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Testing the Moderating Effect of Parent–Adolescent Communication on the Acculturation Gap–Distress Relation in Korean American Families

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Abstract

Although the acculturation gap generally has been associated with poor mental health outcomes among Asian American children, some studies have failed to find a significant relationship between the gap and distress. Using two different methods of operationalizing the gap between mothers and their children, the current study addressed this tension in the literature by testing the following hypotheses in a sample of Korean American families. It was hypothesized that mother–adolescent discrepancies in acculturation and enculturation levels would be associated with youth internalizing and externalizing symptoms and that parent–adolescent communication would moderate the gap–distress relationship. Multi-informant questionnaires were administered to 77 Korean American mother–adolescent dyads from the Midwest. Surprisingly, results indicated that *consonance* in low levels of mother–adolescent enculturation was associated with the *highest* levels of externalizing symptoms (interaction term method). Adolescents' perception of communication with their fathers significantly moderated the relationship between the enculturation gap and internalizing symptoms, such that in dyads with a greater enculturation gap, less perceived open communication with fathers was associated with more internalizing symptoms (difference score method). Clinically, the findings indicate a potential target (i.e., parent–adolescent communication) for treatment programs that aim to improve family relations and youth adjustment in immigrant families.

Keywords

Acculturation gap; Enculturation; Korean American families; Adolescent adjustment; Internalizing symptoms; Externalizing problems

Introduction

When immigrant parents and their children acculturate to the American mainstream culture at different rates, a stressful “acculturation gap” is thought to develop between the generations (Lau et al. 2005; Lee et al. 2000; Portes and Rumbaut 2001; Szapocznik and Kurtines 1993). The acculturation gap generally has been associated with family conflict and poor mental health outcomes among children of immigrants, including Asian American children (e.g., Costigan and Dokis 2006; Le and Stockdale 2008). Theoretically, this gap–

distress association is thought to occur because of fragmented parent–child relationships that especially can result under conditions of “dissonant acculturation” when children acculturate to mainstream society more quickly than their parents (Portes and Rumbaut 2001). As parents and their children become increasingly alienated from one another with different cultural frames of reference (e.g., Qin 2006), family conflict may ensue, leading to child maladjustment.

Yet, some studies have failed to find a significant association between the gap and psychological distress (Lau et al. 2005; Lim et al. 2009; Pasch et al. 2006). These mixed findings may be explained by at least three factors. First, the effects of an acculturation gap on child outcomes may depend on the particular population being studied and their unique immigration histories. Second, these conflicting results may be due, in part, to variations in how the acculturation gap has been conceptualized and operationalized. Finally, there may be third variables involved, such as moderators of the gap–distress relationship; however, surprisingly little research has empirically tested for the presence of buffering or exacerbating effects on the gap–distress relationship. The present study sought to address some of these tensions in the literature by: using a within-group design to focus on one immigrant population, investigating competing conceptualizations and operationalizations of acculturation and the acculturation gap, and testing one potential moderator, namely parent–child communication. In so doing, the present study attempts to reconcile some of the mixed findings in prior research by shedding light on the role of a moderating variable in the gap–distress link.

The current study focused on Korean Americans, one relatively understudied yet rapidly growing Asian immigrant population. Compared to the 13% growth of the total U.S. population, the Korean American population increased by 35% between 1990 and 2000 (Yu and Choe 2003), an increase primarily driven by high rates of immigration. The Korean American population is predominantly comprised of foreign-born individuals (77.7%) compared to native-born Korean Americans (22.3%), thus making issues of acculturation and the acculturation gap especially salient for this group, particularly as they impact family processes and youth adjustment (U.S. Census 2004). Yet, no prior studies (to our knowledge) have investigated the acculturation gap–distress hypothesis among Korean Americans; thus, the present study sought to take one step towards filling this void in the knowledge base.

Methodological Issues in Measuring Acculturation and the Gap

One potential reason for some of the conflicting results regarding the association between the acculturation gap and psychological distress may be due to widely varying conceptualizations of the acculturation construct. Acculturation has been conceived as unidimensional (i.e., adherence to only the mainstream culture) as well as bidimensional (i.e., adherence to both the mainstream culture and culture of origin) in nature. Assuming a bidimensional approach, the process of learning the values and behaviors of the host culture has been termed “acculturation” (Zane and Mak 2003), whereas the process of maintaining the values and behaviors associated with the culture of origin has been termed “enculturation” (Kim and Abreu 2001). Although researchers have underscored the value of examining enculturation in addition to acculturation (Tardif-Williams and Fisher 2009), only a handful of studies have examined carefully both processes together in one study (Bámaca-Colbert and Gayles 2010; Birman 2006; Costigan and Dokis 2006; Hwang et al. 2010; Kim et al. 2009; Lau et al. 2005). The present investigation addressed this limitation by examining both acculturation and enculturation processes. In this way, we were able to assess acculturation and enculturation in an orthogonal manner (Kim and Abreu 2001) and avoid the misconception that, for example, adaptation to the mainstream culture automatically means lack of retention of one’s culture-of-origin values, beliefs, and

associated behaviors. Moreover, prior research has demonstrated the critical role of enculturation discrepancies (much more so than acculturation gaps) in associations with family conflict, acculturative family distancing (Hwang et al. 2010), and child adjustment (Costigan and Dokis 2006) in Chinese American families. Thus, by assessing both enculturation and acculturation, we aimed to capture more fully a comprehensive picture of cultural adaptation/retention processes that may affect parent–child relations and child adjustment.

Researchers also have examined the acculturation gap in various ways, including difference scores based on the parent's and adolescent's respective acculturation levels (Bámaca-Colbert and Gayles 2010; Schofield et al. 2008; Ying and Han 2007), theoretically driven classification schemes (e.g., when parent's and adolescent's acculturation strategies are assessed using Berry's acculturation model and labeled as either matching or mismatching; Lau et al. 2005; Lim et al. 2009), and person-centered approaches (e.g., Bámaca-Colbert and Gayles 2010; Weaver and Kim 2008). Inconsistencies in the measurement of the gap also can lead to conflicting findings, even within the same sample. For example, Lim et al. (2009) found different results when utilizing two measurement methods (difference score vs. categorical match/mismatch in parent–adolescent acculturation strategies), such that the gap assessed as a difference score was *not* associated with distress, whereas a significant association was found when the gap was assessed as a categorical mismatch.

The present study operationalized the gap by utilizing two methods to obtain more fine-grained assessments of the acculturation gap and to test whether these methods would yield convergent or divergent results. First, the difference score method (the most commonly used method) involves subtracting one dyad member's acculturation/enculturation score from the other member's score. However, the difference score method tacitly assumes that these acculturative/enculturative discrepancies occur in the same direction (i.e., that typically, the youth are more acculturated than their parents and that the parents are more enculturated than their youth; Birman 2006). Second, what we refer to as the “interaction term method” involves the computation of an interaction term comprising the parents' and youths' acculturation/enculturation levels. This method has been deemed to be more rigorous than other methods assessing the gap, because it tests both the main and interactive effects of parent and child acculturation/enculturation levels on youth adjustment, while accounting for sample-specific mean levels of acculturation/enculturation (Birman 2006; Costigan and Dokis 2006; Ho 2010). With this comparative assessment approach, the present study sought to elucidate whether or not differing conceptualizations and operationalizations of the gap would yield similar results.

Testing the Acculturation Gap–Distress Hypothesis

As stated earlier, although many studies have found evidence consistent with the acculturation gap–distress hypothesis (Le and Stockdale 2008; Kim et al. 2009), some studies have not (Lau et al. 2005; Pasch et al. 2006). We turned to the extant literature on Asian American families to discern any consistent trends regarding the acculturation–gap distress link in this population to inform our first hypothesis.

First, a pattern emerged according to the type of psychological problem under investigation, broadly distinguished as internalizing or externalizing symptoms. There were many more studies of the acculturation gap with internalizing (vs. externalizing) symptoms as the dependent variable. Second, it appears that, within each of these domains, most of the evidence is consistent with the acculturation gap–distress hypothesis, such that the acculturation gap is associated with more youth internalizing symptoms. For example, the acculturation gap was associated positively with youths' depressive symptoms in samples of Chinese Canadian families (Crane et al. 2005), Chinese American families (Crane et al.

2005; Kim et al. 2009), and Asian American college students (Hwang and Wood 2009). In addition, the absence of a parent–adolescent acculturation gap was associated with less adolescent anxiety in Asian Indian families (Farver et al. 2002). One exception to this trend was a study that found that an acculturation gap, in which youths were more acculturated than their parents, was *not* significantly associated with youth depressive symptoms and somatization symptoms (both physical and psychological) in a sample of Chinese American families (Lim et al. 2009). Interestingly, there was evidence of higher depressive symptoms and psychological somatic symptoms when youth were *less* acculturated than their parents in this same study (Lim et al. 2009). Thus, it appears that the bulk of the literature on the gap and internalizing symptoms points toward a trend in which the gap is positively associated with internalizing symptoms in Asian American youth.

There is a striking paucity of research in this area among Asian American families investigating youths' externalizing (vs. internalizing) symptoms. To our knowledge, only one prior study has examined the relationship between the acculturation gap and youths' externalizing problems. Le and Stockdale (2008) found that youth-reported parent–child acculturation discrepancies were associated with Asian American youths' serious violence (e.g., involvement in gang fights). Given the extant literature on Asian American families, the present study examined not only internalizing symptoms but also the much less researched outcome of externalizing symptoms. Based on the general empirical pattern of a positive association between the gap and distress in these two domains, we hypothesized that an acculturation gap would be associated with higher levels of Korean American youths' internalizing and externalizing symptoms. However, due to the limited empirical work pertaining to externalizing behaviors as an outcome among Asian American samples, we chose not to forward a differential hypothesis for internalizing versus externalizing symptoms.

The Moderating Effect of Family Communication

To date, there has been surprisingly little empirical research on potential moderators of the gap–distress relationship (for exceptions see Bámaca-Colbert and Gayles 2010; Schofield et al. 2008). Identification of buffers of the gap–distress relationship has important clinical implications for intervention and prevention efforts designed to reduce child symptomatology and improve parent–child relationships. The present study tested one such potential buffer, parent–adolescent communication. In Asian immigrant families, maintaining effective communication between parents and children may be especially difficult due to language differences and cultural misunderstandings (Hwang 2006). However, communication in immigrant families is crucial because it maintains the emotional bond between family members. In an ethnographic study on immigrant Chinese families, Qin (2006) noted that a lack of open communication between immigrant parents and their children contributed to feelings of increasing alienation on both sides. In addition, Tseng and Fuligni (2000) found that immigrant families who spoke in the same language had the highest levels of cohesion and discussion. In a more direct test of a buffering effect, family affective responsiveness (i.e., the family's ability to respond with the appropriate response) and parental verbal affection (e.g., statements such as, “I love you”) buffered the relationship between an Asian values gap and quality of the parent–child relation in a sample of Asian American college students (Park et al. 2009). Thus, it appears that the acculturation gap may not pose as great a problem for parent–child dyads that are able to communicate openly. Therefore, we hypothesized that parent–adolescent communication would have a buffering effect on the gap–distress relationship, such that more effective parent–adolescent communication would attenuate the gap–distress relationship.

Hypotheses

In sum, the theoretical and empirical literature reviewed above indicates that the acculturation/enculturation gap is positively associated with youth maladjustment in both internalizing and externalizing domains. Furthermore, evidence suggests that parent–child dyads with more open communication may be protected from the harmful effects of the gap. Thus, the present study tested the following hypotheses in a sample of Korean American families using two different methods of operationalizing the gap between parents and their children. The first hypothesis was that discrepancies between parents and adolescents in both acculturation and enculturation levels would be associated with higher levels of youth internalizing and externalizing symptoms. The second hypothesis was that parent–adolescent communication would moderate the gap–distress relationship.

Method

Participants

Participants were 77 Korean-American mother–child dyads ($N = 154$). These families were part of a larger cross-sectional study that investigated anger regulation among Korean American adolescents and their primary caregivers (Park et al. 2010). Youth participants were between 11 and 15 years old ($M = 12.9$; $SD = 1.06$), with more males ($n = 47$; 61.0%) than females ($n = 30$; 39.0%). Adolescents had spent, on average, 80.6% of their lives in the U.S.; the mean length of U.S. residency was 10.4 years ($SD = 3.9$). About two-thirds of the youth were U.S.-born ($n = 51$; 66.2%), and the remainder was born in Korea ($n = 26$; 33.8%).

Mothers' ages ranged from 37 to 55 years ($M = 43.5$; $SD = 4.2$). In contrast to their children, mothers had spent, on average, 36.3% of their lives in the U.S.; the mean length of U.S. residency was 15.8 years ($SD = 8.3$). Almost all mothers were born in Korea ($n = 76$; 98.7%), except one mother born in China. The mean annual household income level in this sample was approximately \$70,000–79,999, which is considerably higher than the median household income level (\$40,037) for all Korean American households (U.S. Census Bureau 2000). In addition, 66.2% of the parent sample was a college graduate or above, compared to 28.3% of all Korean American individuals 25 years and older who had a bachelor's degree (U.S. Census Bureau 2000). Thus, this parent sample had a considerably higher level of socioeconomic status than the general Korean American population.

Procedure

Many of the study procedures have also been reported elsewhere (Park et al. 2010). Study participants were recruited through 15 Korean ethnic churches and four public schools in the Midwest. Inclusion criteria included: (1) Korean American youths 11–15 years old from this Midwestern metropolitan area; (2) living with one or both parents, also of Korean origin; and (3) youth's birthplace in Korea (1st generation) or the U.S. (2nd generation). All participants were asked to complete questionnaires in their preferred language (English or Korean). Adolescents received parental permission before completing study materials and gave written assent if they agreed to participate. Mothers provided informed consent before completing materials either on-site or at home. All adolescents received \$10, and all parents received \$20 for their participation. The present study was approved by the university's institutional review board prior to implementation.

No significant group differences were found between those participants recruited through schools versus churches on any of the main study variables (i.e., parent and youth levels of acculturation and enculturation, perceived communication with mother and father, and internalizing and externalizing symptoms). The vast majority of youth (92.2%; 71 out of 77

youth) completed the survey on site (vs. at home). No significant group differences were found on the main study variables, with the exception of perceived father–adolescent communication; youth who completed the survey on-site reported significantly greater perceived father–adolescent communication than those who completed the survey at home, $t(71) = 3.17, p < .01$. For the parent sample, there were no significant group differences on any of the study variables among those who completed the survey on-site (37.7%; 29 out of 77 mothers completed surveys on-site) versus at home.

Measures

Back-translation methods were used to translate any study materials that were not available in Korean (Brislin 2000). Only youths who completed surveys in English and mothers who completed surveys in Korean were included in this study, due to small sample sizes in the non-dominant language groups and to avoid potential confounds associated with preferred language (ten mothers completed English surveys; three youths completed Korean surveys). Both adolescent and mother self-reports were used to assess acculturation and enculturation levels, and all other study variables (parent–adolescent communication; internalizing and externalizing symptoms) were assessed with adolescents' self-reports.

Acculturation—The Asian American Multidimensional Acculturation Scale (AAMAS; Chung et al. 2004) was administered to both adolescents and their mothers to measure their overall level of acculturation and enculturation. The AAMAS assesses adherence to traditions and values of one's own Asian culture, other Asian cultures, and the White mainstream culture. The present study used the subscales pertaining to one's own Asian culture and the White mainstream culture. Participants responded to 15 items assessing Language (4 items), Food Consumption (2 items), Cultural Knowledge (3 items), and Cultural Identity (6 items) on a 6-point Likert scale (1 = *not very well*, 6 = *very well*). Sample items include, "How well do you read and write in the language of [“your own Asian group?” or “the White mainstream group?”] and “How much do you like the food of [“your own Asian group?” or “the White mainstream group?”]”. Previous research has demonstrated adequate internal reliability for this measure (Chung et al. 2004). In the current sample, Cronbach's alphas for the acculturation (youth: .86; mother: .88) and enculturation (youth: .82; mother: .79) subscales indicated adequate reliability.

Parent–Adolescent Communication—The 20-item Parent–Adolescent Communication Scale (PAC; Olson et al. 1982) was utilized to measure youths' perceptions of overall communication quality with their mother and father, respectively. The youth rated the degree to which they agreed with each statement on a 5-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*). Sample items include, “I am careful about what I say to my mother/father” and “My mother/father insults me when s/he is angry with me.” The present study used youths' perceptions of communication with mother and father separately in the analyses, based on previous research that has found differences in adolescents' relations with their mothers and fathers. For example, Rhee et al. (2003) found that Asian adolescents felt more comfortable talking to their mothers compared to their fathers. The PAC has demonstrated adequate reliability and validity in prior studies (Olson et al. 1982). In this sample, both mother and father communication scales demonstrated strong reliability with alphas = .90 and .89, respectively.

Internalizing Symptoms—The Youth-Self Report (YSR; Achenbach and Rescorla 2001) was used to assess adolescents' internalizing symptoms. The YSR is a widely used 112-item measure with well-established reliability and validity that inquires about problem behaviors in the past 6 months including the present. Adolescents were asked to indicate to what extent the listed behavior described them on a 3-point Likert scale (0 = *not true*, 1 = *somewhat or*

sometimes true, 2 = very true or often true). The internalizing symptoms score was calculated by summing the youths' responses from the Anxious/depressed (12 items), Withdrawn (8 items), and Somatization (10 items) subscales. Sample items include, "I cry a lot" (anxious/depressed), "There is very little that I enjoy" (withdrawn), and "I feel dizzy or lightheaded" (somatization). The Cronbach's alpha for the internalizing subscale demonstrated adequate reliability ($\alpha = .86$).

Externalizing Symptoms—The Youth-Self Report (YSR; Achenbach and Rescorla 2001) was also used to assess adolescents' externalizing symptoms (see above for measure description). The externalizing symptoms score was calculated by summing responses from the Rule-breaking behavior (14 items) and Aggressive behavior (17 items) subscales. Sample items include, "I don't feel guilty after doing something I shouldn't" (rule-breaking behavior) and "I am mean to others" (aggressive behavior). The Cronbach's alpha for the externalizing subscale demonstrated adequate reliability ($\alpha = .87$).

Measuring the Acculturation Gap

Two strategies were used to assess the acculturation gap. To measure the gap dimensionally, we calculated a difference score based on mothers' and youths' scores on the AAMAS (Chung et al. 2004). To calculate the acculturation gap score, we subtracted mothers' acculturation scores from the youths' acculturation scores based on the rationale that children are generally more acculturated than their parents (Portes and Rumbaut 2001). To calculate the enculturation gap score, we subtracted youths' enculturation scores from the mothers' enculturation scores based on the assumption that immigrant parents are generally more enculturated than their children (Portes and Rumbaut 2001).

In addition, we utilized an interaction term method previously employed in Bámaca-Colbert and Gayles (2010), Birman (2006), Costigan and Dokis (2006), and Ho (2010). This method consists of creating an interaction term incorporating the parents' and youths' acculturation and enculturation scores. After mean-centering each participant's scores, the mothers' acculturation/enculturation score was multiplied with the youths' acculturation/enculturation score to form the interaction term. Hierarchical multiple regression was utilized to test the main effects of the mothers' and youths' acculturation/enculturation levels and the interaction of these variables.

Results

Table 1 presents the zero-order correlations and descriptive statistics for all study variables. The enculturation gap (difference score) was positively associated with youth externalizing symptoms ($r = .26, p < .05$). All other gap–distress correlations were non-significant. Mother–adolescent communication was negatively correlated with youth internalizing ($r = -.26, p < .05$) and externalizing symptoms ($r = -.37, p = .001$). Father–adolescent communication was also negatively correlated with youth internalizing ($r = -.41, p < .001$) and externalizing symptoms ($r = -.41, p < .001$). The variance inflation factor (VIF) statistics were examined to check whether or not multicollinearity might pose a problem; all VIFs < 2.0 , which indicated that multicollinearity was not an issue.

Hypothesis 1 The Gap–Distress Relationship

Hierarchical regression analysis was utilized to test the gap–distress relationship, using the difference score and interaction term methods, respectively. For both methods, youth internalizing and externalizing symptoms were regressed separately on the predictor variables, and youth age, youth gender, and parent education level were entered as control variables in the first step. Using the difference score method, either the acculturation or

enculturation gap (difference score) was entered in the second step. Results indicated that neither the acculturation gap nor the enculturation gap were significant predictors of youth internalizing and externalizing symptoms.

Using the interaction term method, mother and youth acculturation (or enculturation) were entered in the second step to test for main effects. The interaction term (e.g., mother acculturation $\times$ youth acculturation) was entered in the final step. The mother and youth acculturation/enculturation variables were mean-centered prior to forming the interaction terms (Aiken and West 1991). Results indicated that only the parent–child enculturation interaction was significantly associated with externalizing symptoms ($\beta = .26, p < .05$; see Table 2). Upon probing this significant interaction, a simple slopes analysis indicated that at +1 SD above the mean of youths' enculturation level, the relationship between mothers' enculturation and externalizing symptoms was significant and positive ($t = 2.10, p < .05$), but nonsignificant at mean levels and –1 SD below the mean (see Fig. 1). In other words, high levels of youths' enculturation combined with high levels of mothers' enculturation were associated with relatively high levels of externalizing symptoms.

Compared to a simple slopes analysis, the Johnson-Neyman technique is more informative in that it identifies regions of significance beyond ± 1 SD; thus, the Johnson-Neyman technique was used to further probe this significant interaction (Hayes and Matthes 2009). Results indicated that this pattern can also be observed for those dyads in which youths' enculturation level was very low (i.e., -1.22 or lower; at least 2 SDs below the mean) at which point the association between mothers' enculturation level and youth externalizing symptoms was significant and negative ($t = -1.99, p = .05$). In other words, very low levels of youth enculturation combined with low levels of mothers' enculturation were associated with the highest levels of youth externalizing symptoms. Additionally, for dyads in which youths' enculturation was relatively high (i.e., $.51$ or higher; at least 1 SD above the mean), the association between mothers' enculturation and youth externalizing symptoms was also significant and positive ($t = 1.99, p = .05$). In other words, high levels of youth enculturation combined with high levels of mothers' enculturation were associated with high levels of externalizing symptoms. All other associations between the gap (interaction term method) and symptomatology were non-significant. Thus, there were mixed findings regarding the study's first hypothesis as a function of the method (difference score vs. interaction term) used to assess the acculturation gap.

Hypothesis 2 Parent–Adolescent Communication as a Moderator

Hierarchical regression analysis was used to test the study's second hypothesis. Using the difference score method, youth age, youth gender, and parent education level were controlled for in the first step. The mean-centered gap variable of interest was entered in the second step. The mean-centered moderator (i.e., mother–adolescent communication or father–adolescent communication) was entered in the third step. The appropriate interaction term (e.g., acculturation gap as difference score $\times$ mother–adolescent communication) was entered in the last step.

Using the interaction term method, an additional moderator (i.e., parent–adolescent communication) was introduced into the regression models. Thus, the appropriate 2-way interaction terms (e.g., parent acculturation $\times$ youth acculturation, parent acculturation $\times$ communication, and youth acculturation $\times$ communication) were included in the penultimate step and a 3-way interaction term (i.e., parent acculturation $\times$ youth acculturation $\times$ communication) in the last step (Dawson and Richter 2006; Hayes and Matthes 2009). A total of 16 regression models were tested (i.e., four independent variables, two moderators, and two dependent variables). We did not statistically correct for multiple tests due to the exploratory nature of our study (Perneger 1998).

Enculturation (Difference Score): Internalizing Symptoms

Results (see Table 3) indicated that the final model explained 24.9% of the variance in youths' internalizing problems, $F(6, 72) = 3.64, p < .01$. Neither the control variables entered in Step 1 nor the enculturation gap (difference score) entered in Step 2 explained significant variance in youths' internalizing symptoms. In Step 3, father–adolescent communication contributed significantly to the variance in youths' internalizing symptoms, ($\Delta R^2 = .16$), such that higher levels of open father–adolescent communication were associated with fewer internalizing symptoms ($\beta = -.42, p < .001$). In Step 4, the interaction term (father–adolescent communication $\times$ enculturation gap) emerged as a significant predictor of youths' internalizing symptoms ($\beta = -.23, p < .05$).

To further probe this significant interaction, a simple slopes analysis was conducted (Aiken and West 1991). The interaction effect was plotted at three levels (i.e., +1 SD, mean, -1 SD) of the moderator variable (perceived father–adolescent communication). As displayed in Fig. 2, results showed that the association between the enculturation gap and youth internalizing symptoms was significant and positive ($t = 2.06, p < .05$) for those youths who perceived less open communication with their fathers (i.e., -1 SD below the mean). Thus, less open father–adolescent communication exacerbated the negative impact of the enculturation gap on internalizing symptoms. The association between the enculturation gap and youth internalizing symptoms was not significant at mean and high levels of father–adolescent communication.

Similarly, the results from the Johnson-Neyman technique indicated that at low levels of father–adolescent communication (i.e., about -1 SD below the mean), the association between the enculturation gap and internalizing symptoms was exacerbated ($t = 2.00, p = .05$). Additionally, at very high and very low levels of communication (i.e., about ± 2 SD relative to the mean), this association was nonsignificant.

In sum, father-child communication emerged as a significant moderator of the association between the enculturation gap (difference score) and internalizing symptoms. Mother–adolescent and father–adolescent communication, respectively, did not exert a significant moderating effect in all other instances of the gap–distress relationship. Finally, using the interaction term method, no significant moderating effects were found, as none of the 3-way interactions were significant.

Discussion

Although the acculturation gap has generally been associated with poor mental health outcomes among Asian American children (e.g., Costigan and Dokis 2006; Le and Stockdale 2008), some studies have failed to find a significant relationship between the gap and distress (Lau et al. 2005; Lim et al. 2009; Pasch et al. 2006). The current study addressed this tension in the literature by testing the acculturation gap–distress hypothesis and the moderating effect of parent–adolescent communication on this relationship using two different methods for assessing the gap. Results indicated partial support for the acculturation gap–distress hypothesis and importantly, revealed the negative impact of poor father–adolescent communication for youths' internalizing symptoms. These findings also demonstrate how the selection of conceptual frameworks and methodological decisions around operationalizing the acculturation gap can affect the detection of an association between the gap and child distress. Moreover, the identification of a potential moderator of the gap–distress link is an important step forward with regard to clinical implications, in this case, for Korean American families.

The first hypothesis (i.e., that the acculturation/enculturation gap would be associated with youth maladjustment) was partially supported. On the one hand, a wider enculturation gap (difference score only) between Korean American mothers and their children was associated with higher levels of youth externalizing behaviors as indicated by the bivariate correlations—which do not control for demographic variables (e.g., age, gender, and parent education). On the other hand, *consonance* in the enculturation levels of youths and their mothers (interaction term method) was associated with relatively high levels of youth externalizing symptoms (controlling for age, gender, and parent education). Specifically, youths with very low levels of enculturation with mothers who had low levels of enculturation displayed the highest levels of externalizing symptoms. In addition, highly enculturated youths with highly enculturated mothers also reported high levels of externalizing symptoms. Although these findings pertained to a relatively small subset of the sample, we believe that they nonetheless merit future research attention. To our knowledge, this is the first time that a positive association has been found between enculturation consonance and youth externalizing symptoms.

Some prior studies have found a positive association between non-traditional (or “benign”) *acculturation mismatches* and youth maladjustment in Chinese American and Mexican–American families (Lau et al. 2005; Lim et al. 2009). For example, a “benign mismatch” (using a categorical approach) in which youths are *less* acculturated than their parents, was associated with higher levels of adolescent conduct problems (in Mexican youths; Lau et al. 2005) as well as symptoms of depression and psychological aspects of somatization (in Chinese American youths; Lim et al. 2009). In contrast, the present study’s findings are unique in that enculturation *consonance* (using the interaction method), in which youths and mothers were similarly low in enculturation levels, was associated with the highest levels of externalizing symptoms. It may be that these youths lack access to cultural values and adaptive cultural socialization processes within the family context that could afford them greater resilience with regard to behavior problems (e.g., Garcia-Coll et al. 1996). Thus, future research should carefully examine the specific combinations of parent–youth acculturation/enculturation levels and their association to youth maladjustment, as it appears that youth maladjustment may be associated with both “gaps” and “matches” in acculturation and enculturation levels. This unexpected finding may be a function of the different data analytic strategies (bivariate correlations vs. regression analyses) used to examine the gap–distress relationship and/or different methods of operationalizing the gap. Finally, it is worth noting that similarly low (or high) levels of parent–child enculturation levels were associated with only externalizing (vs. internalizing) symptoms. It is difficult to know exactly how to interpret this finding, given that most of the prior literature has focused on how parent–child differences in acculturation are associated with children’s psychological distress. However, as pointed out earlier, it could be that when both parents and children are detached from the protective resources of their culture-of-origin (or, when children perceive that their parents’ adherence to the culture-of-origin does not *exceed* their own), children may be more likely to be negatively impacted by other influences (e.g., deviant peers) that are differentially associated with higher levels of problem behaviors versus internalizing symptoms.

The positive findings in the enculturation domain combined with the null findings in the acculturation domain are also worth some brief speculation. One explanation for this pattern may be that enculturation gaps are important (perhaps even more so) relative to acculturation gaps in explaining youths’ psychological maladjustment. For example, Costigan and Dokis (2006) found that youth distress was primarily associated with *enculturation* gaps, whereas only one significant association was found linking acculturation gaps to youth distress in a sample of Chinese Canadian families. Another explanation is that youths’ acculturation towards the mainstream dominant culture (regardless of whether or not

a gap exists) is associated with poorer youth and family outcomes (e.g. Pasch et al. 2006).¹ Thus, the present study's findings support an integrative approach in examining both acculturation and enculturation domains to gain a more comprehensive picture of cultural conflicts in immigrant families and their impact on youth maladjustment.

With regard to the study's second hypothesis, the results provide some new insight about how the gap–distress link may be moderated. Although, in general, most of the moderating effects of parent–adolescent communication were not significant, father–adolescent communication did emerge as a significant moderator. Specifically, for youths who perceived a low level of open communication and more communication problems with their fathers, a wider enculturation gap with their mothers was associated with higher levels of adolescents' internalizing symptoms. This finding highlights the importance of open father–adolescent communication in buffering the gap–distress relationship. Facilitating open father–adolescent communication may be important for immigrant families, in which there may be language barriers, different cultural standards of what constitutes positive communication, and the prevailing perception of fathers as being less emotionally available for their children given their status as disciplinarians of the household (Qin 2009). Thus, when immigrant fathers and their children are able to communicate openly with one another, they may be protected from the harmful impact of the gap. Additionally, from a family systems perspective, which emphasizes the interconnectedness of the relations within the family (e.g., parent–child, marital) and their impact on individual adjustment (O'Connor et al. 1998), adolescents may be differentially influenced by their relations with their mothers and fathers (Lamb and Lewis 2010). In other words, when adolescents are distanced from their mothers because of a stressful enculturation gap, adolescents may turn to their fathers for emotional connection and support.

Other studies examining the acculturation gap among father–child and mother–child dyads have also found differences based on parent gender. For example, in a study that tested parenting as a mediator between the gap and distress in a sample of Chinese American children, the mediation effect of parenting was only significant between fathers and adolescents and not for mother–adolescent relations (Kim et al. 2009). Thus, it appears that father–adolescent relations may have protective qualities that should be further investigated as a source of resilience. Because the present study's finding awaits future replication, it should be interpreted with caution; nonetheless, it represents a first step in investigating potential buffers of the gap to distress link.

Study Limitations and Future Research Directions

The study results should be interpreted in light of its limitations which, in turn, may offer directions for future research. First, because the study's design was cross-sectional, causal inferences about the directionality of the link between the acculturation gap and youth distress can not be made. For example, it is possible that more distressed adolescents or those with more externalizing problems report more cultural distancing from their parents. A longitudinal design would allow for a clearer interpretation of the direction of effects. Second, the study's relatively small sample size was a limitation in elevating the Type II error rate and may explain some of the null findings. At the same time, several significant effects were detected, providing a conservative test of the hypotheses. A post-hoc power analysis indicated that a power of .64 was achieved with the current sample size (note: a sample size of $N = 120$ would have yielded a power of .80). Third, the present study sampled Korean American families in the Midwest, and the findings may not generalize to

¹We would like to thank an anonymous reviewer for sharing these ideas of possible explanations for these null findings involving the acculturation gap.

other Asian ethnic groups nor to Korean Americans in other geographic regions with greater ethnic density (where acculturation/enculturation gaps may represent qualitatively different experiences). Relatedly, participants were recruited primarily from Korean ethnic churches, and this may have biased the sample; nonetheless, given that close to 75–80% of the Korean immigrant community is affiliated with a Protestant church (Hurh and Kim 1990), the sample in the present study is believed to be typical regarding this characteristic of the larger Korean American population. Fourth, youth reports were used to assess parent–adolescent communication. It is possible that parents may experience communication with their children differently, and it would be important in future research to assess parents' reports of communication quality as well. Finally, although the study compared two different methods of measuring the acculturation gap (i.e., the difference score and interaction term methods), there are alternative methods that were not represented in the present study. As of now, however, there is no consensus among researchers on the best way to measure the gap. By adopting a comparative approach, the present study was able to shed some light on how different methods yield either converging or diverging results.

Implications for Theory, Research, and Clinical Practice

The present findings also have implications for theory-building, research, and clinical practice among immigrant families. Theoretically, the present study tested a multidimensional model of acculturation by examining both acculturation and enculturation processes rather than assuming a linear model of acculturation. Researchers have underscored the importance of studying the enculturation process along with the acculturation process (Tardif-Williams and Fisher 2009), as it may provide valuable and distinct information about the various cultural adaptation and retention processes immigrants experience in the host country. For instance, the present study revealed an association between the enculturation gap and youth externalizing symptoms, but *not* between the acculturation gap and youth distress. This suggests that future work should continue to incorporate bidimensional models of cultural adaptation with special attention to how enculturation processes affect parent–child relations and youth distress. Moreover, the present study unexpectedly found that the highest level of youth externalizing symptoms was evidenced when both youths and parents similarly had low enculturation levels. In terms of theory-building, rather than constraining theoretical predictions about youth distress to those of parent–child cultural *discrepancies*, perhaps it would be equally useful to make predictions about certain forms of parent–child cultural *consonance*.

The present study also tested the presence of a specific third variable (i.e., parent–adolescent communication) that may buffer the acculturation gap–distress relationship. Future research should test other potential moderators of the gap–distress link, such as the quality of parent–adolescent relations, level of perceived emotional support from parents, or various coping strategies (e.g., social support from peers) adolescents use to deal with this stressor. To gain an accurate understanding of whether and how the acculturation gap is associated with distress in immigrant families, it will be important for researchers to resolve some of the accompanying conceptual and methodological issues. One way of doing so is by testing more comprehensive theoretical models of the acculturation gap, such as Hwang's (2006) model of “acculturative family distancing.” Further testing of potential moderators and innovative theoretical frameworks will be helpful in advancing this body of research.

Clinically, this study's findings provide some insights for practitioners in their work with Korean American families. First, clinicians should be aware that not all types of acculturation gaps are necessarily linked with youth adjustment problems. Most tests of the gap–distress association resulted in null findings, although this may be partially attributed to the study's small sample size. At the same time, the study findings indicated one potential buffer of the gap–distress link. Clinicians should be aware that facilitating open

communication between Korean American fathers and adolescents may help reduce the association between the enculturation gap and adolescents' internalizing symptoms.

In sum, the present study makes an important contribution to the literature on the acculturation gap—distress hypothesis. The study's findings demonstrate the importance of research methodology in assessing the acculturation gap and reveal the specific conditions under which a gap—distress link is found. For instance, results differed based on the type of behavioral outcome being tested (internalizing vs. externalizing) and the operationalization of the gap (difference score vs. interaction term method). Thus, future research should continue to investigate different youth outcomes for various ethnic groups when testing the acculturation gap—distress hypothesis and test refined models and theories of the acculturation gap. Additionally, it appears that there may be qualities specific to father—adolescent communication that account for the differences in the gap—distress link among Korean American families. Future research should continue to test potential moderators of this link with an eye towards pinpointing conditions that can help improve parent—child relations and psychological adjustment among immigrant youths and their families.

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Fig. 1.
The relation between parent enculturation and youth externalizing symptoms at low, medium, and high levels of youth enculturation

Fig. 2.
The relation between the enculturation gap (difference score) and youth internalizing symptoms at low, medium, and high levels of father-adolescent communication

Table 1

Zero-order correlation coefficients and descriptive statistics for the study variables ($N = 77$ parent-adolescent dyads)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
(1) Youth age	–												
(2) Youth gender	-.02	–											
(3) Parent edu	.24*	-.16	–										
(4) Parent accult	-.01	-.20	.11	–									
(5) Youth accult	-.05	.00	-.14	.34**	–								
(6) Parent encult	.02	-.03	.04	.30**	-.05	–							
(7) Youth encult	.01	.23*	.09	-.16	.09	-.06	–						
(8) Accult diff	-.03	.16	-.22	-.49***	.65***	-.28*	.21	–					
(9) Encult diff	.01	-.20	-.05	.30**	-.10	.63***	-.81***	-.33**	–				
(10) Mother PAC	-.15	.32**	-.09	.06	.11	-.09	.17	.06	-.19	–			
(11) Father PAC	-.18	.08	-.03	-.02	-.22	-.14	.14	-.20	-.19	.41***	–		
(12) Internalizing	-.06	.04	-.08	-.08	-.05	-.19	-.34**	.01	.15	-.26*	-.41***	–	
(13) Externalizing	.15	-.25*	.01	.21	.02	.08	-.27*	-.15	.26*	-.37**	-.41***	.43***	–
<i>M</i>	12.92	–	–	3.23	4.93	5.13	4.89	1.70	.25	68.28	65.15	12.66	12.45
<i>SD</i>	1.06	–	–	.64	.74	.45	.60	.79	.77	15.51	14.83	7.45	7.30

Edu education, *Accult* acculturation, *Encult* enculturation, *Diff* the difference score method of assessing the acculturation/enculturation gap. *PAC* parent-adolescent communication*
 $p < .05$;**
 $p < .01$;***
 $p < .001$

Table 2

Hierarchical multiple regression results predicting youth externalizing symptoms: enculturation gap as interaction term ($N = 77$ dyads)

Variable	<i>B</i>	<i>SE B</i>	β
Step 1: control variables			
Youth age	1.09	.79	.16
Youth gender	-3.81	1.69	-.26*
Parent education level	-.37	.65	-.07
Step 2: enculturation variables			
Youth age	1.05	.78	.15
Youth gender	-2.97	1.72	-.20
Parent education level	-.21	.64	-.04
Parent enculturation	.89	1.80	.06
Youth enculturation	-2.71	1.40	-.22
Step 3: interaction term			
Youth age	1.40	.77	.20
Youth gender	-3.07	1.67	-.21
Parent education level	-.23	.62	-.04
Parent enculturation	.37	1.77	.02
Youth enculturation	-3.54	1.41	-.29*
Par enc $\times$ youth enc	9.29	4.08	.26*

$R^2 = .09$ for Step 1 (*ns*); $\Delta R^2 = .14$ for Step 2 (*ns*); $\Delta R^2 = .20$ for Step 3 ($p < .05$)

*
 $p < .05$

Table 3

The moderating effect of father–adolescent communication on the relation between the enculturation gap as a difference score and youth internalizing symptoms ($N = 77$ dyads)

Variable	<i>B</i>	<i>SE B</i>	β
Step 1: control variables			
Youth age	−.26	.86	−.04
Youth gender	.74	1.88	.05
Parent education level	−.33	.70	−.06
Step 2: gap variables			
Youth age	−.29	.85	−.04
Youth gender	1.22	1.90	.08
Parent education level	−.25	.70	−.05
Enculturation gap	1.54	1.17	.16
Step 3: moderator			
Youth age	−.80	.80	−.11
Youth gender	1.46	1.75	.10
Parent education level	−.23	.65	−.04
Enculturation gap	.82	1.09	.09
Communication	−.21	.06	−.42***
Step 4: interaction term			
Youth age	−.74	.78	−.11
Youth gender	1.36	1.70	.09
Parent education level	−.24	.63	−.04
Enculturation gap	.59	1.07	.06
Communication	−.23	.06	−.45***
Encult gap $\times$ communication	−.17	.08	−.23*

$R^2 = .01$ for Step 1 (*ns*); $\Delta R^2 = .03$ for Step 2 (*ns*); $\Delta R^2 = .16$ for Step 3 ($p < .001$); $\Delta R^2 = .05$ for Step 4 ($p < .05$)

* $p < .05$;

*** $p < .001$