Vietnamese community, but the psychological and social context in which these individuals and their families are embedded. We believe this line of inquiry is consistent with well-established models of biopsychosocial approaches to health care prevalent in family medicine circles; and

will provide important information to the majority culture about problematic issues currently facing the Vietnamese community.

METHOD

Based on existing literature and on guidance from members of the Vietnamese community, the project team will develop a semi-structured interview, to be administered orally to 50 Vietnamese families. Based on our research questions, several inclusionary criteria will be applied: 1) Because we are interested in the "second wave" of the immigrant population, our respondents will be restricted to immigrants who have been in this country 10 years or less. 2) Because of our focus on intergenerational conflicts, all families will have at least one member from three generations: grandparental, parental, and child. 3) Because intergenerational differences surface most frequently during adolescence, at least one child in the family will be between the ages of 13-21. Versions of the interview will be developed to be relevant to grandparent, father, mother, and adolescent.

Three bilingual interviewers (a student for the adolescent interviews; an adult male to interview fathers and grandfathers; and an adult female to interview mothers and grandmothers) will be hired with project funds to conduct the interviews. The interview will focus on several areas of concern (Yee & Thu, 1987): 1) Demographic questions, including sex, age categories, education, religion, year of arrival in U.S., past and current occupational status, marital status (including divorces), monthly family income, number of people contributing to family income and supported by income, household composition, types of aid or assistance received 2) Evidence of war trauma 3) Level of acculturation (see below) 4) Intergenerational conflict 5) Satisfactions with living in the U.S. 6) Worries and concerns about living in U.S. 7) Problematic coping, including alcohol and drug use, smoking, feeling angry, not adapting, gambling, participation in illegal activities 8) Positive coping, including individual strategies, appeals to family or friends, community assistance, professional help.

For the purposes of this study, we will measure the presence of biculturalism according to the following criteria: 1) Availability of cultural mediators and mentors 2) Amount of positive and negative feedback provided by both cultures regarding attempts to produce normative behaviors 3) Bilingualism 4) Appearance (ie., presence of both traditional and "American-style" clothes, haircuts, makeup etc.) 5) Combination of analytic, problem-solving skills with attitude of acceptance ("fatalism").

We will also use an adapted version of Kinzie's Depression Scale (Kinzie & Manson, 1983) which has been demonstrated to be reliable and valid for Indochinese refugee populations. In addition, we will pilot the usefulness of two family interaction scales, with

established reliability and validity on Caucasian populations, to assess Vietnamese family environment: Parent-Child Communication (Barnes & Olson, 1982); FACES (Olson & McCubbin, 1985), measuring dimensions of adaptability and cohesion within the family.

Outcome measures will include the measures of depression, negative and positive coping, perceptions of intergenerational conflict, divorce, and level of satisfaction with life in the U.S.

HYPOTHESES

Hypotheses related to acculturation: 1) We expect to find most traditionalism in the first (grandparental) generation (monoculturalism), most assimilation in the second (parental) generation (over-acculturation), and most biculturalism in the third generation (children). 2) Bicultural individuals will exhibit less stress, depression, and dysfunctional coping. 3) Families with the most support for acculturation (as measured by their adaptation, flexibility, and open communication, regardless of generational acculturation) will show family members who perform well on our outcome measures of adjustment.

Hypotheses related to demographic variables: 1) We expect to find, as in previous studies, that age, education, SES, employment, and history of war trauma are all related to adaptational outcomes. 2) We hypothesize that biculturalism, and positive attitudes toward biculturalism, will mediate the negative effects of the above demographic variables.

DATA ANALYSIS

The purpose of this study is not to obtain a large statistical sample. Rather, using descriptive statistics and qualitative methodology, we intend to identify a range of possible constellations of acculturation within the family, and determine whether our hypotheses regarding acculturation are defensible. Because we will be able to examine individual adjustment scores, as well as a summed family adjustment score, we expect to be able to do correlational analyses and multiple regressions on group data (ie., families, parents, children, grandparents).

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June 14, 1994

Mr. Anh Nhu Nguyen, Director
Vietnamese Community of Orange County
9191 Bolsa Avenue #209
Westminster, CA 92683

Dear Mr. Anh Nguyen:

I have enclosed a description of the proposed research project of Joe Le, an undergraduate UCI student.

We would like to recruit subjects for this research through the Vietnamese Community's ESL classes and would appreciate your comments. Joe Le will contact you within the next two weeks to follow-up and discuss your thoughts on this proposed project.

Sincerely,

Johanna Shapiro, Ph.D.
Professor
Behavioral Sciences
Department of Family Medicine

enclosure

JS:lg

ATTITUDES, BEHAVIOR, AND KNOWLEDGE OF HIV AND AIDS IN A YOUNG ADULT VIETNAMESE POPULATION

This project uses an anonymous, confidential questionnaire to learn more about the knowledge young adult (18 - 22 years of age) male and female Vietnamese have regarding HIV and AIDS; what are their attitudes and understanding of high risk behaviors; and to what extent they participate in such behaviors. The study will compare two Vietnamese populations: college students and ESL students (recent immigrants). It is expected that college students will have greater knowledge, but that attitudes will be similar. The information obtained from this study will be helpful to public health officials and members of the Vietnamese community in determining what kinds of educational programs would most effectively address issues of knowledge and high risk behavior regarding HIV and AIDS in a potentially at-risk segment of the Vietnamese population.

SPECIFIC AIMS

While the Vietnamese population residing in the United States is frequently referred to as a "model minority," it is also a community with high rates of psychological distress, including depression, anxiety, and post traumatic stress disorder, somatic symptomatology, and increasing intergenerational conflict. The reasons for these problems are multifaceted, and include such factors as educational attainment and socioeconomic status, degree of war-related trauma experienced, and level of social support available. One important element that has been related to adaptational outcomes in other ethnically-based research is the integrity of the family unit. Key aspects of this concept include family fragmentation vs. unification, adaptability and cohesion vs. conflict within the family unit, and attitudes toward and levels of acculturation existing within the family. The overall purpose of this investigation is to determine, among the Vietnamese community of Orange County, California, what properties and processes occurring within the family unit are associated with high levels of adaptation to life in this country.

Within this broad purpose, the study will accomplish several specific aims. First, it will provide a rich description, using both qualitative and quantitative methodologies, of the factors influencing the decision to emigrate, the expectations created by this decision, and the effects on individual and family life since immigration occurred. Dimensions of life to be assessed include 1) participation in the work force 2) performance in the academic system 3) psychological and physical health variables, including health care utilization patterns.

The focus of the study will be on successful adaptation to American society, with emphasis on a cross-generational sample who in this ethnic group will be likely either immigrants themselves or first generation Americans. In studying their adaptation, we will examine characteristics of the family unit facilitating or impeding adaptation; the ability of the individual and/or family to utilize both formal support services (general relief, health benefits, job retraining etc.) and informal social networks to promote adaptation; and their actual and potential contributions back to society.

Several outcome variables will be utilized: 1) Psychological wellbeing, measured on dimensions of depression, anxiety, and post-traumatic stress 2) Physical wellbeing, measured by subjective assessment of health and symptom checklists 3) Academic and/or work performance 4) Satisfaction with American society 5) Perceived negative aspects of American society, including discrimination and threat of violence.

We predict that several family variables will be related to adaptational success across generations: 1) Family socioeconomic status and level of educational attainment, both current and pre-immigration (including pre-immigration income level and occupation) 2) Family structure that either reflects or supports bi-culturalism vs. monoculturalism 3) Family structure that supports adaptability

and cohesiveness 4) Intergenerational relations and level of conflict 5) Ability across generations to transmit skills and resources (both material and abstract) 6) Perceptions of personal and family resilience 7) Degree to which family relies on youngest generation to serve as intermediaries between older generation and the new cultural milieu.

LITERATURE REVIEW

BACKGROUND AND SIGNIFICANCE: With the fall of Saigon, over 130,000 Vietnamese refugees fled to the United States in 1975. This "first wave" of Vietnamese immigrants were often well-educated, powerful individuals and their families who had played prominent roles in the government of South Vietnam, or had served in its army. In the past 10 years, we have seen a second wave of immigration from Vietnam, as "boat people" risked their lives to escape the oppressive Communist government. As relations between our two countries became increasingly normalized, and restrictions on immigration eased, the orderly departure program was instituted, allowing families from the first two immigration waves to be reunited. In general, these "second" and "third" waves of Vietnamese immigrants often came from a lower socioeconomic background, and were less skilled and well-educated than their predecessors (Chu, 1981). While studies suggest that, despite difficulties including survivor guilt (Chu, 19??) and increasing anger and irritability over time (Lin, Tazuma, Masuda, 1979), the original immigrant group by and large made a good initial adjustment to the United States (Vignes & Hall, 1979). However, little research exists on the adjustment experiences of the second and third waves. Anecdotal evidence points to greater adjustment difficulties, in particular the threatened dissolution of family structure and values. Vietnamese community members point to the growing divorce rate, as well as the rise in intergenerational conflict, two social issues previously almost unheard of in traditional Vietnamese culture (Boman & Edwards, 1984).

In American majority culture, the individual is viewed as the basic unit of society. By contrast, in traditional Vietnamese culture, the basic social unit is the family. The close-knit Vietnamese family and extended family traditionally have been a source of strength, buffering against the pressures to assimilate into an alien culture (Lin, Tazuma, Masuda, 1979). However, the family unit itself is now subject to significant and growing pressures, both from traditional sources (ie., the traditional Vietnamese coping strategy of placing one's hopes for success on the next generation) and from the surround society (ie., peer pressure on adolescents to "fit in" and become "Americanized"). Many of the social relations within the family, which in Vietnamese culture historically have been carefully regulated, are inevitably changed as the result of their encounter with American mores (Cix & Gelfand, 1987). For example, a culture that respects and reveres parents now finds these same parents dependent on their children to mediate between them and a strange society. The parental and grandparental generations run the risk of social isolation, lacking adequate skills to integrate in the new society. For the father especially, there may be a loss of preexistent social role and

status. Traditional Vietnamese values of tanh can cu (willingness to do things the hard way when necessary); tanh hieu hox (love of learning); family loyalty; and an emphasis on harmony often are challenged by the assertive, individualistic, materialistic values of the dominant culture (National Indochinese Clearinghouse, 1981).

Family interaction patterns among Asians are very different than among Caucasians (Hsu et al, 1985). Asian families are much more directly involved in the patient's care than are Caucasian families (Lin et al, 1991). Yet families are often reluctant to participate in existing community support activities, in part because the presence of a mentally ill family member affects the family's social status, and the belief that the emotional aspects of one's life are private and not to be shared (Yamamoto, 1978; Kinzie et al, 1980; Brower, 1980). The strong sense of responsibility across generations can lead to shame, embarrassment, and resentment. Lin et al (1991) emphasized the "relatively greater importance of working with family members when treating Asian patients".

According to Sue (1994), Asian-American refugees have particularly high levels of mental disturbance. In one study, 70% of the sample met criteria for PTSD, while another study indicated that 49% of Vietnamese refugees met diagnostic criteria for major depression (Kinzie & Mason, 1983). Yet another study documents the widespread presence of somatic symptoms of headache and insomnia (Nguyen, 1982). Another researcher (Yee & Thu, 1987) identified an age-related component to adaptation, with older refugees being more depressed, having more worries and concerns and less English ability. Problems in measurement of psychopathology in the Vietnamese community have led to the development and validation of a culture specific depression measure (Kinzie, 19??; Hinton, 19??). Atkinson et al (1984) contrasted the attitudes toward mental illness and counseling in college students of different ethnic backgrounds. While Asian-American college students were more depressed and anxious than white college students, they found that Vietnamese students compared to Anglo-Americans had less positive attitudes about seeking psychiatric help, less tolerance of the stigma associated with seeking such help, and less confidence in the abilities of mental health professionals. Vietnamese students in that study rated an older relative (followed by the oldest person in the community) before mental health professionals as their choice for help providers. They also preferred an ethnically similar mental health counselor.

Asian patients generally experience a high dropout rate from treatment (Lin et al, 1978; Sue and McKinney, 1975; Sue and Morishima, 1982). One half of Asian patients failed to return after one outpatient session compared to 30% for nonminority patients (Sue, 1977). Asians averaged 2.3 treatment sessions compared to 8.0 for Caucasians (Sue & Morishima, 1982). Kinzie et al (1980) characterizes the Vietnamese attitude toward the mentally ill as including "fear, rejection, and ridicule." Family impact on patient illness, either negative or positive, may be greater than in a Caucasian sample.

Even in the absence of strict psychopathology, immigration poses many adjustment challenges. A study by Lee (1983) concluded that 70% of its Chinese immigrant sample had difficulty

communicating; 60% had difficulty understanding the social system, laws, and customs of the United States; and the young adults felt helpless and anxious because of a lack of occupational and professional skills.

While formal psychotherapy is not held in high repute, social networking appears to act as a buffer to psychological maladjustment (Kuo & Tsai, 1986). The ethnic subculture and community appears to buffer many immigrants from adaptational stresses. A smaller network was associated with increased depression; but high network density (ie., the interconnectedness of the network) promoted adaptation and inhibited depression.

In addition to social support, individual characteristics of resilience and resourcefulness (problem-solving ability, ability to regulate negative emotions, high personal mastery) have been shown to correlate with decreased depression and better health (Nicassio et al, 1989). English skills, socioeconomic status (Nicassio, 1985), and younger age (Kuo & Tsai, 1986) have also been demonstrated to be inversely related to psychological symptoms. Hinton - validation of VDS and HSC-D measures using SCID

METHOD

SUBJECTS. Subjects will be recruited to fill the following cells:

VIETNAMESE:		18-25	25-35	35-50	50-65+
	MALE	50	50	50	50
	FEMALE	50	50	50	50
JUVENILE HALL:	MALE	30			
	FEMALE	30			
AMERICAN:	MALE	50	50	50	50
	FEMALE	50	50	50	50
JUVENILE HALL:	MALE	30			
	FEMALE	30			

WAYS OF IDENTIFYING SUBJECTS: Subjects will be recruited through community colleges, community associations, phone listings, ESL classes, DMVs, and supermarkets. All subjects will be screened for symptoms of schizophrenia or past psychiatric hospitalization.

METHOD: Face-to-face interview, plus completion of standardized instrument packet. Subjects will be reassessed in 1 year to determine stability of adaptation.

All interviews will be conducted at the site most convenient to the subjects, whether this be home, school, or workplace. Interviews will be conducted by bilingual individuals who are age and gender-appropriate for the particular interview being performed. The interview will gather data on the following variables: 1) Demographic data, including age, marital status, religion, length of time in U.S., employment status, and evidence of war trauma 2) Levels of acculturation, as measured by bilingualism, informal contacts with representatives of the majority culture, availability of cultural mediators, presence of cultural "feedback" and other factors 3) Presence of intergenerational differences and

disagreements 4) Satisfactions and dissatisfactions about living in the U.S. 5) Problematic (ie., alcohol, tobacco, and drug use) and positive coping behaviors (ie., resilience) 6) Specific types and nature of formal and informal support available. The standardized instruments will assess depression, anxiety, PTSD, somatic symptoms, social support and family characteristics. These standardized measures have been chosen for their non-reactive properties, i.e., in other research they have not provoked emotional or psychological distress in subjects. All interview and standardized questions will be translated into Vietnamese and back-translated to insure linguistic accuracy.

RESEARCH QUESTIONS TO BE ADDRESSED:

1. Across-group comparisons:

- a) Within and across age group, do levels of psychopathology (depression, anxiety, PTSD) differ by ethnic group?
- b) Within and across age group, do levels of perceived intergenerational conflict and societal dissatisfaction differ by ethnic group?
- c) Within and across age group, are there different levels of social support, family cohesion, negative and positive coping strategies by ethnic group?
- d) Within age group, are there significant demographic differences according to ethnic group?

2. Within-group comparisons:

- a) Are there differences in levels of psychopathology among different age groups?
- b) Are there differences in perceived intergenerational conflict and societal dissatisfaction among different age groups?
- c) Are there different levels of social support, family cohesion, negative and positive coping strategies among different age groups?
- d) Are there significant demographic differences among different age groups?

3. Regression analyses:

- a. In each sample, and within each age group, what is the relationship between perceived intergenerational conflict, acculturation, respect for traditional values and adjustment outcomes?
- b. What is the relationship between social support, negative and positive coping, family cohesion and adjustment outcomes?
- c. Does presence of social support, family cohesion, positive coping mediate the relationship between intergenerational conflict and adjustment outcomes?
- d. What is the relationship between war trauma, PTSD, and other forms of psychopathology? (Vietnamese sample only)
- e. Does presence of social support, positive coping, family cohesion or low intergenerational conflict buffer the relationship between war trauma, PTSD, and other forms of psychopathology? (Vietnamese sample only).