

**PARENTAL PSYCHOLOGICAL CONTROL, RELIGIOUS COPING, AND  
PSYCHOLOGICAL DISTRESS IN CHINESE AMERICAN CHRISTIAN  
ADOLESCENTS**

A Dissertation

by

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## **ABSTRACT**

Asian American adolescents have been documented as having high levels of depressive symptoms and psychological distress. Asian American Christians are an understudied, growing subpopulation of Asian American adolescents who represent a unique intersection of identities that may have implications for how they cope with stress. This study examined the effects of parental psychological control and religious coping on adolescent psychological distress in Chinese American Christian adolescents.

A community sample of Chinese American Christian adolescents ( $N = 52$ ), ages 14 to 18, completed online questionnaires containing measures of parental psychological control, adolescent religious coping, and adolescent psychological distress. Correlational analyses and path analyses were used to assess hypothesized relationships. Path analyses showed significant paths from negative religious coping to depressive symptoms and anxiety symptoms. While correlational analyses did not show significant associations between composite scores, associations were found between mother erratic emotional behavior and depressive symptoms, mother erratic emotional behavior and anxiety symptoms, and father erratic emotional behavior and depressive symptoms. Mother love withdrawal was associated with greater use of positive religious coping, as well as the specific methods of spiritual connection, religious forgiving, collaborative religious coping, and religious focus. Spiritual discontent, a negative religious coping method, was correlated with depressive symptoms. These findings contribute to our

understanding of the roles of parental psychological control and religious coping on psychological distress levels in Chinese American Christian adolescents.

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## CHAPTER I

### INTRODUCTION

There is growing evidence in the literature that depressive symptoms and psychological distress are common concerns among Asian American adolescents. In comparison to their White counterparts, Asian American adolescents report greater depressive symptoms, greater internalizing symptoms, and lower self-concepts (Sen, 2004; Greenberger & Chen, 1996; Lorenzo, Pakiz, Reinherz, & Frost, 1995). The Youth Risk Behavior Surveillance, a recent national survey, indicated that approximately 29% of Asian American high school students (N = 471) reported depressed feelings that interfered with daily activities (Centers for Disease Control and Prevention, 2011). By gender, 34% of females and 26% of males reported depressed feelings that interfered with daily activities; Asian American females were significantly more likely to report depressed feelings than males ( $p < .001$ ). 14% of all Asian American participants had made a suicide plan within 12 months of the survey and 11% reported at least one suicide attempt. Of particular concern is that 15% of Asian American females reported at least one suicide attempt, which is the second highest suicide attempt rate of females from any racial/ethnic group following American Indian/Alaska Native females. Taken together, these data suggest that Asian American adolescents have an elevated risk for experiencing depressive symptoms and psychological distress.

A growing subpopulation of Asian American adolescents that has been neglected in the adolescent and multicultural research is Asian American Christians. The growth in

Asian American churches and parachurch organizations in the U.S. indicate the rising influence of Christianity on second-generation Asian American adolescents. From a mental health perspective, Asian American Christianity also represents a unique intersection of identities that may have implications for how these young people cope with stress. While the literature demonstrates the impact of adaptive and maladaptive religious coping styles among White Christian Americans, religious coping and its psychological effects have yet to be studied in Asian American Christians.

Research indicates that parental psychological control is linked to psychological distress in Chinese American adolescents. Among religious individuals, parental attachment may correspond to one's attachment to God. Therefore, it is posited that parental psychological control leads to negative religious coping (i.e., tension and struggle in one's relationship with God), and both lead to adolescent psychological distress. In addition to studying the effects of parental psychological control and religious coping on adolescent psychological distress, this study will examine the mediating effect of religious coping on the relation between parental psychological control and adolescent psychological distress.

### **Purpose Statement**

The purpose of this dissertation is to explore how parental psychological control and religious coping contribute to psychological distress among Chinese American Christian adolescents. The study aims to understand whether religious coping mediates the relationship between parental psychological control and psychological distress. The

study also seeks to determine whether mother and father psychological control differ in their effects on religious coping and psychological distress.

For the purposes of this study, psychological distress is defined as the presence and severity of depressive, anxiety, and somatic symptoms. Religious coping is defined as “efforts to understand and deal with life stressors in ways related to the sacred” (Pargament, Feuille, & Burdzy, 2011, p. 52). Parental psychological control is defined as intrusive behavior that “constrains, invalidates, and manipulates children’s psychological and emotional experience and expression” (Barber, 1996, p. 3296)

## **Variables**

The following bulleted list provides definitions for variables and subscales within positive religious coping, negative religious coping, and parental psychological control, as well as the subscales that comprise those variables.

- **Positive Religious Coping:** characterized by a sense of connectedness with God, a secure relationship with a caring God, and a belief that life has a greater benevolent meaning.
  - **Spiritual Connection:** “experiencing a sense of connectedness with forces that transcend the individual” (Pargament et al., 2011, p. 56).
  - **Seeking Spiritual Support:** “searching for comfort and reassurance through God’s love and care” (Pargament et al., 2011, p. 56).
  - **Religious Forgiving:** “looking to religion for help in shifting from anger, hurt, and fear associated with an offense to peace” (Pargament et al., 2011, p. 56).

- **Collaborative Religious Coping:** “seeking control through a partnership with God in problem solving” (Pargament et al., 2011, p. 56).
- **Benevolent Religious Reappraisal:** “redefining stressor through religion as benevolent and potentially beneficial” (Pargament et al., 2011, p. 56).
- **Religious Purification:** “searching for spiritual cleansing through religious actions” (Pargament et al., 2011, p. 56).
- **Religious Focus:** “engaging in religious activities to shift focus from the stressor” (Pargament et al., 2011, p. 56).
- **Negative Religious Coping:** characterized by signs of spiritual tension, conflict and struggle in one’s relationship with God.
  - **Spiritual Discontent:** “expressing confusion and dissatisfaction with God’s relationship to the individual in the stressful situation” (Pargament et al., 2011, p. 56).
  - **Punishing God Reappraisal:** “reappraising the stressor as a punishment from God for the individual’s sin” (Pargament et al., 2011, p. 56).
  - **Interpersonal Religious Discontent:** “expressing confusion and dissatisfaction with the relationship of clergy or members to the individual in the stressful situation” (Pargament et al., 2011, p. 56).
  - **Demonic Reappraisal:** “redefining the stressor as an act of the Devil” (Pargament et al., 2011, p. 56).
  - **Reappraisal of God’s Powers:** “redefining God’s power to influence the stressful situation” (Pargament et al., 2011, p. 56).

- **Parental Psychological Control**

- **Personal Attack:** “attacking [the child's] worth or place in the family by reminding [the child] of his or her responsibilities to the family” or “questioning [the child’s] loyalty to the family” (Barber, 1996, p. 3316).
- **Erratic Emotional Behaviors:** “vacillating between caring and attacking expressions” (Barber, 1996, p. 3316).
- **Guilt Induction:** “laying guilt trips on [the child] by pointing out that [the child's] behavior had a negative emotional impact on a family member” (Barber, 1996, p. 3316).
- **Love Withdrawal:** “threatening the withdrawal of their love or attention if [the child] did not do or become what [the parent] expected” (Barber, 1996, p. 3316).

### **Research Questions**

This study will address the following research questions:

#### **Question 1: How are parental psychological control and adolescent religious coping related?**

- Hypothesis 1a: Mother and father psychological control will predict greater use of negative religious coping.
- Hypothesis 1b: Mother and father psychological control will predict less use of positive religious coping.

#### **Question 2: How are parental psychological control and adolescent psychological distress related?**

- Hypothesis 2: Mother and father psychological control will predict greater depressive, anxiety, and somatic symptoms.

**Question 3: How are adolescent religious coping and psychological distress related?**

- Hypothesis 3a: Negative religious coping will predict greater depressive, anxiety, and somatic symptoms.
- Hypothesis 3b: Positive religious coping will predict less depressive, anxiety, and somatic symptoms.

**Question 4: Does religious coping mediate the relation between parental psychological control and adolescent psychological distress?**

- Hypothesis 4a: Mother and father psychological control will have indirect effects on depressive, anxiety, and somatic symptoms through the hypothesized mediator variable of negative religious coping.
- Hypothesis 4b: Mother and father psychological control will have indirect effects on depressive, anxiety, and somatic symptoms through the hypothesized mediator variable of positive religious coping.

**Question 5: Are there differences between mother and father psychological control in their relations to adolescent religious coping and psychological distress?**

- Hypothesis 5a: Mother psychological control will more strongly predict positive and negative religious coping than father psychological control.
- Hypothesis 5b: Mother psychological control will more strongly predict depressive, anxiety, and somatic symptoms than father psychological control.

## **CHAPTER II**

### **LITERATURE REVIEW**

#### **Chinese American Christianity**

There is a paucity of research on second-generation Asian American Christianity, a growing phenomenon in contemporary American society. This is rather surprising given the rising numbers of Asian American Christians in the U.S., Asian American churches in the U.S., and Asian American ministries on U.S. college campuses. The majority of the literature utilizes adult populations or single-case, qualitative studies of Chinese American churches in the U.S. While this research provides useful insights, data on second-generation Asian American Christians is lacking. In addition to rising numbers of Asian American Christians, the intersection of multiple identities creates a unique and significant subculture among second-generation Chinese American Christian adolescents that should be better understood by researchers and clinicians.

According to a nationwide representative survey of 3,511 Asian American adults (18 and older) conducted by the Pew Research Center (2012), Christians are the largest religious group among Asian American adults (42%) and among Chinese American adults (31%). 22% of Chinese Americans are Protestant, 8% are Catholic, 15% Buddhist, and 52% unaffiliated or refused to answer. On several measures of religious commitment and belief, Asian American Christians ranked higher than U.S. Christians (61% vs. 45% attend weekly worship services; 37% vs. 24% endorse “Living a very

religious life is one of the most important things in life”; 72% vs. 49% endorse “My religion is the one, true faith”).

This survey also indicated a net gain and high retention rate among Asian American Protestants (Pew Research Center, 2012). While less than a fifth of Asian Americans (17%) were raised Protestant, 22% currently describe themselves as Protestant, demonstrating a net gain. About 7 in 10 Asian Americans who were raised Catholic or Protestant still practice their childhood religion. About half (46%) of current Protestants reported that they were raised in another religious tradition or were unaffiliated, indicating that many were not raised in a Protestant church and at some point in their lives switched into Protestantism.

Another indicator of the growth of Christianity among Chinese American is the number of Chinese churches in the U.S. The number of Chinese Protestant churches in the U.S. rose dramatically between 1850 and 2000 (Yang, 1999; Jeung, 2005). Between 1952 and 2000, the number of Chinese Protestant churches rose from 66 to 819. There are limited data on national numbers of Chinese American adolescents and college students who affiliate with Christianity. However, the growth of Asian American parachurch evangelical influence on college campuses has garnered recent attention from journalists (Richards, 2008; Hua, 2007; Stafford, 2006). National parachurch organizations such as InterVarsity Christian Fellowship and Campus Crusade for Christ have ethnic-specific ministries specifically for Asian Americans. A study showed that 80% of the members of Christian campus groups at University of California-Berkeley and University of California-Los Angeles are Asian Americans, even though they made

up only 40% of the student body (Kim, 2006). At colleges and universities in New York City, Asian Americans account for approximately one-quarter of evangelical college students (Lien & Carnes, 2004).

In addition to rising numbers of Asian American Christians and Asian American-specific churches and parachurch organizations, it is important to consider the intersectionality of being an Asian American, Christian, and adolescent. Intersectionality is defined as “mutually constitutive relations among social identities” (Warner, 2008, p. 454). Instead of viewing social identities as independently functioning parts that are added together to form one’s experience, intersectionality views social identities as interacting with each other to form qualitatively different experiences that cannot be accounted for by each identity alone (Warner, 2008). The present study theorizes that the intersectionality of being a Chinese American Christian adolescent affects an individual’s parent-child relations, view of God, and level of psychological distress, in ways that are different from being a Chinese American adolescent, Chinese American Christian, or an American Christian adolescent.

Since Christianity is not a traditional Chinese religion, the melding of the Christian faith and Chinese American ethnic identity is a relatively new phenomenon. By maintaining some ethnic traditions and transforming others, the intersection of religion and ethnicity creates a unique and significant subculture among second-generation Chinese Americans (Chen, 2008). According to Yang (1999), Chinese American churches maintain their ethnic identity by selectively preserving Chinese cultural traditions with “transformative reinterpretation” (p. 133). Yang observed that

certain Confucian virtues, including filial piety, strong will, and good work ethic, tend to be viewed as consistent with biblical principles. One example of a reinterpretation of Chinese classic thought through a Christian lens is the idea that Confucian moral ideals can only be achieved through Christianity. For instance, loving others, which is both a Confucian and Christian virtue, can only be sustained by the love of God, which is a Christian belief. Similarly, Chinese American Christian parents may utilize church teachings to reinforce traditional parental values. Instead of appealing to Confucianism, parents may appeal to their children's sense of Christian obedience and discipleship (Yang, 1999). This example also highlights the relationship between parenting and religious training in Asian American families, which is another important facet of Asian American Christian adolescents' experience. Research shows that Asian American parents often play an instrumental role in the transmission of religion to their children by providing religious training and modeling participation and leadership for their children (Park & Ecklund, 2007). While Asian American mothers tend to be religious exemplars and tend to be central in their children's religious upbringing, fathers tend to be supportive but more distant/indirect in their influence (Park & Ecklund, 2007).

Being a young Asian American Christian may provide a unique identity and social base in the midst of many different cultural influences. It has been suggested that for Asian Americans, one's religious identity may act as a filter to preserve certain aspects of Asian and American cultures that are determined to be compatible with one's faith (Yang, 1999; Chen, 2008). Yang (1999) quoted one member of a Chinese American church who stated that his Christian identity "transcends the earthly Chinese

and American identities” (p. 186) by giving him absolute ground on which he can selectively reject or accept certain things Chinese and certain things American.

Additionally, Asian American churches can also serve a protective function for second-generation adolescents because they provide spiritual, emotional, socioeconomic resources (Carnes & Yang, 2004). This may help explain the growth in Asian American college students’ involvement in Asian American campus ministries.

Though their faith may help facilitate Chinese Americans’ integration of Chinese and American identities, some second-generation Chinese American adolescents may face difficulty as they endeavor to construct a coherent identity from their multiple identities. Within the family, there may be significant intergenerational differences in attitudes and preferences toward church and how to live out one’s religious faith. Carnes and Yang (2003) suggested that second-generation Asian American young people tend to find more freedom in evangelicalism than in their parents’ more traditional churches. For Chinese American Christians, there may also be discrepancies that arise between their religious and cultural beliefs, which may cause tension within Chinese churches and difficulty for Chinese American Christians. A common discrepancy is the tension between the centrality of the family in traditional Chinese culture and the centrality of God in Christianity. An example of this is the tension between a young Chinese American Christian desiring to do overseas missions and the parents who are more concerned with the impact of their missions work on the family unit and the individual’s financial stability.

There is a dearth of research on second-generation Chinese American Christian adolescents and their parenting, religious coping, and mental health outcomes.

Therefore, this is an area wide open for psychological research.

### **Religiosity and Spirituality in Adolescence**

The literature presents religiosity and spirituality as multidimensional constructs that include beliefs, attitudes, behaviors, rituals, personal experiences, emotions, and personality traits. There seems to be a lack of consensus in the literature about the specific meanings of religiosity and spirituality (Benson, Roehlkepartain, & Rude, 2003); however, the current trend is to define spirituality broadly, encompassing a range of personal experiences and public expressions, while religiosity tends to refer to experiences and expressions that are formalized, associated with a belief system, and occurring in a public venue (Berry, 2006). Additionally, most researchers agree that religiosity and spirituality are latent and multidimensional. Therefore, both constructs must be observed through indicators that are not in and of themselves equal to the construct, and both constructs consist of identifiable dimensions (e.g., public participation, private religious practices, and religious coping).

One important dimension of religiosity/spirituality is religious coping. Drawing from theory and research on coping, Pargament (1997) defined religious coping as one's "efforts to understand and deal with life stressors in ways related to the sacred". He stated that religious coping is multivalent; it can lead to harmful or helpful outcomes and as such, research should acknowledge both adaptive and maladaptive religious coping styles. These two forms of religious coping are positive religious coping and negative

religious coping. Positive religious coping (PRC) reflects a secure relationship with God, a sense of spiritual connectedness with others, and a benevolent worldview (Pargament et al., 2011). Negative religious coping (NRC) reflects spiritual tension, conflict and struggle in one's relationship with God. The use of the term "struggle" recognizes that immediate distress may be temporary and implies the potential for personal growth through the process of dealing with hardships. Negative religious coping is exhibited by negative reappraisal of God's powers (e.g. feeling punished by God), demonic reappraisals (e.g. believing that the devil is involved in the event), spiritual questioning and doubting, and interpersonal religious discontent (Pargament et al., 2011).

Pargament et al. (2011) conducted a meta-analysis on 30 studies that reported data on positive and/or negative religious coping scales from the Brief Religious Coping Scale (Brief RCOPE). The majority of the participants included in the meta-analysis were White and reported Protestant religious affiliation. Positive religious coping was consistently and strongly related to positive psychological outcomes (e.g., life satisfaction, optimism, self-esteem, happiness, social support). Negative religious coping tended to have significant positive associations with measures of psychological distress (e.g., depression, anger, anxiety, somatization, and PTSD symptoms).

Ano and Vasconcelles (2004) conducted a meta-analysis on the efficacy of religious coping methods for individuals dealing with stressful situations. As hypothesized, their findings demonstrated that positive religious coping is related to positive psychological adjustment and negative religious coping is related to negative psychological adjustment. An analysis of 29 studies revealed a significant positive

relationship (cumulative effect size = .33) between positive religious coping and positive adjustment (e.g., optimism, hope, happiness, life satisfaction, quality of life, self-esteem). An analysis of 22 studies revealed a significant positive relationship (cumulative effect size = .22) between negative religious coping and negative adjustment (e.g., depression, anxiety, hopelessness, guilt, hostility, perceived stress).

The relationship between adolescent religiosity/spirituality and mental health has been an increasing area of interest in the adolescent literature. A great deal of this research focuses on the protective role of religiosity/spirituality on psychological distress and maladaptive behaviors in adolescents. A meta-analysis of religiosity/spirituality and adolescent mental health found that intrinsic religiosity (defined as religious commitment, religious influence (defined as using one's religion to decide whether to engage in risky behaviors), and positive interpersonal religious experiences were associated with lower risk of suicide and lower levels of depression (Cotton, Zebracki, Rosenthal, Tsevat, & Drotar, 2006). A longitudinal study on high school students in 10<sup>th</sup> and 12<sup>th</sup> grade found that religiosity was negatively associated with alcohol and marijuana use, and that a decrease in religiosity from 10<sup>th</sup> to 12<sup>th</sup> grade was associated with an increase in alcohol and marijuana use (Kerestes, Youniss, & Metz, 2004). In a study of high school students, religious service attendance was a protective factor against substance use disorders and suicidal ideation (Rasic, Kisely, & Langille, 2011). Adolescents who placed higher personal importance on religion were less likely to have depression, suicidal ideation, and alcohol and marijuana use. Fewer studies have focused specifically on the protective role of religious coping in adolescents. However, one study

conducted on minority adolescents found that using religious coping methods (defined as seeking comfort and help from God and one's religion) to deal with life stressors was significantly and positively related to stress-related growth (defined as psychological health and growth resulting from one's encounter with a stressful event) in Mexican American adolescents ( $\beta = .35$ ) and Asian American adolescents ( $\beta = .55$ ), but not in African Americans (Vaughn & Roesch, 2003). Among high school freshmen, religious identity (defined as adherence to the highly religious person prototype) is significantly associated with personal meaning, which includes cognitive and affective dimensions of meaning, and with prosocial concern (Furrow, King & White, 2004). The aforementioned study on 10<sup>th</sup> and 12<sup>th</sup> graders showed that students with high religiosity (which includes vertical-horizontal religious beliefs and public-private religious behaviors) were higher in civic integration, which included participation in civic activities, participation in extracurricular activities, and willingness to perform volunteer service (Kerestes et al., 2004).

Taken together, it appears that adolescents' use of religious coping may have an important impact on the ways they cope with stress. As stated earlier, much of the research on religious coping has used samples consisting of a majority of White and Protestant participants (Pargament et al., 2011). Park (2009) recommends that researchers study theories that apply to White Christian Americans in the study of Asian American Christians in order to understand "how assumptions made of the white majority are more universal or limited" (p. 79). Since religious coping (i.e., positive religious coping and negative religious coping) has not been studied in Chinese

Americans, this will be the first systematic study that examines how positive and negative religious coping are related to psychological distress in Chinese American adolescents. It will also examine positive religious coping and negative religious coping as potential mediating mechanisms in the relation between parental psychological control and adolescent psychological distress.

### **Parental Psychological Control and Adolescent Psychological Distress**

Parental control is an important dimension of parenting that has been widely studied (Baumrind, 1971). Barber (1996) made an important conceptual distinction between behavioral control and psychological control. While behavioral control refers to regulation of child's behaviors such as setting expectations and monitoring, psychological control refers to intrusive behaviors such as guilt induction and love withdrawal. There appears to be increasing consensus in the literature that parental psychological control is associated both concurrently and longitudinally to poorer psychological outcomes (Barber & Harmon, 2002). In one cross-cultural international study, psychologically controlling parenting was associated with maladaptive personality styles, coping mechanisms, and developmental outcomes for adolescents in Thailand, Costa Rica, South Africa, Belgium, South Korea, and Israel (Barber, Stolz, & Olsen, 2005). Therefore, it appears that the negative impact of parental psychological control may cut across cultural orientation. Soenens and Beyers (2012) suggest that the relatively consistent findings across cultures may be partially explaining by the fact that most studies assessed adolescents' subjective experiences of parental psychological control. Based on the self-determination theory, it has been argued that adolescents have

“universal needs for autonomy, competence, and relatedness”, and that psychological controlling parenting undermines the satisfaction of these needs (Deci & Ryan, 2000).

The notion of “tiger parenting”, as introduced in Amy Chua’s memoir *Battle Cry of the Tiger Mother* (2011), has garnered significant media attention and brought up questions regarding the actual prevalence and effectiveness of this type of parenting among Asian American families. The concept of parental control in the context of Asian culture can be tricky for researchers, due to the traditional value of filial piety, which encourages obedience and deference to parents. When viewed in its traditional cultural context, parental control can be conceptualized as *guan*, an indigenous Chinese concept that roughly means “training” (Chao, 1994). Chinese American adolescents may experience a tension between the mainstream American culture’s negative perception of parental control and their family’s positive perception of parental control (Juang, Sye, & Takagi, 2007). According to Herz and Gullone (1999), a parenting style of low warmth and high control may be culturally appropriate in traditional Asian contexts, but can become difficult in a Western context. How adolescents perceive and receive parental warmth is an important factor to consider in the parent-child relationship and adolescent mental health (Lim & Lim, 2004).

Contrary to media images and popular stereotypes, tiger parenting does not appear to be the most common type of parenting in Asian American families and it is not associated with optimal developmental outcomes in adolescents. A recent study on 444 Chinese American families showed that supportive parenting (high on positive dimensions, low on negative dimensions) was the most common, followed by easygoing

(low on both positive and negative dimensions) parenting, tiger parenting (high on both positive and negative dimensions), and harsh parenting (low on positive dimensions, high on negative dimensions) (Kim, Wang, Orozco-Lapray, Shen, & Murtuza, 2013). Supportive parenting was associated with the best developmental outcomes, as measured by high GPA and lower ratings of academic pressure, depressive symptoms, and feelings of alienation from parents. Easygoing parenting was associated with the second best developmental outcomes, followed by tiger parenting and lastly harsh parenting.

Consistent with the findings of Kim et al.'s study (2013), other studies on Chinese American parental control suggest that psychological control has adverse developmental outcomes for Chinese American adolescents. Parenting characterized by low warmth and high control is correlated with higher levels of adolescent depressive and somatic symptoms (Lim, Yeh, Lau, & McCabe, 2008) and higher frequency and intensity of parent-child conflict in Chinese American families (Chiu, Feldman, & Rosenthal, 1992). Conversely, parental warmth (i.e., open and free expression of affection) is related to lower levels of overall distress (Chiu et al., 1992), depression (Skinner & Crane, 1999; Lim et al., 2008), and somatic symptoms (Lim et al., 2008) in Chinese American adolescents. Maternal warmth had a stronger association with reduced depression in immigrant Chinese adolescents compared to paternal warmth (Skinner & Crane, 1999).

The benefits of parental warmth and adverse effects of overly hierarchical and rigid parenting were demonstrated in a unique qualitative study on Chinese American parenting. Qin (2008) compared the family dynamics of two groups of adolescents from

Chinese immigrant families: non-distressed adolescents with high academic achievement and distressed adolescents with high academic achievement. Parents of distressed adolescents tended to adhere strictly to traditional Chinese parenting tenets which often resulted in high levels of conflict, poor communication, and distant relations between parent and child. In contrast, parents of non-distressed adolescents adopted a more flexible and adaptive parenting style that considered the children's developmental needs and the change in cultural context after migration. While these parents maintained Confucian values of morality and self-cultivation, they also made adjustments including letting go of some control, tuning into children's emotions, and engaging in greater communication with children. This study suggests that parents' emotional attunement to children and their ability to adjust to changes in developmental and cultural context is important for Chinese American adolescents' psychological well-being.

Taken together, the literature suggests that a high level of parental psychological control is associated with adverse developmental outcomes in Chinese American adolescents. Therefore, it is hypothesized that parental psychological control predicts greater depressive, anxiety, and somatic symptoms in Chinese American Christian adolescents.

### **Parental Psychological Control and Adolescent Religious Coping**

Preliminary research on parent-child relationships and relationships with God lend support for the correspondence hypothesis, which posits that when individuals form new attachments they tend to apply their prior experiences with early attachment figures (Miner, 2009). A study on maternal domination and God concepts showed that mothers'

rearing practices were related to young children's God concepts. Punishing mothers were related to punishing God concepts; loving/caring mothers were related to loving/caring God concepts. Insecure attachment (defined by discomfort with closeness, anxiety about abandonment or being unloved, and inability to depend on parent) to parents and insecure attachment to God have been correlated with low psychological adjustment as measured by anxiety and existential well-being (Miner, 2009).

In contrast, the compensatory or "emotional compensation" hypothesis posits that individuals who did not form secure attachments with their caregivers find their secure attachment in their relationship with God (Granqvist, 2005; Kirkpatrick & Shaver, 1992). Granqvist (2005) suggests that during states of distress, insecurely attached individuals experience felt security in their relationship with God, who fills a surrogate attachment role. Compensatory attachment to God has been shown to lower psychological distress (Granqvist & Hagekull, 1999). Neither the correspondence hypothesis nor compensatory hypothesis has been studied in Asian Americans.

However, as discussed earlier, Chinese Christian parents may utilize Christian values and church teachings about obedience and discipleship to reinforce traditional parenting values (Yang, 1999). Therefore, it may be possible that for Chinese American Christian adolescents, obedience to parents becomes associated with obedience to God.

Though the current study does not specifically assess parental or God attachment, there exists significant overlap between the constructs measured in previous literature and the constructs of parental psychological control and religious coping. A major aspect of parental psychological control is conditional regard, in which the parent lets their love

and approval fluctuate depending on how well adolescents live up to their standards (Soenens & Beyers, 2012). The essence of conditional regard seems to be reflected in the construct of negative religious coping, which is reflective of tension, conflict, and struggle in one's relationship with God. Similarly, parenting characterized by less psychological control and greater warmth seems to parallel the construct of positive religious coping, which is reflective of a sense of security and connectedness in one's relationship with God.

As of yet, the literature does not address the relation between parental psychological control and religious coping in Chinese American adolescents, or whether religious coping mediates the relationship between parental psychological control and psychological distress.

## CHAPTER III

### METHOD

#### Participants

This study will use data from the Project Chinese American Successful Living (CASL), a study funded by the Hogg Foundation for Mental Health. The primary aim of the original study was to examine the school adjustment of Chinese American adolescents. The original study consisted of both parent- and adolescent-report measures; however, the current study uses adolescent-report measures only. While the original dataset comprised 94 total participants, this study uses 52 participants who met the inclusion criteria of the present study. Participants for the current study are 52 Chinese American Christian adolescents (35 females, 17 males) between ages 14 and 18 ( $M = 15.6$ ,  $SD = 1.3$ ). The majority (87%) of participants were U.S.-born (i.e., second-generation). All 7 non-U.S.-born participants (i.e., 1.5th-generation) had lived in the U.S. for at least 10 years ( $M = 11.7$  years,  $SD = 2.4$ ). All participants reported a religious affiliation with Christianity. When asked about their denominations, 49 reported a Protestant denomination (e.g., Protestant, Nondenominational, Baptist, Evangelical, Lutheran) and 3 reported they were Catholic.

The majority of participants' parents (88%) shared the same religious affiliation (i.e., Christianity) as their participating adolescent. Highest level of educational attainment between each adolescent's parents ranged from grade school to doctoral degree, with the majority (39%) attaining a Master's degree. The median level of

educational attainment was a Master's degree.

Participants' annual household incomes ranged from under \$25,000 to over \$100,000, with the majority (56%) earning over \$100,000 (median income > \$100,000).

### **Procedures**

Participants were recruited from Chinese language schools, churches, other Chinese-specific community organizations, and participant referrals. Participants were recruited through their parents, all of whom were immigrants of Chinese descent and were required to self-identify as Chinese American. 62% of parents were born in China, 37% in Taiwan, and 1 was born in Malaysia. Additionally, parents were required to be able to speak and read English, have a child between the ages of 14 and 18 years old, and reside in the Houston metropolitan area. According to data from the U.S. Census Bureau (2010), Texas has the third largest, with the Houston area having the largest (41%) in the state, Asian population in the U.S. All data were collected from participants using Qualtrics online surveys. After completing the surveys, each family received a gift card for their participation in the study.

### **Measures**

Study measures examined participants' mother/father psychological control, religious coping (positive religious coping and negative religious coping), and psychological distress (depressive symptoms, anxiety symptoms, and somatic symptoms).

**Parental psychological control.** Parents' use of psychological control was assessed using the 11-item Psychological Control Scale (PCS), which was adapted from

the work of Barber (1996). The PCS items that were used in the study are shown in Appendix A. These items have been shown in the literature to be comparable between U.S. and Chinese cultures (Robinson, Mandleco, Olsen, & Hart, 2001). Participants rated items on a 5-point scale ranging from 1 (*Never*) to 5 (*Always*) how frequently their parent engages in certain actions. Each participant answered the same set of questions for their mother and their father. PCS yields a composite psychological control score and also comprises four subscales: Personal Attack (2 items), Erratic Emotional Behavior (3 items), Guilt Induction (4 items), and Love Withdrawal (2 items). Personal Attack is defined as attacking the child's worth in the family by reminding him/her of his/her responsibilities to the family (e.g., "My parent tells me that my behavior was dumb or stupid"). Erratic Emotional Behavior is defined as showing erratic emotional behavior with the child by vacillating between caring and attacking expressions. (e.g., "My parent changes moods when with me"). Guilt Induction is defined as laying guilt trips on the child by pointing out that the child's behavior had a negative emotional impact on a family member (e.g., "My parent tells me that he/she gets embarrassed when I do not meet his/her expectations"). Love Withdrawal is defined as threatening the withdrawal of their love or attention if the child did not do or become what the parent expected (e.g., "If I hurt my parent's feelings, he/she stops talking to me until I please him/her again").

Composite scores were computed for mother and father psychological control by averaging the scores across items for mothers and for fathers separately. In Barber's (1996) study with majority White middle-income fifth- and eighth-graders, the items produced Cronbach's  $\alpha$  coefficients of .83 for reports of psychological control from

mothers, and .82 for reports of psychological control from fathers. In the current study, the items produced  $\alpha$  coefficients of .71 and .91 for mother psychological control and father psychological control, respectively. Mother psychological control was positively correlated with father psychological control,  $r = .68, p < .01$ . The subscales yielded the following  $\alpha$  coefficients: Personal Attack (.54-mother, .74-father), Erratic Emotional Behavior (.50-mother, .81-father), Guilt Induction (.55-mother, .77-father), and Love Withdrawal (.77-mother, .84-father).

The PCS has demonstrated validity and reliability and has been used with Asian American populations (Soenens & Beyers, 2012; Robinson et al., 2001).

**Religious coping.** Participants' religious coping was assessed using the 14-item Brief Religious Coping Scale (Brief RCOPE; Pargament, Koenig, & Perez, 2000). The Brief RCOPE items are shown in Appendix B. Participants rated 14 items on a 4-point scale ranging from 1 (*Not at all*) to 4 (*A great deal*) the extent to which they used various ways of coping to understand and deal with major problems in their life. The Brief RCOPE consists of two subscales (7 items each): Positive Religious Coping (PRC) and Negative Religious Coping (NRC). PRC reflects a secure relationship with God, a sense of connectedness to God, and a benevolent worldview (e.g., "Tried to see how God might be trying to strengthen me in this situation"). PRC is comprised of the following specific positive religious coping methods: Spiritual Connection, Seeking Spiritual Support, Religious Forgiving, Collaborative Religious Coping, Benevolent Religious Reappraisal, Religious Purification, and Religious Focus. NRC reflects spiritual tension, conflict and struggle in one's relationship with God (e.g., "Felt

punished by God for my lack of devotion”). NRC is comprised of the following specific negative religious coping methods: Spiritual Discontent, Punishing God Reappraisal, Interpersonal Religious Discontent, Demonic Reappraisal, and Reappraisal of God’s Powers. Scores for PRC and NRC subscales are obtained by calculating the mean of the individual item scores.

The Brief RCOPE has demonstrated validity and reliability in a variety of U.S. ethnic minority and international populations including Pakistani and Taiwanese (Pargament et al., 2011; Rivera-Ledesma & Lena, 2007; Khan & Watson, 2006; Yeo, 2010); however, it has not been exclusively tested for use with Chinese Americans. In this sample, Cronbach’s  $\alpha$  for PRC and NRC subscales were .90 and .89, respectively. While most religious coping methods are assessed with one item, Spiritual Discontent ( $\alpha = .79$ ) and Punishing God Reappraisal ( $\alpha = .78$ ) consist of two items each.

**Psychological distress.** Participants’ level of psychological distress was assessed using the Depression and Anxiety subscales of the Hopkins Symptom Checklist-25 (HSCL-25; Green, Walkey, McCormick, & Taylor, 1988) and the Somatic Distress subscale of the Hopkins Symptom Checklist-21 (HSCL-21; Green et al., 1988). The HSCL is a self-report questionnaire that assesses depressive symptoms (15 items), anxiety symptoms (10 items), and somatic symptoms (7 items). These items are shown in Appendix C. The items are rated according to level of distress over the past 7 days on a 4-point scale ranging from 1 (*Not at all*) to 4 (*Extremely*), with higher scores reflecting greater distress. Sample items include “Crying easily”, “Being suddenly scared for no apparent reason”, and “Pains in the lower part of your back.” The mean of item scores

yield a composite score for each subscale. A cutoff score of 1.75 on the HSCL is used to indicate clinically significant symptoms (Lhewa, Banu, Rosenfeld, & Keller, 2007).

The HSCL has demonstrated validity and reliability and has been used with Asian American populations (Leung, Cheung, & Tsui, 2012; Liu & Goto, 2007; Lee, Su, & Yoshida, 2005). In this sample, Cronbach's  $\alpha$  was .90 for depressive symptoms, .85 for anxiety symptoms, and .81 for somatic symptoms.

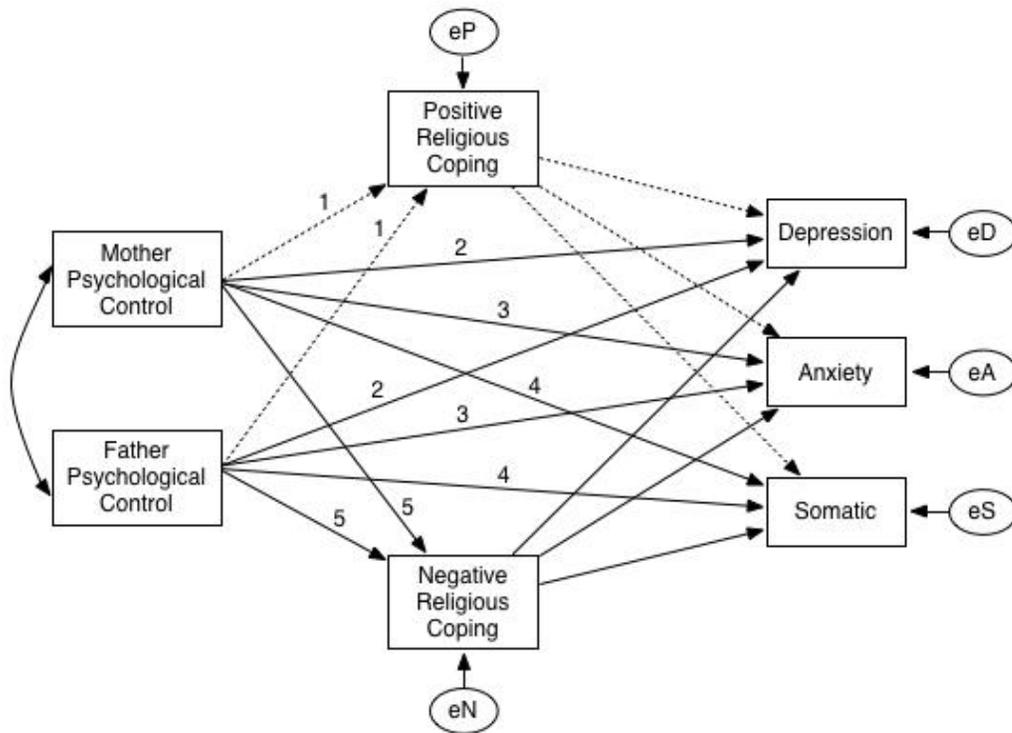
### **Data Analysis**

Participant characteristics will be reported with frequency statistics. Descriptive statistics will be conducted to yield means and standard deviations for the variables in the study. Due to previous research findings that suggest gender differences in psychological distress (CDC, 2011; Sen, 2004), religious coping (Wong et al., 2006), and parental psychological control (Chen, Liu, & Li, 2000), potential gender differences in the means of these variables will be evaluated. If significant differences are found, then gender will be included as a covariate in the subsequent analyses. To ensure that path analysis assumptions of univariate and multivariate normality are met, the data will be screened for outliers, skewness, and kurtosis prior to conducting path analyses.

Descriptive statistics will be conducted using Pearson  $r$  correlations to examine bivariate relationships between the main variables in the path model. To describe the strength and direction of relationships among the variables, correlations will also be examined for mother/father psychological control subscales (i.e., personal attack, erratic emotional behavior, guilt induction, and love withdrawal) and the specific coping methods for positive religious coping (i.e., spiritual connection, seeking spiritual

support, religious forgiving, collaborative religious coping, benevolent religious reappraisal, religious purification, and religious focus) and negative religious coping (i.e., spiritual discontent, punishing God reappraisal, interpersonal religious discontent, demonic reappraisal, and reappraisal of God's powers).

Path analysis was chosen because it is a confirmatory analysis that examines direct and indirect effects of measured variables on other measured variables. Figure 1 depicts the *a priori* theoretical model that will be tested using SPSS AMOS 7.0 and MPLUS. The model will test the following hypotheses: (1a) mother and father psychological control will predict greater use of negative religious coping, (1b) mother and father psychological control will predict less use of positive religious coping, (2) mother and father psychological control will predict greater depressive, anxiety, and somatic symptoms, (3a) negative religious coping will predict greater depressive, anxiety, and somatic symptoms, (3b) positive religious coping will predict less depressive, anxiety, and somatic symptoms, (4a) mother and father psychological control will have indirect effects on depressive, anxiety, and somatic symptoms through hypothesized mediator variable of negative religious coping, (4b) mother and father psychological control will have indirect effects on depressive, anxiety, and somatic symptoms through hypothesized mediator variable of positive religious coping, (5a) mother psychological control will more strongly predict positive and negative religious coping than father psychological control, and (5b) mother psychological control will more strongly predict depressive, anxiety, and somatic symptoms than father psychological control.



**Figure 1.** Noncorrected *a priori* path model of mother/father psychological control, positive religious coping, negative religious coping, depression, anxiety, and somatic symptoms. Each pair of paths from mother psychological control and father psychological control to every other variable was constrained to be identical, as indicated by numbers 1-5. Dotted lines indicate paths that were hypothesized to have negative coefficients. Solid lines indicate paths that were hypothesized to have positive coefficients.

The path analysis will yield path coefficients indicating the strength and direction of each path for hypotheses 1a-3b. The double-lined arrows in Figure 1 denote paths that are predicted to have negative coefficients. To evaluate the overall model's goodness of fit, fit indices will be examined. Indicators of adequate model fit include a non statistically significant chi-square statistic, RMSEA < .06, CFI > .95, and CMIN/DF <

3.0. Based on examination of the path coefficients, fit indices, and modification indices, the *a priori* model may be adjusted to provide a better fit for the data.

Hypotheses 4a-4b involve tests of mediation. Before any tests of mediation are performed, all simple linear regressions involved in the hypothesized mediated relationship must be statistically significant. The mediation effects of positive religious coping and negative religious coping will be tested using the Sobel test in MPLUS. The Sobel test determines whether the indirect path from the predictor variable to the dependent variable significantly differs from zero when controlling for the effects of the mediator variable on the dependent variable.

Hypotheses 5a-5b hold that mother and father psychological control differ in their relations to positive and negative religious coping, as well as to depression, anxiety, and somatic symptoms. To test the null hypothesis that mother and father psychological control are equivalent in their paths to positive religious coping, negative religious coping, and psychological distress variables, each pair of paths from mother and father psychological control to every other variable will be constrained to be identical. In Figure 1, these five pairs of paths are denoted with numbers 1-5.

A nonparametric sign test will be conducted to examine the directions of the individual path coefficients and to determine whether they are substantially different from what one would expect by chance (Whitley & Bail, 2002). The sign test assigns a sign, either positive (+) or negative (-) according to whether an observation is consistent with the hypothesized direction of the path coefficient.

## CHAPTER IV

### RESULTS

#### Preliminary Analyses

Demographic characteristics, including age, gender, birth country, annual household income, and denominational affiliation, for the 52 participants are shown in Table 1.

**Table 1** Demographic characteristics of participants

Characteristics	Frequency	Percent
Age		
14	14	26.9
15	9	17.3
16	15	28.8
17	11	21.2
18	3	5.8
Gender		
Female	35	67.3
Male	17	32.7
Birth Country		
United States	45	86.5
China	3	5.8
Taiwan	2	3.8
Other	2	3.8
Annual Household Income		
\$25,000 or less	3	5.8
\$25,000 to \$50,000	8	15.4
\$50,000 to \$75,000	4	7.7
\$75,000 to \$100,000	8	15.4
\$100,000 or more	29	55.8

*Note.*  $N = 52$ .

Descriptive data for all study variables, including means and standard deviations, are displayed in Table 2.

To evaluate possible gender differences, *t* tests were conducted on the study variables. Results of *t* tests indicated no significant gender differences on any of the study variables.

Univariate and multivariate normality were assessed by screening for outliers, skewness, and kurtosis. No outliers were detected in this dataset based on Mahalanobis distance criterion. Skewness and kurtosis values for all study variables were within acceptable limits. Therefore, the data met assumptions for univariate and multivariate normality.

**Table 2** Descriptive statistics on all study variables

Variable	<i>M</i>	<i>SD</i>
Mother Psychological Control	2.59	.62
Mother Personal Attack	2.63	.96
Mother Erratic Emotional Behavior	2.23	.75
Mother Guilt Induction	2.83	.86
Mother Love Withdrawal	2.25	1.09
Father Psychological Control	2.58	.99
Father Personal Attack	2.64	1.19
Father Erratic Emotional Behavior	2.42	1.14
Father Guilt Induction	2.84	1.12
Father Love Withdrawal	2.22	1.3
Positive Religious Coping	3.02	.77
Spiritual Connection	3.06	.96
Seeking Spiritual Support	3.10	.89
Religious Forgiving	3.13	.91
Collaborative Religious Coping	2.98	1.08
Benevolent Religious Appraisal	3.10	.93
Religious Purification	3.15	.87
Religious Focus	2.60	1.07
Negative Religious Coping	1.67	.77
Spiritual Discontent	1.63	.89
Punishing God Reappraisal	1.77	.94
Interpersonal Religious Discontent	1.48	.92
Demonic Reappraisal	1.92	1.06
Reappraisal of God's Powers	1.48	.92
Depressive Symptoms	1.72	.55
Anxiety Symptoms	1.51	.43
Somatic Symptoms	1.44	.44

*Note.* *N* = 52 for all variables.

## Correlational Analyses

Bivariate correlations among the main study variables (mother psychological control, father psychological control, positive religious coping, negative religious coping, depression, anxiety, and somatic symptoms) are presented in Table 3. While no statistically significant correlations were found among the main study variables, examination of the larger bivariate correlation matrix that included mother/father psychological control subscales and specific religious coping methods showed that there were statistically significant correlations among certain mother/father psychological control subscales, specific positive and negative religious coping methods, and psychological distress variables (see Table 4). Significant correlations that were found are listed under their corresponding hypotheses.

**Table 3** Bivariate correlations among main study variables

Variable	1	2	3	4	5	6	7
1. Mother Psychological Control	--						
2. Father Psychological Control	<b>.68</b>	--					
3. Positive Religious Coping	.18	.06	--				
4. Negative Religious Coping	.09	.14	.06	--			
5. Depressive Symptoms	.10	.09	-.10	.20	--		
6. Anxiety Symptoms	.11	.09	-.04	.19	<b>.83</b>	--	
7. Somatic Symptoms	.18	.11	.06	.11	<b>.52</b>	<b>.66</b>	--

*Note.* Bolded values indicate significance at the  $p < .01$  level (1-tailed).

**Table 4** Bivariate correlations among all study variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>1. Mother Psychological Control</b>	-													
2. Mother Personal Attack	.51**	-												
3. Mother Erratic Emotional Behavior	.54**	.32*	-											
4. Mother Guilt Induction	.86**	.28*	.21	-										
5. Mother Love Withdrawal	.65**	.07	.24*	.46**	-									
<b>6. Father Psychological Control</b>	.68**	.32*	.34**	.51**	.47**	-								
7. Father Personal Attack	.44**	.53**	.17	.23	.22	.82**	-							
8. Father Erratic Emotional Behavior	.46**	.19	.53**	.20	.30*	.86**	.69**	-						
9. Father Guilt Induction	.73**	.19	.14	.76**	.44**	.89**	.63**	.62**	-					
10. Father Love Withdrawal	.62**	.28*	.33**	.40**	.65**	.81**	.57**	.60**	.64**	-				
<b>11. Positive Religious Coping</b>	.18	.08	.04	.14	.30*	.06	-.01	-.01	.09	.11	-			
12. Spiritual Connection	.17	.07	-.17	.17	.26*	.20	.17	.12	.28*	.05	.76**	-		
13. Seeking Spiritual Support	.05	.02	-.19	.08	.21	.14	.14	.08	.17	.08	.78**	.75**	-	
14. Religious Forgiving	.17	.00	.11	.13	.23*	.01	-.07	-.01	.02	.07	.79**	.53**	.59**	-
15. Collaborative Religious Coping	.16	.17	.12	.07	.26*	.02	-.01	-.03	.00	.11	.86**	.63**	.62**	.57**

\*\*  $p < .01$  level (1-tailed). \*  $p < .05$  level (1-tailed). Bolded variables indicate main study variables.

**Table 4** Continued

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
16. Benevolent Religious Appraisal	.21	.10	.03	.21	.23	.03	-.14	-.07	.12	.13	.81**	.50**	.51**	.61**
17. Religious Purification	.09	.00	.09	.07	.17	.06	-.03	.07	.07	.09	.76**	.44**	.46**	.57**
18. Religious Focus	.14	.05	.19	.04	.29*	-.10	-.12	-.18	-.09	.10	.81**	.42**	.47**	.58**
<b>19. Negative Religious Coping</b>	.09	.03	.19	.03	.09	.14	.15	.19	.08	.08	.06	.08	-.01	.00
20. Spiritual Discontent	.06	-.03	.32*	-.09	.06	.16	.14	.29*	.04	.09	-.08	.00	-.14	-.06
21. Punishing God Reappraisal	.09	.05	.11	.05	.09	.17	.18	.20	.10	.13	.09	.08	.04	.03
22. Interpersonal Religious Discontent	.02	.12	.07	.01	.07	-.02	.07	.01	-.04	-.08	.26*	.24*	.25*	.02
23. Demonic Reappraisal	.17	.03	-.01	.23*	.13	.15	.15	.05	.20	.10	.12	.12	.05	.09
24. Reappraisal of God's Powers	.02	-.04	.19	-.05	.02	.02	.01	.09	-.04	.02	-.06	-.05	-.18	-.08
<b>25. Depressive Symptoms</b>	.10	.09	.24*	-.06	.17	.09	.07	.23*	-.01	.02	-.10	-.02	-.21	.11
<b>26. Anxiety Symptoms</b>	.11	.14	.24*	.00	.09	.09	.07	.18	.02	.06	-.04	-.03	-.18	-.06
<b>27. Somatic Symptoms</b>	.18	.09	.19	.11	.16	.11	.07	.16	.14	-.04	.06	.09	-.07	-.01

\*\*  $p < .01$  level (1-tailed). \*  $p < .05$  level (1-tailed). Bolded variables indicate main study variables.

**Table 4** Continued

	15	16	17	18	19	20	21	22	23	24	25	26
15. Collaborative Religious Coping	--											
16. Benevolent Religious Appraisal	.65**	--										
17. Religious Purification	.57**	.63**	--									
18. Religious Focus	.73**	.63**	.61**	--								
<b>19. Negative Religious Coping</b>	.04	.05	.12	.07	--							
20. Spiritual Discontent	-.12	-.08	-.04	-.03	.87**	--						
21. Punishing God Reappraisal	.05	.10	.13	.07	.90**	.66**	--					
22. Interpersonal Religious Discontent	.27*	.24*	.20	.20	.65**	.45**	.55**	--				
23. Demonic Reappraisal	.12	.01	.20	.09	.68**	.44**	.54**	.32*	--			
24. Reappraisal of God's Powers	-.07	-.01	.05	.02	.87**	.82**	.71**	.42**	.54**	--		
<b>25. Depressive Symptoms</b>	.05	-.08	-.18	-.07	.20	.28*	.16	.21	-.02	.13	--	
<b>26. Anxiety Symptoms</b>	.10	-.04	-.10	.06	.19	.23	.20	.10	.02	.10	.83**	--
<b>27. Somatic Symptoms</b>	.11	.05	.10	.05	.11	.11	.13	.15	.03	.00	.52**	.66**

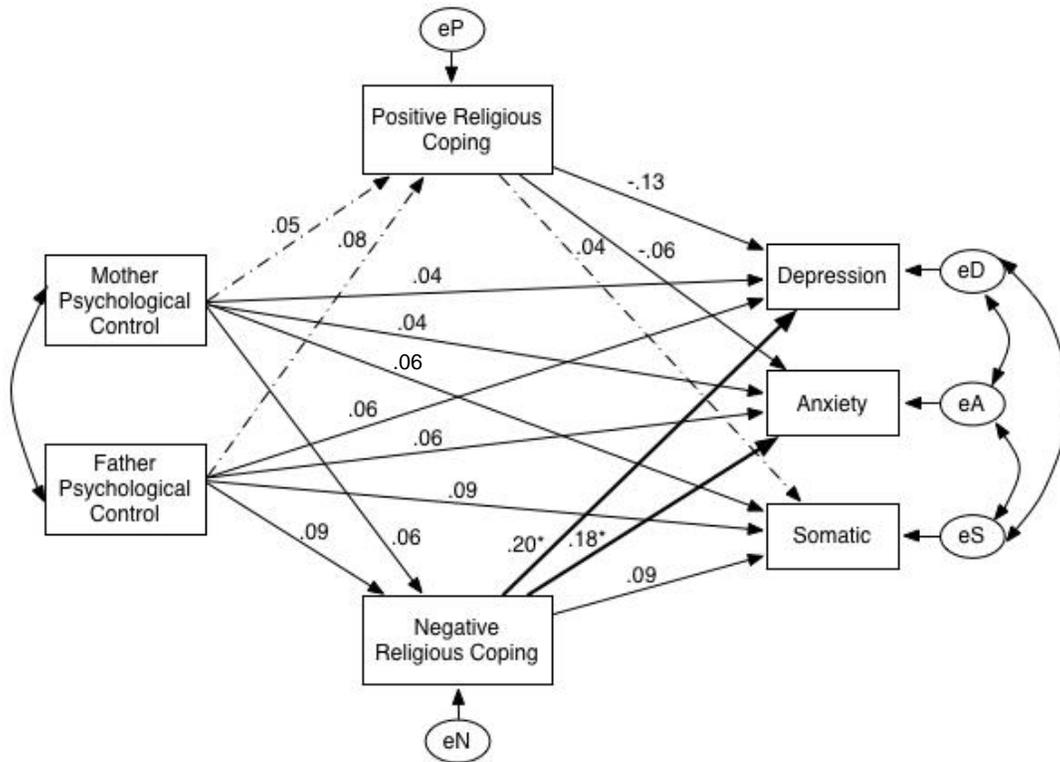
\*\*  $p < .01$  level (1-tailed). \*  $p < .05$  level (1-tailed). Bolded variables indicate main study variables.

## Path Analyses

The *a priori* theoretical model (Figure 1), which included constrained pairs of paths, was tested and yielded fit statistics that indicated poor model fit,  $\chi^2 (9) = 86.89, p < .001$  (RMSEA = .41, CFI = .27, CMIN/DF = 9.65). The same model was tested without constraints and demonstrated similarly poor model fit:  $\chi^2 (4) = 84.51, p < .001$  (RMSEA = 0.0, CFI = .25, CMIN/DF = 21.13). The difference in chi-square statistics between the constrained model and unconstrained model was not significant. This suggests that the constrained (more parsimonious) model is a better model, since estimating additional parameters in the unconstrained model did not improve fit significantly.

The chi-square statistic in the *a priori* model was statistically significant, suggesting that model fit could potentially be improved. The modification indices indicated that covariances should be added between Anxiety error and Depression error, Somatic error and Depression error, and Somatic error and Anxiety error, to improve fit. Therefore, the corrected model included covariance paths among the error variances for the three outcome variables.

The corrected model showed improved fit to the data,  $\chi^2 (6) = 2.28, p = .89$  (RMSEA = 0.0, CFI = 1.0, CMIN/DF = .38). While the RMSEA, CFI, and CMIN/DF statistics fell within good range, examination of the paths indicated that the majority of the paths in the model were not statistically significant (see Figure 2). Thus, the corrected model does not demonstrate adequate fit to the data.



**Figure 2.** Corrected path model of mother/father psychological control, positive religious coping, negative religious coping, depression, anxiety, and somatic symptoms. Dashed lines indicate paths that had coefficients that did not go in the hypothesized direction. Bolded lines indicate paths that had statistically significant coefficients ( $p < .10$ ).

Table 5 displays the unstandardized and standardized estimates, standard errors, and critical ratios for all direct effects in the corrected path model. The two paths that were statistically significant were Negative Religious Coping → Depressive Symptoms ( $\beta = .20, p < .10$ ) and Negative Religious Coping → Anxiety Symptoms ( $\beta = .18, p < .10$ ). Alpha was set at .10 given the low power in this study.

**Table 5** Direct effects of corrected path model

Effect	Unstandardized Estimate	Standardized Estimate	SE	Critical Ratio	Sign
MPC→DEP	.03	.04	.05	.62	+
MPC→ANX	.03	.04	.04	.65	+
MPC→SOM	.04	.06	.04	.95	+
FPC→DEP	.03	.06	.05	.62	+
FPC→ANX	.03	.06	.04	.65	+
FPC→SOM	.04	.09	.04	.95	+
MPC→POS	.06	.05	.07	.82	-
MPC→NEG	.07	.06	.07	.96	+
FPC→POS	.06	.08	.07	.82	-
FPC→NEG	.07	.09	.07	.96	+
POS→DEP	-.09	-.13	.10	-.93	+
POS→ANX	-.03	-.06	.08	-.43	+
POS→SOM	.02	.04	.08	.26	-
NEG→DEP*	.14	.20	.10	1.45	+
NEG→ANX*	.10	.18	.08	1.29	+
NEG→SOM	.05	.09	.08	.68	+

*Note.* MPC = Mother Psychological Control; FPC = Father Psychological Control; POS = Positive Religious Coping; NEG = Negative Religious Coping; DEP = Depressive Symptoms; ANX = Anxiety Symptoms; SOM = Somatic Symptoms; '+' sign indicates correspondence between hypothesized and estimated direction of the path coefficient; '-' sign indicates lack of correspondence. \*  $p < .10$ . 1-tailed.

Since tests of mediation require all simple linear regressions in the hypothesized mediated relationship to be statistically significant, there was no need to test for mediation effects of positive religious coping and negative religious coping. In other

words, there was no evidence for the need to test for indirect effects of mother and father psychological control on adolescent depression, anxiety, and somatic symptoms through the hypothesized mediator variable of positive/negative religious coping.

The last column in Table 5 displays the signs that were assigned to each path in the corrected model based on whether the direction of the path coefficient corresponded with its hypothesized direction in the *a priori* model. Examination of the path coefficients showed that 13 of the 16 path coefficients were in the hypothesized direction. However, Mother Psychological Control→Positive Religious Coping, Father Psychological Control→Positive Religious Coping, and Positive Religious Coping→Somatic Symptoms had positive (non-significant) path coefficients when they were hypothesized to be negative. A nonparametric sign test was conducted to examine the role of chance in obtaining 13 out of 16 path coefficients in the hypothesized direction. Paths that had coefficients in the hypothesized direction are indicated by ‘+’ signs; paths that had coefficients that did not go in the hypothesized direction are denoted by ‘-’ signs. The test statistic,  $S$ , is the number of ‘-’ signs, which is 3. For 16 observations, the critical value,  $S_c$ , is 4 for p-value of .05. Since  $S < S_c$ , we reject the null hypothesis, at alpha level .05, that the 13 of 16 paths corresponding to hypothesized directions does not differ from what one would expect by chance (Whitley & Bail, 2002). This provides evidence that the path coefficients found in the corrected model support the hypothesized directions of the paths, even though most of the path coefficients were not statistically significant.

**Hypothesis 1a: Mother and father psychological control will predict greater use of negative religious coping.** The path analysis did not find a significant direct effect between mother/father psychological control and negative religious coping. Correlational analyses showed that while mother and father psychological control were not significantly correlated with negative religious coping, examination of parental psychological control subscales and specific negative religious coping methods showed that the specific negative religious coping method of spiritual discontent was significantly correlated with both mother erratic emotional behavior ( $r = .32, p < .05$ ) and father erratic emotional behavior ( $r = .29, p < .05$ ).

**Hypothesis 1b: Mother and father psychological control will predict less use of positive religious coping.** Path analysis did not find a significant direct effect between mother/father psychological control and positive religious coping. Correlational analyses showed that mother and father psychological control were not significantly correlated with positive religious coping. Examination of parental psychological control subscales indicated that father psychological control subscales did not correlate significantly with positive religious coping or any specific positive religious coping methods. However, mother love withdrawal was found to be significantly correlated with positive religious coping ( $r = .30, p < .05$ ), but in the opposite direction of what was hypothesized. High mother love withdrawal was related to greater positive religious coping. Mother love withdrawal was also significantly, positively correlated with the specific positive religious coping methods of spiritual connection ( $r = .26, p < .05$ ), religious forgiving ( $r = .23, p < .05$ ), collaborative religious coping ( $r = .26, p < .05$ ),

and religious focus ( $r = .29, p < .05$ ). This suggests that high mother love withdrawal is related to adolescents' greater use of positive religious coping, particularly the positive religious coping methods of spiritual connection, religious forgiving, collaborative religious coping, and religious focus.

**Hypothesis 2: Mother and father psychological control will predict greater depressive, anxiety, and somatic symptoms.** The path analysis did not detect a significant direct effect between mother/father psychological control and depressive, anxiety, and somatic symptoms. While no significant correlations were found between the composite scores (mother/father psychological control) and psychological distress variables, examination of mother/father psychological control subscales showed that mother erratic emotional behavior correlated significantly with adolescent depressive symptoms ( $r = .24, p < .05$ ) and anxiety symptoms ( $r = .24, p < .05$ ). Father erratic emotional behavior correlated significantly with adolescent depressive symptoms ( $r = .23, p < .05$ ). Therefore, mother and father erratic emotional behavior was the only psychological control subscale that was significantly related to any psychological distress variable.

**Hypothesis 3a: Negative religious coping will predict greater depressive, anxiety, and somatic symptoms.** Path analysis results showed that negative religious coping predicted greater depressive symptoms ( $\beta = .20, p < .10$ ) and anxiety symptoms ( $\beta = .18, p < .10$ ), lending support for this hypothesis. Correlational analyses showed that while negative religious coping was not significantly correlated with depressive, anxiety, or somatic symptoms, the specific negative religious coping method of spiritual

discontent was significantly correlated with depressive symptoms ( $r = .28, p < .05$ ).

Therefore, spiritual discontent was the only religious coping method, whether positive or negative, that was significantly correlated to any psychological distress variable.

**Hypothesis 3b: Positive religious coping will predict less depressive, anxiety, and somatic symptoms.** The path analysis did not find a significant direct effect between low positive religious coping and depressive, anxiety, and somatic symptoms. Correlations showed that positive religious coping did not correlate significantly with any psychological distress variables. Examination of specific positive religious coping methods indicated there were no significant correlations with psychological distress variables.

**Hypothesis 4a: Mother and father psychological control will have indirect effects on depressive, anxiety, and somatic symptoms through the hypothesized mediator variable of negative religious coping.** There was no need to test for mediation due to the lack of significant path coefficients between these three variables in the path analysis.

**Hypothesis 4b: Mother and father psychological control will have indirect effects on depressive, anxiety, and somatic symptoms through the hypothesized mediator variable of positive religious coping.** There was no need to test for mediation due to the lack of significant path coefficients between these three variables in the path analysis.

**Hypothesis 5a: Mother psychological control will more strongly predict positive and negative religious coping than father psychological control.** Results

showed that there was no significant difference in chi-square between the constrained model and unconstrained model, suggesting that mother psychological control and father psychological control do not significantly differ in their relations to positive and negative religious coping.

**Hypothesis 5b: Mother psychological control will more strongly predict depressive, anxiety, and somatic symptoms than father psychological control.**

Results showed that there was no significant difference in chi-square between the constrained model and unconstrained model, suggesting that mother psychological control and father psychological control do not significantly differ in their relations to depressive, anxiety, and somatic symptoms.

## **CHAPTER V**

### **CONCLUSIONS**

The purpose of the present study was to explore how parental psychological control and religious coping contribute to psychological distress among Chinese American Christian adolescents. Existing research suggests that Asian American adolescents have an elevated risk for experiencing depressive symptoms and psychological distress. The literature also demonstrates a link between psychological distress and parental psychological control in Asian American adolescents. In particular, Asian American Christians, a growing subpopulation in the U.S., embody a unique intersection of identities that may have implications for how adolescents use religious coping to handle stress.

This study contributes to the existing body of research on the influences of parental control and religious coping on mental health outcomes in Chinese American Christian adolescents. Results suggest associations between certain aspects of parental psychological control, religious coping, and psychological distress in Chinese American Christian adolescents.

#### **Parental Psychological Control, Religious Coping, and Psychological Distress**

Study results did not provide support for the hypothesized path model and found mostly weak, non-significant predictive relationships among mother/father psychological control, positive/negative religious coping, and psychological distress. Due to the lack of significant relationships in the model, there was no evidence

indicating a need for further testing of the mediating roles of positive and negative religious coping. However, the path coefficients of individual paths and the bivariate correlations of the subscales provide valuable information and preliminary support for relationships among these three constructs.

### **Parental Psychological Control and Adolescent Psychological Distress**

This study found preliminary support for the relationship between parental psychological control and adolescent psychological distress in Chinese American Christian adolescents, which was consistent with previous literature on Chinese American adolescents (Kim et al., 2013; Lim et al., 2008; Qin, 2008). Specifically, erratic emotional behavior (i.e., vacillating between caring and attacking expressions towards the child) from the mother and father significantly correlated with adolescent psychological distress. Items that measured erratic emotional behavior were “My parent shows impatience with me”, “My parent doesn’t like to be bothered by me”, and “My parent changes moods when with me.” Mother erratic emotional behavior correlated with depressive and anxiety symptoms, and father erratic emotional behavior correlated with depressive symptoms. Interestingly, erratic emotional behavior was the only psychological control subscale that was related to any psychological distress symptoms. This suggests that there is something particularly detrimental about fluctuations in parents’ emotions towards adolescents that may make adolescents more susceptible to experiencing psychological distress. Based on the self-determination theory, erratic emotional behavior from parents could lead to feelings of helplessness and incompetence and interpersonal alienation, frustrating the adolescents’ fundamental needs of

competence and relatedness (Deci & Ryan, 2000). Adolescents may learn that it is better and more acceptable to keep their emotions inside so as to not bother their parents or cause them to feel impatient. This suppression of emotion could contribute to psychological distress. Traditional Asian values of filial piety and emotional self-control may also reinforce this dynamic (Kim, Atkinson, & Yang, 1999).

### **Parental Psychological Control and Religious Coping**

Due to preliminary evidence in the literature for the correspondence hypothesis, in which individuals apply their internal working models of human attachment figures to their understanding of God (Miner, 2009), it was expected that greater parental psychological control would correlate with greater use of negative religious coping and less use of positive religious coping among adolescents. This study provides initial support for a correspondence between parental psychological control and negative religious coping in Chinese American adolescents; both mother and father erratic emotional behavior were significantly correlated with the negative religious coping method of spiritual discontent (i.e., experiencing confusion and dissatisfaction in one's relationship with God). Items that measured spiritual discontent were "Wondered whether God had abandoned me" and "Questioned God's love for me." This finding demonstrates the joint roles of mothers and fathers in the relationship between parental erratic emotional behavior and adolescents' heightened sense of confusion and doubt in their relationship with God. One explanation for this specific relationship is that both parental erratic emotional behavior and spiritual discontent reflect the idea of one's

parental figure (whether mother/father or God) being unstable or untrustworthy in their affections or presence.

However, greater mother psychological control also appears to be correlated with greater use of positive religious coping, lending support for the “emotional compensation” hypothesis, which posits that individuals who lack secure attachments with their caregivers find their secure attachment in their relationship with God (Granqvist, 2005). Mother love withdrawal (i.e., threatening to withdraw her love if the adolescent did not meet the mother’s expectations) was significantly, positively correlated with positive religious coping, spiritual connection, religious forgiving, collaborative religious coping, and religious focus. Items that measured love withdrawal were “If I hurt my parent’s feelings, my parent stops talking to me until I please my parent again”, and “My parent is less friendly with me when I do not see things my parent’s way.” It is noteworthy that mother love withdrawal correlated with greater use of positive religious coping, while father love withdrawal did not. The well-known adage “strict father, kind mother” suggests that Chinese mothers may have greater responsibility for providing emotional guidance and support than fathers (Chao & Tseng, 2002). Therefore, Chinese American adolescents may have greater expectations for mothers to be nurturing and warm than for fathers; therefore, the withholding of those traits by the mother may lead adolescents to seek those traits in God. Additionally, Asian American mothers tend to be more central in their children’s religious upbringing in comparison to their fathers (Park & Ecklund, 2007). If mothers are more involved in adolescents’ religious training and development, then adolescents may be more affected

by their mothers' threats of love withdrawal and more motivated to seek comfort and security in their relationship with God.

Taken together, it appears that both the correspondence hypothesis and compensatory hypothesis may be at work in Chinese American Christian adolescents. More research is needed to determine why certain parental control behaviors are related to experiencing dissatisfaction and confusion in one's relationship with God, while other control behaviors are related to finding security and comfort in God. One element that may play an important role is time. It may be possible that the short-term effects of parental psychological control is to engage in negative religious coping, but in the long term, adolescents learn to cultivate a secure connection with God. Indeed, some studies have shown that negative religious coping is associated with stress-related growth and spiritual growth, suggesting that spiritual struggles can sometimes serve as pathways towards growth (Pargament et al., 2000; Koenig et al., 1998; Ano & Vasconcelles, 2004).

This is one of the first known empirical studies on the relationship between Chinese American parenting behaviors and adolescents' relationships with God. This study identified specific parental practices that are systematically related to Chinese American Christian adolescents' religious coping methods and psychological distress.

### **Religious Coping and Psychological Distress**

Results indicated that the negative religious coping method of spiritual discontent significantly predicts depressive symptoms and anxiety symptoms, which is consistent with previous literature indicating strong relationships between negative religious coping

and measures of psychological distress. Since spiritual discontent was the only negative religious coping method that correlated with psychological distress symptoms, it appears that there may something particularly distressing about doubting in God's presence and love. The relation between parental erratic emotional control and psychological distress, may suggest that when Chinese American Christian adolescents sense that a parental figure (whether mother/father or God) is unstable or untrustworthy in their affections or presence, they associate it with higher distress.

In contrast, results did not support the hypothesis that positive religious coping is associated with lower levels of psychological distress. It is possible that the use of negative religious coping may have a stronger influence on mental health outcomes than the use of positive religious coping for Chinese American Christian adolescents.

These findings point to the importance of understanding and assessing Asian American adolescents' use of religious coping in their efforts to cope with and make sense of stress in their lives.

### **Mother vs. Father Psychological Control**

This study did not show significant differences between mother psychological control and father psychological control in their relations to religious coping or to psychological distress. Based on research that shows greater involvement of Asian American mothers than fathers in children's religious training (Park & Ecklund, 2007) and greater influence of maternal than paternal warmth on positive adolescent outcomes (Skinner & Crane, 1999), it was hypothesized that mother psychological control would more strongly predict positive and negative religious coping, as well as psychological

distress. While no differences were found by comparing the constrained and unconstrained path models, it is possible that with greater statistical power, differences between the effects of mother and father psychological control on religious coping and psychological distress could be detected.

Another possible explanation for these results is that perhaps mothers and fathers did not differ in their level of involvement in adolescents' religious training as assumed. Perhaps, the impact of parental psychological control on adolescent religious coping differs less on gender of parent and depends more on other factors, such as the quality of adolescents' relationships with their parents and how they feel about their parents' religious or spiritual leadership in the family. For instance, adolescents may be more negatively impacted by the psychological control that comes from the parent whom they see as the religious exemplar or role model in their life.

### **Study Limitations**

The main limitation of this study was the small sample size, which limited statistical power to detect the hypothesized effects in the model. Another concern is the limited number of items that make up the subscales that were found to have significant correlations with other variables. Additionally, the use of a cross-sectional design in this study makes it difficult to derive causal inferences between the variables. A longitudinal design would help us understand, for instance, whether parental psychological control has implications for negative religious coping over time and whether negative religious coping has implications for psychological distress over time. There are also limitations in generalizability. The sample comprised Chinese Americans from a high

socioeconomic status. Due to the heterogeneity among Asian Americans from different ethnic subgroups and socioeconomic levels, the results from this study may not be generalizable to all Asian American Christian adolescents. In spite of these limitations, the study contributes new and useful findings to this area of research.

### **Implications for Future Research**

The current study provides preliminary groundwork for this relatively unexamined area of Asian American adolescent mental health on which future research can expand. Research that explores broader constructs related to parent-child relationships such as parental attachment and warmth would help shed greater light into the questions of correspondence and compensation between the parent-child relationship and relationship with God. Conducting qualitative research through methods such as interviews or focus groups could aid in understanding adolescents' individual experiences and conceptualizations of how their relationships with God are similar to or differ from their relationships with their parents. More broadly, qualitative studies could also explore how Asian American Christian youth see their cultural and religious identities intersecting and interacting in their lives. These methods may provide rich information that may help us interpret the quantitative findings from the present study. Additionally, further research is needed to understand the mechanism by which negative religious coping, and spiritual discontent in particular, relates to higher levels of psychological distress in these adolescents. Finally, it is important to gain a better understanding of cultural beliefs about stress (e.g., where it comes from and how to cope

with it) among Asian American Christians, so that findings about Asian Americans' religious coping styles and psychological distress are understood in that context.

### **Implications for Therapy and Outreach**

For clinicians working with Asian American youth and families, it would be beneficial to encourage open and effective communication between parents and children and to develop mutual goals of positive parent-child relations and children's holistic growth and success. It is important for clinicians to show empathy towards both the parent's and the child's perspective and experience. Whether in the context of individual or family therapy, this stance would allow both the parent and child to have a safe and affirming place to acknowledge and explore the difficulties of having differences in acculturation, generation, language, and life experiences.

For families who experience high levels of parent-child conflict related to parental control, therapists can help normalize parents' tendency to deal with differences by exerting greater control and strictness and help parents understand how and why that has not been effective with their children. Therapists can discuss with parents the benefits of releasing some control and decision-making power as children grow older and become more acculturated in order to help children become more autonomous and confident in their own decision-making abilities. For instance, if there is an overemphasis on academic achievement to the child's emotional detriment, encourage parents to create less specific demands and to engage in greater dialogue about the child's academic and career interests while maintaining traditional Chinese values of self-cultivation and morality (Qin, 2008). Utilizing specific techniques such as skills

training and role-playing can be helpful for enhancing parent-child communication and teaching specific communication skills such as active listening and assertiveness.

When working with Asian American Christian clients, therapists can expand their conceptualization and treatment of clients by assessing parent-child relationships and their relationships with God and considering possible connections between the quality of these relationships. The therapist may find, for instance, a parallel between how the client feels in their relationship with their parent(s) and God that leads the client to experience maladaptive emotions, thoughts, or behaviors. In this case, the therapist could help the client work through those internalized messages or beliefs from their parents and help them disentangle what they experienced in their parental relationships from what they really believe or would like to believe about God.

It is also essential to understand how clients employ their spiritual beliefs to make sense of and cope with life stressors. From this study's findings, it seems particularly important to look out for spiritual discontent (i.e., feeling abandoned by God or questioning his love), since this specific religious coping method is associated with higher levels of psychological distress. For clients who experience high levels of spiritual discontent, therapists can help normalize those feelings and aid clients in exploring where the feelings are coming from and whether the client believes them to be true. Some questions that may be helpful in guiding this exploration may include: What prevents the client from having a closer connection with God? What do they believe makes them more or less lovable by God? What particular stressors in life make them feel particularly abandoned or unloved by God? When dealing with a stressor, do they

feel accepted and loved within their spiritual community?

Measures such as the Brief RCOPE (Pargament et al., 2000) and Brief Multidimensional Measure of Religiousness/Spirituality (Fetzer Institute/National Institute on Aging Working Group, 1999) can aid in clinicians' understanding of their clients' use of positive and negative religious coping in handling stress and help clinicians better integrate religious and spiritual dimensions into their treatment.

Since Asian Americans tend to underutilize mental health services (Chen, Sullivan, Lu, & Shibusawa, 2003), it may be more effective in certain contexts to conduct the aforementioned interventions in the form of outreach interventions at Asian American community centers, language schools, churches, youth groups, and college ministries.

### **Implications for Religious Leaders**

Based on this study's findings about the connection between parental psychological control and Chinese American adolescents' experience of God during times of stress, it may be helpful for pastors, ministers, and other religious leaders to engage Asian American Christian youth in conversations about how their relationship with their parents, as well as their cultural identity and values, affects how they approach and perceive God. For instance, adolescents who have parents that tend to fluctuate strongly in their emotions toward their child may be more likely to believe that God is similarly untrustworthy or unreliable in his affections toward the adolescent. This may inhibit their ability to cope healthily when encountering a life stressor. Leaders can offer youth a safe place to discuss how certain cultural values can appropriately manifest in

the context of their relationship with God and with their spiritual community. This can help adolescents gain greater awareness about these issues and be more intentional as they form their beliefs and perspectives on faith and God. In the midst of these conversations, it is also important to discuss the positive aspects of Asian American culture and family values, such as the interdependence of the family structure, interpersonal harmony, and strong work ethic. Religious leaders can make the connection between these values and foundational religious principles.

With evidence of an association between negative religious coping and psychological distress, it seems important for Asian American religious leaders to recognize the relationship between the emotional and spiritual aspects of a person. It may help to consider youth's holistic well-being, attending to not only their spiritual well-being but also to other aspects of well-being, such as emotional, interpersonal, academic, etc. Leaders might consider what causes some people to respond to a stressor by feeling abandoned by God and what causes others to seek comfort and security with God. In addition to providing spiritual support and guidance, it is also good to be aware of when psychological distress symptoms warrant seeking assistance from a licensed counselor or physician. Since Asian Americans tend to underutilize mental health services due to barriers such as stigma and fear of loss of face (Chu & Sue, 2011), it is important for help-seeking to be normalized and for misperceptions to be addressed, particularly for Asian American youth, among whom there appears to be a higher risk of depression and overall psychological distress (Sen, 2004; Center for Disease Control and Prevention, 2011). Developing collaborative relationships with local mental health

professionals is critical for religious leaders. Through this collaboration, religious leaders can help their members get connected to mental health services, seek consultation on how to handle common mental health concerns within their communities, and invite trained mental health professionals to conduct seminars or trainings on issues relevant to their communities.

This study provides valuable information about the relationships among parental psychological control, adolescent religious coping, and adolescent psychological distress in Chinese American Christian adolescents. As this subgroup continues to grow, it is important for researchers and practitioners alike to gain a clearer and fuller understanding of the needs of this population.

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## APPENDIX A

*Psychological Control Scale* (11 items)  
(Barber, 1996)

**Directions:** Please read each statement, and rate how frequently your mother and father do these things on a 5-point scale.

5 = Always

4 = Very often

3 = About half the time

2 = Once in a while

1 = Never

	<b>Mother</b>	<b>Father</b>
My parent brings up my past mistakes when criticizing me.		
My parent tells me that my behavior was dumb or stupid.		
My parent shows impatience with me.		
My parent doesn't like to be bothered by me.		
My parent changes moods when with me.		
My parent acts disappointed when I misbehave.		
My parent tells me I should be ashamed when I misbehave.		
My parent tells me that he/she gets embarrassed when I do not meet my parent's expectations.		
My parent tells me that I am not as good as other children.		
If I hurt my parent's feelings, my parent stops talking to me until I please my parent again.		
My parent is less friendly with me when I do not see things my parent's way.		

## APPENDIX B

*Brief Religious Coping Scale*  
(Pargament, Koenig, & Perez, 2000)

**Directions:** Think about how you try to understand and deal with major problems in your life. To what extent is each of the following involved in the way you cope?

1	2	3	4
Not at all	Somewhat	Quite a bit	A great deal

1.	Looked for a stronger connection with God.	0	1	2	3
2.	Sought God's love and care.	0	1	2	3
3.	Sought help from God in letting go of my anger.	0	1	2	3
4.	Tried to put my plans into action together with God.	0	1	2	3
5.	Tried to see how God might be trying to strengthen me in this situation.	0	1	2	3
6.	Asked forgiveness for my sins.	0	1	2	3
7.	Focused on religion to stop worrying about my problems.	0	1	2	3
8.	Wondered whether God had abandoned me.	0	1	2	3
9.	Felt punished by God for my lack of devotion.	0	1	2	3
10.	Wondered what I did for God to punish me.	0	1	2	3
11.	Questioned God's love for me.	0	1	2	3
12.	Wondered whether my church had abandoned me.	0	1	2	3
13.	Decided the devil made this happen.	0	1	2	3
14.	Questioned the power of God.	0	1	2	3

## APPENDIX C

### *Hopkins Symptom Checklist* (Green, Walkey, McCormick, & Taylor, 1988)

**Directions:** How have you felt during the past seven days including today? Use the following scale to describe how distressing you have found the following problems over the past 7 days.

1	2	3	4
Not at all	A little	Quite a bit	Extremely

- |     |  |   |   |   |   |
|-----|--|---|---|---|---|
| 1.  | Headaches.....                                     | 1 | 2 | 3 | 4 |
| 2.  | Difficulty falling asleep or staying asleep.....   | 1 | 2 | 3 | 4 |
| 3.  | Feeling hopeless about the future.....             | 1 | 2 | 3 | 4 |
| 4.  | Weakness in parts of your body.....                | 1 | 2 | 3 | 4 |
| 5.  | Feeling tense or keyed up.....                     | 1 | 2 | 3 | 4 |
| 6.  | Feeling lonely.....                                | 1 | 2 | 3 | 4 |
| 7.  | Numbness or tingling in parts of your body.....    | 1 | 2 | 3 | 4 |
| 8.  | Feeling everything is an effort.....               | 1 | 2 | 3 | 4 |
| 9.  | Spells of terror or panic.....                     | 1 | 2 | 3 | 4 |
| 10. | Pains in the lower part of your back.....          | 1 | 2 | 3 | 4 |
| 11. | Feeling restless, not being able to sit still..... | 1 | 2 | 3 | 4 |
| 12. | Feelings of worthlessness.....                     | 1 | 2 | 3 | 4 |
| 13. | Feeling fearful.....                               | 1 | 2 | 3 | 4 |
| 14. | Crying easily.....                                 | 1 | 2 | 3 | 4 |
| 15. | Faintness, dizziness, or weakness.....             | 1 | 2 | 3 | 4 |
| 16. | Worrying too much about things.....                | 1 | 2 | 3 | 4 |

17.	Soreness of your muscles.....	1	2	3	4
18.	Loss of sexual interest or pleasure.....	1	2	3	4
19.	Hot or cold spells.....	1	2	3	4
20.	Feeling low in energy, slowed down.....	1	2	3	4
21.	Thoughts of ending one's life.....	1	2	3	4
22.	Heavy feelings in your arms and legs.....	1	2	3	4
23.	Feeling no interest in things.....	1	2	3	4
24.	Trembling.....	1	2	3	4
25.	Poor appetite.....	1	2	3	4
26.	Feeling trapped or caught.....	1	2	3	4
27.	Being suddenly scared for no apparent reason.....	1	2	3	4
28.	Heart pounding or racing.....	1	2	3	4
29.	Blaming oneself for things.....	1	2	3	4
30.	Feeling blue.....	1	2	3	4
31.	A lump in your throat.....	1	2	3	4
32.	Nervousness or shakiness inside.....	1	2	3	4