THE MODERATING EFFECT OF FAMILY FUNCTIONING ON THE WELL-BEING OF ADOLESCENT IMMIGRANTS WHO EXPERIENCE ACCULTURATION DISTRESS

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THE MODERATION EFFECT OF FAMILY FUNCTIONING ON THE
WELL-BEING OF ADOLESCENT IMMIGRANTS WHO
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Dissertation

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ABSTRACT

The purpose of this research study was to explore if family functioning as perceived by immigrant adolescents (N = 1849), moderates the relationship between felt discrimination and well-being outcomes, through the lens of Structural Family Therapy (SFT). The baseline wave data from Children of Immigrants Longitudinal Study was used to conduct the study. Exploratory research questions were analyzed prior to analyzing the moderating role of family functioning: a t-test to analyze the difference in well-being based on discrimination status; a cluster analysis to ascertain family functioning in terms of boundary categories; a t-test to explore the difference in well-being based on boundary category membership. The moderating effect of the perception of family boundaries, was determined with a regression analysis. The SFT family functioning concept was operationalized in order to quantify it. Analysis for exploratory research questions produced significant results. It was found that immigrant adolescents who reported discrimination also reported lower quality well-being, than those who did not report feeling discriminated. Two clusters of family functioning were detected, suggesting two categories of clear and unclear family boundaries. Further, it was found that participants who reported unclear family boundary also reported higher depression scores, than participants in the clear boundary cluster. Lastly, a moderating effect was found between discrimination and well-being outcomes.
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CHAPTER I

INTRODUCTION

Memories of an adolescent immigrant: “When we came to America... we didn't know what the right thing was. Here we lived with no map. We became invisible, the people who swam in between other people's lives...”
- Marina Budhos, 2006

Background of the Problem

This dissertation examined the role of family in the life of immigrant adolescents, exploring whether the perceptions of family functioning has an impact on how well they adjust to the new society. Marriage and Family Therapists (MFTs) work with a variety of populations and may work with immigrant adolescents experiencing acculturation distress, or immigrant families with adolescent children. Gaining insight into the immigrant experience is important for the therapeutic process, which will help to build stronger therapeutic relationships, facilitate a more precise conceptualization of presenting concerns and generate suitable treatment plans.

Immigrants are foreign-born individuals or those who were not born as U.S. citizens, and children of immigrants are either immigrants themselves or those who have at least one immigrant parent (Shields & Behrman, 2004). Various terms are used to define particular types of immigration experiences, such as emigrants - leaving country of origin to live in a new country permanently, migrants - living in a foreign country
permanently or temporarily (Oxford Living Dictionaries, n.d; United Nations, n.d.), and refugees - individuals seeking asylum in a foreign country due to conflict or oppression (The UN Refugee Agency, n.d.). For the purpose of this study, the term immigrant is used to focus generally on the overall experience of settling into a new country (Shields & Behrman, 2004).

Early immigrant families began arriving in United States in the early 1600s, and became a fast-growing population (Liberty Ellis Foundation, n.d.). In fact, immigrants made up the largest group of U.S. residents, with around 90% of residents originating in Europe (Liberty Ellis Foundation, n.d.). Immigrant families continue to be a fast-growing population in the United States, with an estimated 15 million foreign born individuals immigrating between the years of 2000 and 2010 (U.S. Census Bureau, 2010).

Furthermore, in 2010 the immigrant population comprised of the following nationality groups (in millions): Mexican (11,747), Central American (2,989), Caribbean (3,749), South American (2,740), South/East Asia (9,985), Middle East (1,384), Europe and Canada (5,798), Africa and Oceania (1,501), and Other (37) (Ragsdale, 2013). This number brought the estimated total of foreign born individuals to 39,929 million, making up nearly 13% of the total U.S. population (Census, 2010). Furthermore, with the current world instability it is expected that refugee immigration into the United States will increase (Kallick, Roldan, & Mathema, 2016). Thus, it is imperative to study the needs of the immigrant population, in order to facilitate successful adjustment and acculturation into society.
Focusing on the needs of immigrants is especially relevant for adolescent children of immigrants because they are faced with a number of life-changing events, including integrating into a new society, as well as, navigating the challenging life cycle stage of adolescence (Berger, 1996; Erikson, 1950; Neto, 2002). The adolescent stage may be turbulent in and of itself, as a major task is to find a balance between belonging to a peer group, while becoming more independent from their family (Erikson, 1950). However, the immigration process may disrupt this natural process. First, adolescents may become more dependent on their families, as they are faced with the uncertainty of the new culture (Berger, 1996; Neto, 2002). Second, they may not be accepted by their peers, as they may not fit in due to different customs, language barriers, and cultural norms (Mancini & Bottura, 2014).

Furthermore, adolescent immigrants may become caught between the original family customs and the host cultural norms, fearing to speak out about their struggles (Adler, Ovando, & Hocevar, 1984; Wolf, 1997). Thus, their well-being (e.g. mental, emotional and physical health) often falls through the cracks, leading to dire consequences for them and our society in general. The consequences suggested by research include depression (Nguyen, 2008; Nguyen, Rawana, & Flora, 2011; Rusch & Reyes, 2013; Stefanek, Strohmeier, Fandrem, & Spiel, 2012; Ying, Lee, & Tsai, 2007), suicidality (Cho & Haslam, 2010; Lau, Jernewall, Zane, & Myers, 2002; Wolf, 1997; Ying & Han, 2007), oppositional and disruptive behaviors (Aisenberg, Trickett, Mennen, Saltzman, & Zayas, 2007), substance abuse and sexual risk behaviors (Blake, Ledsky, Goodenow, & O'Donnell, 2001), and gang involvement (Adler et al., 1984; Shields, & Behrman, 2004).
Acculturation Models Overview

The immigration phenomenon as a whole is complex and multidimensional. Upon immigration to a new country, immigrants undergo common, as well as unique experiences (Berry, 1997; Cardona, Wampler, & Busby, 2004; Navas et al., 2005). Due to the complexity of such experiences, experts working with the immigrant population developed acculturation models in order to better capture the process of immigration and acculturation, including The Berry Model (Berry, 1997), Transgenerational Cultural Identity Formation Model (TCIF; Cardona et al., 2004), and Relative Acculturation Extended Model (RAEM; Navas et al., 2005).

An early seminal model was developed by David Berry and provided a platform for more complex models to come (Berry, 1997). The Berry Model was based on the notion that immigrants integrate the newly adopted culture into their identity, while keeping their culture of origin. This contradicted the earlier faulty belief that immigrants lose their connection to their culture of origin the more they become acculturated to the new society (Berry, 1997).

The Transgenerational Cultural Identity Formation Model (TCIF; Cardona et al., 2004), added societal, personal and family dimensions to the acculturation process, which are essential for immigrants as they are setting into the new society (Cardona et al., 2004). One of the most current models is the Relative Acculturation Extended Model (Navas et al., 2005), which takes into account the elements from early models, including personal and family dimension, but adds the component of the host culture and how it influences the acculturation experience (Navas et al., 2005). Thus, the RAEM model takes into account how the immigrants are received by the main culture and how
they adapt to the host cultures customs, making it the most complete model to date (Navas et al., 2005).

Immigrant adolescents, during the immigration and acculturation process, may experience common and unique struggles due to being at a vulnerable developmental stage (Mancini & Bottura, 2014). Common struggles may relate to the different customs of the majority culture, including discrimination by host culture individuals and the disruption that occurs within the family (Berry, 2005; Kennedy & MacNeela, 2014; Lee, 2003; Virta, Sam, & Westin, 2004). Additionally, the main concern for adolescents is learning how to fit into a society. Thus, self-induced pressure to fit in and peer pressure are at their greatest (Erickson, 1950).

In addition to the natural developmental needs and tendencies, acculturation adds the extra pressure to fit into the new culture, leading to such struggles as loneliness and confusion (Berger, 1996). It was found that the most impactful elements for immigrant adolescents during acculturation include the loss of family and peer support systems (Berger, 1996; Borowsky, Ireland, & Resnick, 2001; Landau-Stanton, 1985; Ponizovsky, Ritsner, & Modai, 2009), culture shock (Janssen et al., 2003; Oberg, 1960; Virta et al., 2004), and how recently they immigrated into the new country (Epstein, Botvin, & Diaz, 1998; Gil, Vega, & Dimas, 1994; Neto, 2002).

**Significance of Family Functioning for Immigrant Adolescents**

Family functioning is an essential part of shaping the well-being of all adolescents, and the adolescent immigrants are no exception (Berger, 1996; Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967; Neto, 2002; Shields & Behrman, 2004). Immigrant adolescents are part of a larger system, which includes the society and the
family unit. As the family immigrates, it experiences changes that may cause challenges for every family member. For example, older generations generally acculturate more slowly and may cause a rift between them and the adolescent youth (intergenerational conflict), causing tension within the family (Kirmayer et al., 2011; Rosenthal, Ramieri, & Klimidis, 1996; Ying & Han, 2007; Ying, Lee, & Tsai, 2007). Thus, to examine the acculturation process of adolescent immigrants, a systemic model would be best - as it takes into account the effect of various systems on the life of an individual (Minuchin & Fishman, 1981; Nichols, 2013).

Taking into consideration the importance of support systems for acculturating adolescents, research makes the connection between negative well-being outcomes (i.e., loneliness, confusion) and dysfunctional family functioning. In particular, a lack of familial support, guidance, and an adequate support system were found to jeopardize the well-being in this population (Berger, 1996; Neto, 2002). Studies show that adolescent perceptions of their familial relationships may either serve as a protective factor against negative outcomes or act as risk factors that worsen their struggles. Specific dynamics of family functioning that were found to impact adolescents include family rules and patterns (Adler et al., 1984; Nguyen, 2008; Wolf, 1997; Yin & Han, 2007; Yin & Han, 2008), family cohesion (Cho & Halsan, 2009; Marsiglia et al., 2009; Nguyen et al., 2011), intergenerational conflict (Kirmayer et al., 2011; Rosenthal et al., 1996; Ying & Han, 2007; Ying, Lee, & Tsai, 2007), and parental functioning (Aisenberg et al., 2007; Ying & Han, 2008).
Structural Family Therapy Lens

In the current study, Structural Family Therapy (SFT) was used to examine whether the perception of family functioning affects acculturating adolescents. SFT was founded by Salvador Minuchin in 1967 and is one of the fundamental MFT approaches. Minuchin and a team of clinicians based the theory on their experience working with diverse populations in urban and suburban areas. This allowed them to capture experiences with different types of clients, thus, making the approach multidimensional and applicable with various populations (Miller, 2011; Minuchin et al., 1967; Minuchin Center for the Family, n.d.). Research examining the use of SFT, has demonstrated its efficacy when working with various clients and ailments, nationally and internationally, including diverse populations such as Chinese (Jung, 1984; Kim, 2003; Navarre, 1998; Sim, 2007; Yang, Pearson, 2002), and Hispanic (Becerra & Michael-Makri, 2012; Navarre, 1998; Soto-Fulp & DelCampo, 1994; Szapocznik et al., 1989), among others. Dysfunctions that have been successfully treated with SFT include divorce (Kaplan, 1977), domestic violence (Gelles & Maynard, 1987), and social media misuse (Méndez, Qureshi, Carnerio, & Hort, 2014), among others. One particularly important study to this dissertation was developed by Szapocznik et al. (1989), which found that the application of SFT with Hispanic families with children ages 6-12 showed better results than another approach, with long lasting benefits. Though the study was not conducted with adolescents, it provides a strong platform to assert that it may also be beneficial with adolescents of immigrants.

One of the essential concepts of SFT is family boundaries, or how close family members are to each other (Minuchin & Fishman, 1981; Nichols, 2013). Boundaries
within the family are based on cultural norms and norms unique to the family. However, according to SFT each family has either clear (healthy) or unclear (unhealthy) boundaries, based on their quality of functioning (Minuchin & Fishman, 1981; Nichols, 2013). For example, if a family immigrated from a collectivistic culture where boundaries among family members are generally more open, into an individualist host culture where boundaries on average a less open, adolescents may become more distanced from the parents (Allison & Bencomo, 2015; Soto-Fulp & DelCampo, 1994). Thus, the boundaries that were clear within the culture of origin may become unclear within the new host culture. However, it is important to distinguish the closeness of members in families originating from collectivistic cultures and the SFT concept of enmeshment – where members are over-involved, providing little privacy and no ability for self-expression (Minuchin & Fishman, 1981; Nichols, 2013). SFT does not prescribe to diagnose families as enmeshed based on closeness of family members, unless the family identifies it as such (Minuchin & Fishman, 1981; Nichols, 2013; Vetere, 2001). That is, families from collectivistic cultures have more tolerance for close bonds, which may not be seen as dysfunctional.

The concept of boundaries, as well as other SFT elements, are applicable to diverse populations due to its flexibility (Vetere, 2001). SFT clinicians do not identify a specific type of structure as “healthy,” instead relying on the family to inherently know a healthy type of structure to strive for, while being “stuck” in an unhealthy systemic structure (Minuchin & Fishman, 1981; Nichols, 2013; Vetere, 2001). By utilizing specific SFT techniques that include developing a family map, or a diagram of relationships among members to identify the current and ideal family structures, the
clinician and the family collaboratively improve family functioning (Minuchin & Fishman, 1981; Nichols, 2013). Thus, the healthy and unhealthy family structure types are dictated by the family, not the clinician, automatically taking into account cultural specificities. Furthermore, the available SFT techniques are not prescribed to be used with every family and adapting techniques to cultural norms is possible (Nichols, 2013; Minuchin & Fishman, 1981; Vetere, 2001; Yang & Pearson, 2002).

**Subjectivity Statement**

While this study was quantitative, the author would like to offer a subjectivity statement due to a personal connection to the topic. This author is particularly interested in this topic, as she herself went through the immigration and acculturation process as an adolescent. The topic of immigration and acculturation has become one of her research interests. Furthermore, as a marriage and family therapist she is interested in examining how family functioning (i.e., support, closeness of family members, communication) impacts an adolescent immigrant, either buffering or exacerbating the struggles they experience. She believes in the importance of immigrant families with adolescents receiving mental health assistance and generating culturally appropriate clinical models to be essential in this process.

**Purpose of the Study**

The purpose of this research study was to explore the role of family in the life of immigrant adolescents. Specifically, to examine how the perception of adolescents regarding the quality of their family’s functioning affects the acculturation distress they experience, through the lens of Structural Family Therapy. The outcomes of this investigation may assist marriage and family therapists to gain insight into the possible
causes for dysfunction presented in immigrant adolescent clients, as well as, suggest a culturally appropriate systemic theory to implement with this population.

**General Research Questions**

RQ1: Is there a statistically significant difference in the mean well-being between adolescent immigrants who experienced acculturations distress (i.e., felt discriminated as an immigrant) and those who did not?

RQ2: Does family functioning as reported by the participants fall into distinct categories of clear and unclear family boundaries?

RQ3: Is there a difference in well-being scores for participants who report clear versus unclear family boundaries?

RQ4: Does family functioning moderate the relationship between acculturation distress and well-being outcomes?

**Operational Definitions**

**Altering boundaries.** A therapist alters unclear boundaries by realigning subsystems, making the family system more flexible, improving interactional patterns and hierarchy. With disengaged families, boundaries would be made less rigid and more permeable, members would engage in more contact physically and emotionally. With enmeshed families, boundaries would be made less permeable and stronger, creating more privacy, allowing individuals to become more autonomous and self-confident (Minuchin & Fishman, 1981; Nichols, 2013).

**Boundaries.** The invisible barriers among systems, subsystems, and individual family members, regulating contact among members, communication and interaction patterns. The type and quality of the boundary is informed by the rules and sequences
among family members, subsystems, and other systems. Boundaries govern the roles that family members are allowed to play. Boundaries exist within a nuclear subsystem and between the family and other systems, such as extended families. Three types of boundaries are identified within SFT: (a) rigid, (b) diffuse, (c) clear, and are charted with a family map with the utilization of specific symbols (Minuchin & Fishman, 1981; Nichols, 2013).

**Challenging unproductive assumptions.** Unproductive beliefs and assumptions are challenged by a therapist by offering alternative perspectives and questioning assumptions. The ‘stroke and kick’ technique may be used where a therapist provides a compliment and a challenge, in order to soften the challenge. This intervention is used to change the way families view situations and to improve interactions (Minuchin & Fishman, 1981; Nichols, 2013).

**Children of immigrants.** Children of immigrants are either immigrants themselves or those who have at least one immigrant parent (Shields & Behrman, 2004).

**Clear boundaries** exist in structures where members feel connected, yet individuality is allowed. Members attain a sense of personal identity, yet allow for a sense of connectedness within the family system. Thus, there is a balance between support and autonomy, where members are able to develop a unique sense of self and are validated by others.

**Conflict** may be open, where members use verbal and physical aggressions exists. It may be avoided, where family members do not discuss problems in fear of bringing differences into the open. Lastly, it may be denied, which occurs when family members deny the existence of problems, even though they are evident.
**Cross-generational coalition.** An alliance between two family members against another member, perpetuating dysfunctional interactions and the inability for the aligned members to individuate and to become independent.

**Detouring** occurs when parents focus on the child to avoid problems between themselves, in two ways: scapegoating (child is labeled as a “trouble maker”), and child’s illness (child is label a child as “ill”). In both cases, parents communicate only when the child “gets into trouble,” or needs care, thus, allowing them to avoid dysfunction within their own subsystem. Lastly, over-involvement occurs when family members are hyper-focused on another member, thus neglecting or avoiding other members or responsibilities.

**Differential acculturation** refers to different rates of acculturation between recent immigrant children and their parents, where immigrant children acculturate more rapidly into the new culture than do the older generations (Schwartz, Pantin, Sullivan, Prado, & Szapocznik, 2006).

**Diffuse boundaries** exist between members or subsystems where members are enmeshed, or over-involved. In such structures members have too much access to information and contact. Members feel connected and supported, but have little autonomy, no privacy and may have no clear hierarchy.

**Emigrant.** An individual leaving their country of origin to permanently live in a new country (Oxford Living Dictionaries, n.d.).

**Enactments.** This intervention allows a therapist to observe and modify transactions within the session. Guided enactments are those where a therapist guides the family interactions, by setting up a “scene” and acting as the director of a play.
Spontaneous behavior sequences are those that occur naturally. During enactments, unhealthy patterns are highlighted and families are encouraged to try new and healthier interaction patterns (Minuchin & Fishman, 1981; Nichols, 2013; Simon, 2008; Vetere, 2001).

**Family map.** The family structure, including family subsystems, types of boundaries, coalitions, etc., are charted in order to present the structure visually. This allows a family to see that the problems are manifested from unhealthy family functioning (Minuchin & Fishman, 1981; Nichols, 2013).

**First generation immigrant.** Individual who was born outside of the current country of residence (Piquero, Bersani, Loughran, & Fagan, 2016).

**Hierarchy.** A hierarchy is present in any structure and is formed according to cultural norms and specific family dynamics. Thus, hierarchies may be healthy or unhealthy. Healthy hierarchies are culturally appropriate and promote balance and clear boundaries within a family. Unhealthy hierarchies may be rigid, weak and unclear, or culturally inappropriate (due to generational gap, and/or immigration).

**Highlighting and modifying interactions.** An active technique, where a therapist not only tracks the interactions of a family, but also adjusts them. Tracking the patterns may be performed by highlighting specific patterns, intensifying interactions with regulating emotions, repetition and duration (pushing beyond giving up point), and by using empathy to go beneath the surface to uncover underlying feelings (Minuchin & Fishman, 1981; Nichols, 2013).

**Immigrants** are foreign-born individuals or those that were not born as U.S. citizens (Shields & Behrman, 2004).
Migrant is an individual residing in a country where the individual was not born on a permanent or temporary basis (United Nations, n.d.).

Reframing. By presenting an issue in a new light, where the family/systemic context is considered, a therapist broadens the family’s understanding of symptoms. Thus, symptoms are seen as byproducts of the system, instead of placing blame on an individual (Minuchin & Fishman, 1981; Minuchin et al., 1967; Vetere, 2001).

Refugees. Individuals seeking asylum in a new country due to conflict or maltreatment” (The UN Refugee Agency, n.d.).

Rigid boundaries exist between members or subsystems where members are disengaged, and there is little communication and contact. In structures with rigid boundaries individuals may feel independent and autonomous, but are isolated and unsupported, and extreme stress is needed before others will offer support.

Second generation immigrant. Individuals who have at least one parent born outside of the current country of residence (Piquero, Bersani, Loughran, & Fagan, 2016).

Subsystems. A subsystem is comprised of family members who are grouped by generation, gender, common interests and various functions. Subsystems have internal rules and patterns that govern the roles of members. Specific rules and patterns among subsystems govern those members who can participate and who cannot. Subsystems may be grouped intentionally (i.e., coalition) or members may naturally gravitate toward each other (Minuchin & Fishman, 1981; Nichols, 2013).

Unbalancing. At times, it is necessary for a therapist to join with a specific family member or subsystem, in order to empower them, thus, unbalancing members, or structures, that tend to dominate interactions. Unbalancing is an intentional and
temporary alignment, to create a specific change within the system and to model behaviors. The goal is to change a relationship within a subsystem or between subsystems, and to realign the structure (Minuchin & Fishman, 1981; Nichols, 2013).
CHAPTER II
LITERATURE REVIEW

In this chapter, a thorough literature review is presented, with the focus on the acculturation process of families with adolescent immigrants, through the lens of Structural Family Therapy. The literature review begins with the exploration of the overall immigrant acculturation process. Additionally, the common acculturation distress of immigrant adolescents that affect their well-being is examined. Furthermore, the impact of family functioning on adolescents during acculturation is explored. Finally, Structural Family Therapy is presented as the theoretical basis for this research study.

The literature search yielded a rich bank of materials relevant to this research study, which is outlined in the following sections and are analyzed in terms of how they relate to the subject of immigrant adolescents. First, the general process of immigration is provided, with the focus on the acculturation process examined through the analysis of existing acculturation models. A specific acculturation model is presented on which the foundation of the current study is based.

Second, specific struggles experienced by immigrant adolescents are outlined, according to the main influences that affect adolescents as revealed by the literature review, including: loss of support systems, culture shock, and how recency of
immigration affects their functioning. Third, an examination of the impact of family functioning on adolescents during the process of acculturation is presented. In addition, existing research yielded the following themes with respect to immigrant family functioning with adolescent children: family rules and patterns, family cohesion, parental support, parental styles, parental functioning, and intergenerational conflict will be addressed.

Finally, Structural Family Therapy (SFT) is presented as the foundational theory for this research study, by exploring the background and theoretical elements of the theory that demonstrate its appropriateness as a model for diverse populations. Additionally, a specific element of SFT, boundaries, is presented as the focus of this study.

In order to ensure that a thorough and complete literature search was conducted, the subject librarian at The University of Akron specializing in the field of counseling was consulted. The aim was to develop the most relevant and comprehensive search strategy. Search strategies included generating key words and identifying relevant research databases. The key words identified include: United States immigrant statistics; acculturation and immigrants; adolescents; family functioning; structural family therapy. Combinations of these terms were used for the search. Truncation of terms was conducted, in order to search various versions of the term. For example, adolescen* term was used in order for the search engine to find terms such as adolescent, adolescents, adolescence, etc.

To make the search more efficient, limiters were used to narrow down the search. Specifically, participants were limited to those being 11-18 years of age. The search
engines that were utilized include: PsycNET, PsycINFO, Psychology and Behavioral Sciences Collection, Health and Psychosocial Instruments (HAPI), Electronic Thesis & Dissertations. It was found that studies conducted on the subjects of interest included not only national works, but also international, and for some topics only international studies were available. Relevant studies were utilized, due to common themes being found worldwide and added to the richness of this study. Literature not included in the dissertation fell outside of the scope of the search, or key terms did not coincide with those studies.

The first section will focus on the process of acculturation on immigrating individuals and families. The impact of the experiences which immigrants typically undergo is presented. Additionally, a review of early and recent advancements in the study of acculturation are presented, by exploring the various acculturation models. Relative Acculturation Extended Model (RAEM) was chosen as a foundation for this study and is presented in detail.

**Immigrant Acculturation Process**

Adaptation to a new country is a process that is complex and lengthy (Berry, 2005). This process has been identified as acculturation. The general definition, and the working definition for this study, of the concept is captured by John W. Berry:

“Acculturation is the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members” (Berry, 2005, p. 698). Acculturation commonly entails a process that spans years; however, for some cultures and families it may traverse several generations. During acculturation, families and individuals experience psychological and sociocultural
changes, as individuals learn a new language and adopt customs of the majority culture in the adopted country. Thus, psychological and behavioral changes occur within the immigrant individuals, families and communities (Berry, 2005; Graves, 1967).

Psychologically, immigrants may undergo positive and/or negative shifts in their well-being, depending on the individual experience (Berry, 2005). Positive shifts may occur with gaining the benefits of the adopted culture (i.e., education, safety, employment); however, negative outcomes may occur as immigrants enter an unfamiliar society – such as, different customs, discrimination, disruption within the family (Berry, 2005; Kennedy & MacNeela, 2014; Lee, 2003; Virta, Sam, & Westin, 2004). In order to understand and conceptualize the immigrant adaptation experience, a number of acculturation models were developed. Below, the various early and current acculturation models are presented, with the model most relevant to this study examined in detail.

**Overview of Acculturation Models**

Early work on the immigrant adaptation process centered on The Berry Model of Acculturation (Berry, 1997), which identified three main aspects of the immigrant adaptation experience: (1) attitude regarding culture, (2) behavioral changes, and (3) acculturation stress (Berry, 1990; Berry, Kim, Power, Young, & Bujaki, 1989). The first aspect deals with the attitudes of the individuals, where they negotiate remaining connected to their culture of origin, while connecting with the host (adopted) culture. The second aspect deals with the changes in behavior that occur within immigrants, as they adapt to the new country and culture. The third aspect reflects the stress individuals experience during the acculturation process, and the degree to which they experience it – as they are faced with navigating a new system (Berry, 1990; Berry et al., 1989). The
Berry model developed the foundational groundwork for conceptualizing the acculturating experience, allowing clinicians, teachers and policy makers to gain understanding of immigrant needs (Berry et al., 1989; Ward, 1978).

Later models, including the Transgenerational Cultural Identity Formation Model (Cardona, Wampler, & Busby, 2004) and the Relative Acculturation Extended Model (RAEM; Navas et al., 2005), built upon previous concepts by adding important elements, such as the context of the adopted country, the immigrant’s individual and social factors (Cardona et al., 2004; Mancini & Bottura, 2013; Pérez et al., 2014). The context of the adopted country includes immigration policies, available resources and host population attitudes. The individual and social factors include personal beliefs and values, culture of origin and ethnic identity, economic issues, as well as family and social elements that account for family structure and attitudes toward social relations (Cardona et al., 2004; Mancini & Bottura, 2013; Pérez Moreno et al., 2014). Thus, these models enriched the understanding of the process of acculturation by adding additional dimensions that impact the acculturating immigrants.

Acculturation models fall into two different categories: unidimensional and bidimensional (Keefe & Padilla, 1987). A unidimensional model, also referred to as an assimilation model (Alba & Nee, 1997), is a linear perspective on the process, where it was theorized that immigrants lose the connection with their culture of origin as they increase their connection with the adoption culture. However, those that preserve their culture of origin do not adopt new customs of the host country (Cheung-Blunden & Juang, 2008; Laroche, Kim, Hui, & Joy, 1996). Bidimensional, or two-dimensional models, in contrast, state that an immigrant’s connection to the culture of origin is
autonomous from the connection to the adopted culture (Cross, 1980; Lambert, 1977). Bidimensional models hypothesize that acculturating individuals do not give up their heritage in order to successfully integrate into a new society, thus maintaining a connection with both cultures (Cuellar, Arnold, & Maldonado, 1995; Lee, Sobal, & Frongillo, 2003). Empirical research exploring the efficacy of the two model categories found that bidimensional models more accurately capture the acculturation process. It was determined the unidimensional model does not distinguish between those with high and low degrees of connection to both cultures (Cuellar, Arnold, & Maldonado, 1995). Specifically, studies revealed that unidimensional models do not fit the experiences of Korean American (Lee, Sobal, & Frongillo, 2003), nor individuals immigrating to Hong Kong (Cheung-Blunden & Juang, 2008).

The Berry Model presented above is an early bidimensional model that was based on years of researching the phenomenon. The model was based on the concept of cultural plurality, meaning that a society incorporates the cultures brought into it by different immigrant groups (Berry, 1997). Thus, emphasizing that immigrants do not lose their connection to their culture of origin. The model also highlights that, though immigrants arrive from different cultures, they tend to experience a similar acculturation process. This process entails four possible strategies of acculturation: (1) assimilation – embracing new culture only, (2) separation – embracing culture of origin only, (3) integration – embracing both cultures, and (4) marginalization – not embracing either culture (Berry, 1997). The strategies followed by immigrants are not necessarily a conscious choice, but depend on an individual’s background and unique acculturation processes. Furthermore, the model presents several levels, including pre and post-
immigration experiences, with regard to group and individual elements, highlighting the complexity of the process. Group elements include those of the society of origin (i.e., political, economic, demographic) and the host culture (i.e., attitudes, support). Individual elements include such essential aspects as personal demographics, expectations, and nature of personality (Berry, 1997).

Building on Berry’s efforts, another bidimensional model - the Transgenerational Cultural Identity Formation (TCIF) - was developed in 2004 (Cardona, Wampler, & Busby, 2004). TCIF includes similar multidimensional elements, such as societal and personal. However, it is distinguished in two major ways; first, it makes the case that in place of using the term acculturation, cultural identity should be used. This underscores that losing one’s own culture of origin is not required in order to successfully adapt within a new society. Secondly, TCIF places a great emphasis on the importance of family during the process (Cardona et al., 2004). The family is positioned within the dimension of resiliency, as it brings an element of support, socialization and recognition, allowing family members to persevere in stressful situations (Cardona et al., 2004). This element of the model is significant for the current study, as it demonstrates the significance of the family system and its impact on the individual members.

While the presented models are robust and provide ample information for studying the phenomenon of immigration and acculturation, the model presented below adds to the previous models, making it the most complete approach to date. Thus, this model serves as the foundational model for this study, as presented below.
Model Focus for Current Study

The most current bidimensional model was the Relative Acculturation Extended Model (RAEM) and serves as the framework of the acculturation experience of this research study. RAEM was developed in Spain by researchers working with various immigrant groups (Navas García et al., 2005). RAEM brings the various elements from previous models together, including the family component, but adds the host culture perception factor (Navas et al., 2005) – which is a vital and relevant aspect for this study.

The complexity of the model entails focusing on both the immigrant and the host culture during the acculturation process (Navas et al., 2005). Early models, including The Berry Model of Acculturation (Berry, 1997) and the Transgenerational Cultural Identity Formation Model (Cardona, Wampler, & Busby, 2004) focused primarily on the immigrant experience, without taking into account the way the majority citizens influence the process. The model proposes eight major domains in the acculturation process: (1) political and government system, (2) labor, (3) economic, (4) family relations, (5) social, (6) ideological, (7) ways of thinking, and (8) religious beliefs (Navas et al., 2005).

These eight domains are separated into three layers, that of the immigrant, the host culture, and the final integrated layer – or, the resulting experience. The RAEM acculturation model states: “The adaptation process is complex… and relative, since the same strategies are not always used or the same options are preferred when the interaction with other cultures takes place in different domains…” (Navas et al., 2005, p. 27). It further highlights that both cultures have ideal perspectives on acculturation (what they would like), which may not be realistic in the given context, thereby
continually negotiating a “real situation” (Navas et al., 2005, p. 26). This means that immigrants have in their mind an ideal life after immigration and the host population has an ideal way on how immigrants should fit into the adopted culture. However, those perspectives may not be the same, thus potentially causing tension (Navas et al., 2005).

The RAEM acculturation model framework is systemic in nature and resembles the General Systems Theory conceptions, which states that all components in a system influence one another, and that an ongoing struggle is present among the various parts of the system (Bertalanffy, 1969). Thus, applying this framework to analyze the acculturation process of adolescent immigrants appears to be most suitable, due to the complexity of their experience. Further, the focus of this study is on the psychological acculturation struggles immigrant adolescents experience (i.e., discrimination), and in what way their perceptions of family connection referee those struggles. The RAEM model specifically highlights the importance of family relations during the acculturation process, as well as, the attitudes of the host culture toward the immigrant, making it an excellent fit for this study (Navas et al., 2005).

While theoretically the RAEM is applicable to immigrant adolescent experiences, additional research is needed examining the empirical applicability. To explore the efficacy of RAEM with immigrant adolescents, Mancini and Bottura (2014) conducted a study examining the interactions between the participants and the host culture. The participant sample included \( n = 187 \) immigrant adolescents from various cultural backgrounds and \( n = 366 \) adolescents from the host Italian culture. Data were collected via administering questionnaires developed for the study, based on original RAEM study questionnaires, and designed to capture information regarding adolescents
remaining connected to their original culture and perspective of the host culture. The questionnaire included two dimensions of acculturation strategies and acculturation attitudes, which aimed to investigate the interaction between immigrant and host cultures consisted of strategies and attitudes toward the process acculturation (i.e., school, friendships and family relationships). Reliability of the questionnaire was analyzed by running the Cronbach’s reliability index for each dimension, with acceptable results overall – averaging at .65 for both the connection to original culture and adaptation to host culture sections. Data were then examined by implementing an independent t test, a paired t test, and variance analyses. One of the significant findings was that adolescents from the host culture preferred for immigrant adolescents to assimilate to the host culture, in the domains of school, friendships, family, religion and ways of thinking. Thus, preferring for immigrant adolescents to be less connected to their culture of origin. On the other hand, immigrant adolescents preferred to keep their connection in the domains of family, religion and ways of thinking, but would prefer to adopt the host culture’s habits in the domains of school and friendships (Mancini & Bottura, 2014).

Keeping in mind that acculturating adolescents experience stresses regarding integrating into the mainstream society, it is important to research the connection between these struggles and whether they are able to rely on their families for support, which has not been examined thus far in the literature. Conversely, it is warranted to explore how the lack of family support affects the adolescents.

The next section of the literature review continues by exploring specific struggles immigrant adolescents experience, providing a glimpse into the processes that may potentially cause negative emotional and behavioral outcomes.
Acculturation Distress of Immigrant Adolescents

That Affect Their Well-Being

Immigration is often a traumatizing event in the life of all individuals who leave their countries of origin, in order to establish a new life in an adopted country. The struggles faced by adolescents are exacerbated by their developmental stage, as they try to figure out how to straddle two different worlds: the culture of origin and the adopted culture. The pressures they feel come not only from peers who want them to behave and believe similarly to the host culture, but also from themselves as they want simply to fit in (Mancini & Bottura, 2014). The pressure to fit in is especially acute during the stage of adolescence, due to puberty and the need to belong to a group (Erikson, 1950; Jones, Vaterlaus, Jackson, & Morrill, 2014).

According to Erickson (1950), adolescents are in the Identity vs. Role Confusion psychosocial developmental stages, where the main goal is to begin individuating from their family and to develop a connection to a society and peers. However, immigrant adolescents may experience a loss of faith in society as a whole, as the security previously provided by it has been replaced with confusion and uncertainty (Neto, 2002). Yet, this need to belong and the pressure to fit in is complicated by being from a different culture, which may cause difficulties in the acculturation process. As they desire to be connected to their families and the original belief systems (Mancini & Bottura, 2014), while at the same time as trying to fit in, a psychological incongruence may occur – causing distress (Mancini & Bottura, 2014).

During a time when family support is most needed; however, a lack of guidance and an inadequate support system may develop during the process of immigration,
resulting in such issues as loneliness, confusion (Berger, 1996) and fatigue (Neto, 2002). Based on the conducted literature review, the main influences that affect adolescents during the immigration and acculturation process are related to the familial and social contexts, which may act as risk or protective factors for their well-being, including: (a) support systems, (b) culture shock, and (c) recency of immigration, as outlined in detail below.

**Support Systems During Acculturation Process**

Development and maintenance of support systems may be difficult during the immigration and acculturation process, leaving adolescents vulnerable to potentially damaging stressors (Berger, 1996; Neto, 2002). For instance, it is most common for adolescents to lose systems such as friendships they developed in their country of origin, the support of immediate and extended family members, and possibly their parents who may struggle with their own acculturation difficulties (Berger, 1996). These tendencies are supported by studies conducted nationally and internationally, suggesting a similar psychological experience by immigrant adolescents regardless of the original and host countries.

Early publications regarding immigrant family acculturation and the well-being of adolescents provided a framework for further research. In 1985, Landau-Stanton highlighted the various aspects of acculturation a family goes through, with disengagement and isolation of family members among them. She stated: “In certain instances, individuals in the family become isolated as they no longer accept the family’s values and life-style. This leaves them very vulnerable in their new environment” (Landau-Stanton, 1985, p. 369).
The vulnerability of immigrant adolescents due to a disconnect in the family is supported by a national comparison study conducted in 2001, conducted by Borowsky, Ireland and Resnick, that analyzed the risk and protective factors of suicide attempts among ethnic adolescent groups in United States. The study utilized secondary data from the National Longitudinal Study of Adolescent Health (Add Health), which ran from 1995 to 1996. Original data were collected in all high schools in the entire United States, Grades 7-12, (schools that have an 11th grade, and 30 or more students per school). The entire sample included \(N = 90,118\). The sample used by Borowsky et al. (2001) included \(n = 102\) Hispanic adolescents. One of the elements analyzed was the relationship between adolescents’ connection to their parents and adolescent suicidal behaviors. To analyze the research questions regarding Hispanic adolescents, researchers used several variables from the original study, including community context, family context and individual characteristics. Internal consistency coefficients were calculated for variables containing multiple items, providing overall reliable results for each value. By using logistical regression analysis, it was found that among Hispanic participants, 4.5% more adolescents not living with both biological parents attempted suicide, as compared to those living with both biological parents. Furthermore, a bivariate analysis showed that family connectedness was a stronger protective factor in preventing suicide attempts in Hispanic youth (Borowsky et al., 2001). This study points to the importance of family connections and that loss of support from family members may act as a risk factor for negative well-being outcomes for adolescents.

An international study conducted in Israel yielded similar conclusions, with immigrant adolescents from Russia (Ponizovsky, Ritsner, & Modai, 2009). The study
explored family processes during the acculturation process. The focus of the study was to explore suicidal ideations and attempts related to a number of factors, including social and family support. The study included a sample of \((n = 406)\) adolescents, from 250 families. The questionnaire included the following measures: Demographic Inventory; Youth Self-Report (YSR; Achenbach, 1991), Talbieh Brief Distress Inventory (TBDI; Ricsner, Rabinowitz, & Slyuzberg, 1995), and Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988). To analyze the outcomes, multiple regression analyses were utilized. Specific to social and family support, the MSPSS measure was analyzed. It was found that participants struggling with suicidal ideation had a lower total mean score than adolescents who did not have ideations. Surprisingly, it was found that the adolescents with suicidal ideations were not as sensitive to other social support systems, such as friendships, as they were to their familial support system. Thus, concluding that the lack of support from family is a significant risk factor for immigrant adolescents (Ponizovsky et al., 1999).

Adolescents are in a particularly precarious circumstance, as their adjustment includes not only a new culture, but also developmental needs (Baptiste, 1990; Nicolas, Arntz, Hirsch, & Scmiedigen, 2009). Feelings of loss may be more profound for adolescents than immigrants in other developmental stages because this stage entails transitions of its own, such as learning how to differentiate from parents. Their struggle is suggested to be twofold: resistance to asking parents for assistance and anger at being forced to immigrate. This struggle may cause the adolescents to withdraw and become more isolated (Berger, 1996). In addition to the loss of support systems, adolescents going through the acculturation process may experience a number of distress factors due
to culture shock. In the section below, culture shock is identified and studies exploring the notion are explored.

**Culture Shock During Acculturation Process**

The concept of culture shock was first researched and defined by Oberg in 1960, and is still relevant to the immigrant experience of the present day. According to Oberg (1960), culture shock occurs when individuals arrive in an unfamiliar culture where the customary signs are not present.

Culture shock is precipitated by the anxiety that results from losing all our familiar signs and symbols of social contact. These signs or cues include the thousand and one ways in which we orient ourselves to the situations of daily life: when to shake hands and what to say when we meet people, when and how to give tips, how to give orders to servants, how to make purchases, when to accept and when to refuse invitations, when to take statements seriously and when not. (Oberg, 1960, p. 142)

Symptoms of culture shock may range from minor to significant, which include feelings of helplessness, anger and frustration, physical reactions (psychosomatic symptoms), fear for physical safety, and longing for their hometown, anxiety, confusion and disorientation (Berger, 1996; Oberg, 1960). Immigrants are apt to develop culture shock; however, the intensity depends on the difference between the original culture and the adopted culture; the more different the adopted culture, the more severe the culture shock (Berger, 1996). Psychosomatic symptoms that develop due to culture shock may include sleep difficulties, eating concerns, fatigue, stomach aches, skin outbreaks, and headaches (Lin & Yi, 1997; Oberg, 1960; Virta, Sam, & Westin, 2004).

Adolescent immigrants may experience similar symptoms of culture shock (Berger, 1996; Furnham & Bochner, 1982), however, as addressed earlier, they must contend with an additional challenge of being in a vulnerable life cycle stage.
Adolescents are developing their self-identity, with one of the major support systems they rely on being their culture. “In the adolescents’ development, culture plays a particularly important role in providing a framework for developing and validating identity” (Berger, 1996, p. 170). Two studies focusing on culture shock symptoms in immigrant adolescents were conducted by international researchers, as presented below. While past national literature echoes the results of the international studies (Berger, 1996), a significant gap in empirical studies is present.

A study conducted in the Netherlands’ in 2003, by Janssen, Verhulst, Bengi-Arslan, Erol, Salter and Crijnen, focused on immigrant adolescents from Turkey. The study analyzed self-reported emotional and behavioral outcomes, as compared to native adolescents. The final immigrant sample included \((n = 379)\) adolescent immigrants born in Turkey. Data were collected by conducting personal interviews, using the Youth Self-Report (YSR; Achenbach, 1991) and the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983). An ANOVA analysis revealed that immigrant participants scored statistically significantly higher on anxiety, depression, withdrawing and internalization, than those who were native. Thus, supporting previous suggestions that immigrant adolescents experience more negative well-being outcomes than non-immigrant adolescents, due to living in an unfamiliar environment (Janssen et al., 2003).

Another study conducted using samples in both Norway and Sweden, examined psychosomatic complaints with Turkish immigrant adolescents (Virta, Sam, & Westin, 2004). The Norwegian analysis entailed \((n = 111)\) Turkish immigrant teenagers, as well as, a sample of native born adolescents. The Swedish analysis entailed \((n = 296)\) Turkish born, and native Swedish adolescents. Psychosomatic, anxiety and depression
symptoms data were gathered by implementing a Mental Health Scale, developed for the study by the researchers and drawn from previous research. The scale proved to have strong reliability with a coefficient ranging from .87 to .90 for all cultural groups. Questions such as the following were included: “I feel tired,” “I feel tense or anxious” (Virta et al., 2004, p. 18). By conducting a one-way ANOVA and examining mean scores, it was found that psychosomatic symptoms were significant for Turkish immigrants in both countries; however, functioning of participants in Norway was lower. Researchers discovered that the customs of Turkish youth were more accepted in Sweden, and therefore, reduced the culture shock symptoms (Virta et al., 2004). This study provides an important view into culture shock symptomology in relation to the perception of immigrants and the host population. It appears that if adolescents perceive that they are accepted by the native residents, their level of functioning will be higher.

In addition to support systems and culture shock, adolescents are influenced by how recently they have immigrated into the new culture. That is, how long they have lived in the new culture makes a difference in the quality of their well-being, as presented below.

**Recency of Immigration and Risk Severity**

The amount of time immigrant adolescents have lived in the new country was also found to impact their functioning. According to national and international research studies, substance use and risky sexual behaviors have been associated with how recent adolescents had immigrated (Epstein, Botvin, & Diaz, 1998; Gil, Vega, & Dimas, 1994). In 2001, Blake, Ledsky, Goodenow and O'Donnell performed a study in the United States to analyze risk behaviors among adolescents, including substance abuse and
sexual behaviors. The study included a sample of \( n = 490 \) immigrant adolescents from various countries of origin, with \( n = 229 \) participants living in United States more than 6 years, and \( n = 191 \) less than 6 years. Data were gathered in a three-stage design study, by following the procedures of the Massachusetts Youth Risk Behavior Survey (YRBS; Massachusetts Department of Education, 1996). The survey included questions regarding substance use, sexual behaviors, peer pressure, parental disapproval or approval of risk behaviors, self-efficacy or confidence in refusal, and intentions for using. Chi-square tests and one-way analysis of covariance tests revealed that immigrant adolescents residing in the United States for less than 6 years reported less risk behaviors, even though they felt higher peer pressure. In contrast, adolescents who have been residents for more than 6 years reported higher risk behaviors, and lower peer pressure. Parental disapproval and protectiveness was also higher with later stage immigrants. It follows from the results that immigrant adolescents may develop harmful behaviors after the 6-year adaptation period (Blake et al., 2001).

The results suggest that a window of opportunity exists after adolescents first immigrate to the United States, during which health promotion and primary prevention programs might be successfully implemented and integrated into schools to delay or prevent high-risk behaviors from occurring during the process of acculturation. (Blake et al., 2001, p. 797)

Furthermore, the literature identified that loneliness was also shown to be a factor in immigration recency (Neto, 2002). An international study conducted by Neto in Portugal in 2002, analyzed loneliness and acculturation of adolescents from various ethnic groups. The study participants included \( n = 47 \) immigrant adolescents, with an average residency in Portugal of 6.9 years, \( n = 266 \) Portuguese-born adolescents of various ethnicities, and a control group of \( n = 363 \) Portuguese adolescents. Data were
collected as part of the International Comparative Study of Ethnocultural Youth (ICSEY) project. To gather data on loneliness, the self-report Revised UCLA Loneliness Scale, brief Portuguese version (Russell, Peplau, & Cutrona, 1980) was administered during a school session. The scales yielded a high correlation with the original scale, with high reliability shown. Researchers explored the data by implementing a stepwise multiple regression analysis, which demonstrated that the risk of loneliness in adolescents is at its greatest during the first six years of immigration. The study revealed that loneliness was eased once adolescents develop friendships and become more acculturated. This is significant, as it suggests that adolescents require support most during the initial stages of immigration (Neto, 2002).

In summary, loss of support systems, intergenerational conflict, culture shock, and recency of immigration are the most acute struggles felt by acculturating adolescents. Research makes the connection between these negative well-being outcomes and dysfunctional family functioning; specifically, a lack of familial support, guidance and an adequate support system (Berger, 1996; Neto, 2002). In the following section, the effect of family functioning on acculturating adolescents is explored and the importance of family connection during the acculturation process is investigated.

**Impact on Adolescents of Family Functioning During Acculturation**

As evidenced by presented research (Berger, 1996; Neto, 2002; Oberg, 1960) the quality of family functioning has a direct impact on the well-being of acculturating adolescents. Familial functioning depends largely on how the family is structured, including the degree of support and connection of family members. Structure is a vital element of family functioning, and is the key to the quality of a child’s development.
Based on the review of current literature, it was found that adolescent perceptions of their familial relationships may either protect against negative outcomes, or act as risk factors that exacerbate their struggles. In this section, the following dynamics are explored in detail: (a) family rules and patterns, (b) family cohesion, (c) intergenerational conflict, and (d) parental functioning.

**Family Rules and Patterns that Impact Acculturating Adolescents**

Rules and patterns are engrained in the family structure, and dictate the closeness and distance that family members are allowed. They also create a specific type of family boundary, which may be either healthy or unhealthy (Nichols, 2013). Family rules are central in immigrant families, particularly to those from traditional cultures. Family rules create patterns, or habits, that are carried out in daily activities and govern most elements of family functioning, including child rearing, privacy and communication styles (Nichols, 2013; Soto-Fulp & DelCampo, 1994).

Differential acculturation (different rates of acculturation between generations; See operational definitions in Chapter I), between the parent and child subsystems may create a rift in the previously agreed upon family rules. That is, the overt (evident) or covert (hidden) rules that may have been acceptable in the country of origin, the acculturation process may render to be unsuitable (Nguyen, 2008; Yin & Han, 2007; Yin & Han, 2008). In a study conducted in the United States with Filipino immigrant families, Wolf (1997) analyzed the impact of family rules during the acculturation process. This qualitative study entailed four focus groups, with a sample of Filipino youth (N = 22), from the State of California, who were both immigrants and children of immigrants. The focus group consisted of the researcher asking specific questions about...
cultural issues and family expectations. Data were transcribed and results were organized into themes. The analysis revealed that participants suffer under traditionally rigid family rules, such as a chosen education path, pressure to live at home, parental control, and prohibition from seeking counseling. The suffering manifested as suicidality, loneliness, anger and seeking power (Wolf, 1997). For instance, a female participant stated: “They put a lot of pressure on us girls growing up. The two boys got the most freedom from all of us because it's like they are invincible, nothing can happen to them” (Wolf, 1997, p. 466). Additionally, one participant explicitly referred to traditional Filipino parents being unable to understand and connect with their adolescent children: “I think that a lot of my Filipino friends don't like sharing problems with their own parents because a lot of our parents are really old fashioned and they don't understand” (Wolf, 1997, p. 466). This study is a valuable contribution to the investigation of acculturation, because it reveals the underlying struggles that family functioning may cause as adolescents embrace new cultural norms and their parents remain faithful to the culture of origin norms. Thus, suggesting the need for negotiation and generation of new family norms that are acceptable to both generations.

Family rules over time develop into family patterns (Nichols, 2013). For example, a family rule dictating that family members are not to communicate about private issues, may develop a pattern of avoidance. Family patterns were explored Mexican American families, in a seminal study by Adler, Ovando, and Hocevar (1984). The focus of the study was to examine how family functioning related to gang involvement, of Mexican American youth in the state of California. The study participants included (N = 30) Mexican American mothers with adolescent children. Of
the participating mothers, \((n = 15)\) had at least one adolescent child involved in a gang, and \((n = 15)\) were not gang-involved. The procedure for data gathering involved personal interviews with the mothers. The subsections of interview questions related to family patterns, including: family social patterns, discipline and supervision patterns, affection patterns, and maternal feelings. A mixed-methods analysis entailed separating answers according to themes (i.e., family eats together), separating themes into patterns (i.e., family social patterns), and scoring them according to gang-involved and non-involved participants. Results found specific patterns that are associated with gang involvement of youth, including parental socialization, discipline and supervision, and showing affection. Socialization patterns included less socializing time with the family, such as having meals together. The discipline pattern reveals that although gang-involved and non-involved youth were disciplined, parents of non-involved youth were more involved in their free time activities and had more awareness of what activities they participated in while outside of the home. Lastly, expression of affection was found to be an important factor. In families with non-involved children, members expressed affection more freely than in families with gang-involved adolescents. That is, parents expressed more affection toward each other and toward the child. Additionally, in gang involved families’ expression of affection centered on expressing negative emotions, more frequently than positive (Adler et al., 1984). The findings of this study are contrary to the belief that gang involvement is primarily due to poverty, but is more dependent on family functioning, and supports that family rules and patterns may affect adolescents’ emotions and behaviors (Adler et al., 1984).
Thus, family rules and patterns are important elements within the family system that effect the immigrant adolescent during acculturation, as they dictate how much interaction there is among family members. Additionally, adolescents residing in a majority culture that is different from their culture of origin are impacted by the level of cohesion in their families. Family cohesion is explored in detail below, with regard to how it impacts immigrant adolescents.

**Family Cohesion**

Family cohesion is referred to as the degree of closeness of family members, such as the amount of time spent together (Yin & Han, 2008), as well as the degree of support and thoughtfulness that members perceive (Marsiglia, Kulis, Parsai, Villar, & Garcia, 2009). For adolescents experiencing acculturation, aspects of family cohesion found to be particularly essential are parental support and the families’ ability to resolve conflicts (Dumka, Rosa, & Jackson, 1997; Walsh, Edelstein, & Vota, 2012).

For example, a study conducted simultaneously in the United States and Korea examined the role of social support and family structure, as related to suicidal ideation and distress in Korean immigrant adolescents (Cho & Halsan, 2009). The study entailed (\(N = 227\)) participants, from the metropolitan New York area and three high schools in Seoul, Korea. Participants were separated into three groups: Korean-born adolescents (\(n = 87\)) living with both parents; Korean-born adolescents (\(n = 62\)) living alone or with one parent; adolescents in Korea (\(n = 47\)) and U.S. born non-Korean adolescents (\(n = 31\)). Questionnaires used were: Suicidal Ideation Questionnaire (SIQ; Reynolds 1988); Social, Attitudinal, Familial, and Environmental Acculturative Stress Scale for U.S. participants (SAFE; Mena, Padilla, & Maldonado, 1987); Suinn-Lew Asian Self-Identity
Acculturation Scale for Korean participants in U.S (SL-ASIA: Suinn, Rickard-Figueroa, Lew, & Vigil, 1987); Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988); Beck Depression Inventory-Second Edition (BDI-II; Beck, Steer, & Brown, 1996); Brief Symptom Inventory (BSI; Derogatis 1993); and, Psychosocial Stressor Questionnaire (PSQ; developed for current study). The reliability of each measure was investigated and was shown to be appropriate for the study. The measures were administered in a school setting. Data related to predicting risk and protective factors were analyzed by implementing simultaneous multiple regressions. Significant findings revealed that youth who immigrated without the presence of one or both parents experienced higher levels of distress, including life stress, negative psychological symptoms and suicidal ideation (Cho & Halsan, 2009). Researchers suggest that the presence of both parents is perceived by adolescents as increased support and connection, thus acting as a protective factor from suicidality (Cho & Halsan, 2009).

An international study conducted in Canada revealed similar findings, with the exploration of risk and protective factors among immigrant adolescents from various countries of origin (Nguyen, Rawana, & Flora, 2011). The study used existing data collected by Statistics Canada as part of the National Longitudinal Survey of Children and Youth (NLSCY). The immigrant adolescent sample included \( n = 89 \), and adolescent immigrants sample included \( n = 971 \). A series of adolescent well-being measures were used and family functioning scales, such as: Center for Epidemiologic Scale of Depression (CES-D; Offord et al., 1987); General Self scale of the Self-Description Questionnaire (SDQ; Marsh & Gouvernet, 1989); Family Dysfunction Scale (developed for the current study, by study researchers); Parental Cohesion Scale
(developed for the current study, by study researchers). All scales were found to have appropriate reliability for the study. PROC MIXED procedure (Singer & Willett, 2003) was used to analyze the data. The results of the study revealed that first generation immigrant youth had lower levels of distress, due to higher levels of cohesion within the family (Nguyen et al., 2011).

However, the effect of family cohesion is twofold. That is, excess and deficit cohesion are similar in detrimental effects (Olson, 1994), whereas mid-level cohesion provides the most ideal conditions for family members (Headman, 2003). This concept was supported by a study that analyzed whether family cohesion mediated alcohol use in Mexican American adolescents (Marsiglia, Kulis, Parsai, Villar, & Garcia, 2009). To explore the research question, the study used existing data from The Latino Acculturation and Health Project. The participant sample included \( n = 120 \) Mexican-heritage adolescents. Variables for the study were extrapolated from questionnaires and measures used by the original study. Variables were coded to be examined in a series of analyses, including cross-tabulation, bivariate analysis, and multiple regressions. The outcomes revealed that medium level cohesion is a protective factor, whereas high and low levels are indeed risk factors. The results may be contrary to the norms of Mexican families, as high cohesion is prevalent, yet the researchers posit that adolescents require more independence as they adopt new cultural norms (Marsiglia et al., 2009).

Thus, cohesion within the family has a direct impact on immigrant adolescents’ well-being, as it helps families to resolve conflicts and feel connected. Additionally, the presence of conflictual relations between generations plays a significant part on how
well immigrant adolescents acculturate. The definition and the impact of intergenerational conflict is presented in detail below.

**Intergenerational Conflict**

Based on the literature, intergenerational conflict occurs among generations because they acculturate at different rates, meaning that parents and grandparents are more inclined to maintain the traditions of their birth country and younger family members tend to adopt the new cultural norms soon after immigration (Chao, 2000; Fuligni, Tseng, & Lam, 1999; Lee & Liu, 2001; Lee, Su, & Yoshida, 2005; Ying & Han, 2006). This may also be referred to as differential acculturation (Kwak, Lalonde, & Kagitcbasi, 2003; Ying & Han, 2006). The impact of intergenerational conflict on the well-being of acculturating adolescents was explored by a study of literature (Kirmayer et al., 2011) that focused on analyzing significant factors in the mental health outcomes for immigrants. The results of the review determined that acculturation and intergenerational conflict are among the essential factors influencing the adjustments of families (Kirmayer et al., 2011). A number of national and international studies support this conclusion, and are explored below (Rosenthal, Ramieri, & Klimidis, 1996; Tsai, Ying, & Lee, 2000; Ying & Han, 2007).

A study conducted in the United States by Ying and Han (2007) analyzed the intergenerational gap as it relates to the well-being of adolescents among Southeast Asian American families. The longitudinal study entailed a nationwide sample of \((n = 490)\) adolescents who self-identified as of Southeast Asian ethnicity, which in included foreign born and U.S. born with at least one parent born in Southeast Asia. Research questions were analyzed by using existing data from the Children of Immigrants
The Longitudinal Study (CILS; Portes & Rumbaut, 2001; Rumbaut, 1994). The original study participants included adolescents in California and Florida state schools, Grades 8 through 9. The study was completed in two waves, with 3 years between waves. To analyze the research hypothesis, specific questions from both waves were chosen as variables for the study. Wave 1 included questions such as: “How often do you prefer American ways of doing things?”; “I get in trouble because my way of doing things is different from that of my parents”; “How often do your parents prefer American ways of doing things?” (Ying & Hang, 2007, p. 63). The questions were separated into two dimensions of Family Conflict and Family Cohesion, with high reliability found for each – being .70 and .83, respectively. The data were analyzed by using regression analysis revealing that the presence of intergenerational conflict significantly impacts the well-being of adolescents. Specifically, the presence of parent-child conflict in early adolescence is shown to increase depressive symptoms in later adolescence (Ying & Han, 2007).

The association between academic performance of adolescents and conflictual family interactions in Chinese American families was analyzed by Ying, Lee and Tsai (2007). Participants were recruited from a public university in the western United States. As part of the study, researchers explored the predictors of depressive symptomology in immigrant youth, as they relate to the quality of family functioning. The sample (N = 353) included Chinese American participants, with a subsample of (n = 231) participants born outside of the United States. The self-report measures used to collect data regarding family functioning and participant well-being were: The Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987), General Ethnicity
Questionnaire, American (GEQA) and Chinese (GEQC) versions (Tsai, Ying, & Lee, 2000). All measures have high reliability. By performing a series of multiple regressions, researchers discovered that the quality of the participants’ relationship with their parents predicted their well-being outcomes. That is, weaker relationships with the parents predicted more academic challenges and higher depressive symptomology (Ying et al., 2007).

Similar intergenerational conflict outcomes were found in a study performed in Melbourne, Australia, with Vietnamese-born adolescents (Rosenthal, Ramieri, & Klimidis, 1996). As part of the study, researchers examined the impact of intergenerational conflict and acculturation gap on the self-perception of immigrant adolescents. The study entailed \( n = 162 \) Vietnamese immigrant adolescents. To analyze the intergenerational conflict, the Rosenthal Conflict self-report measure (Rosenthal, 1984) was administered to the adolescents in the classroom. The measure consisted of questions such as: “Frequency of disagreements or conflicts they had with each parent” (Rosenthal et al., 1996, p. 84). The measure was found to have high face validity and consistency across items. Results of the study support previous research, indicating that adolescents perceive that they acculturate at a high rate than their parents. The gap in acculturation was shown to be connected to conflict between the generations, in turn leading to lower self-satisfaction among adolescents (Rosenthal et al., 1996).

Thus, intergenerational conflict often occurs due to different rates of acculturation among generations within an immigrant family, causing misunderstandings, conflicts and feelings of helplessness in immigrant adolescents. Another important influence, in addition to family rules, patterns and cohesion, and
intergenerational conflict is the well-being of an adolescent’s parents. That is, the well-being of the parents in turn impacts the well-being of the adolescent child. Parental functioning and its effect on adolescent immigrants is explored in the next section.

**Parental Functioning**

Studies suggest that the level of parental adjustment determines the level of child adjustment, while adopting to new cultural norms. For example, a study conducted in the United States, analyzed the effect that Filipino American parental level of acculturation has on the functioning of their adolescent children (Ying & Han, 2008). Parental acculturation was based on their mastery of English, duration of residence, and level of education. The study analyzed existing data collected for the Children of Immigrants Longitudinal Study (CILS; Portes & Rumbaut, 2001). The study used the sample \( n = 365 \) of Filipino American adolescents from the states of California and Florida, Grades 8 through 9. Specific parental and adolescent questions were chosen from the original study to measure parental and adolescent responses. The reliability measures for the specific variables were analyzed by the researchers, and were found to be appropriate for the study. Path analysis was used to explore the study questions. Results revealed that parents with higher levels of English mastery, thus higher functioning, were more involved with adolescent’s education, at home and school, and with the child's social activities outside of their own culture. Researchers concluded that higher acculturation of parents’ increased family harmony, decreased conflict, and improved the self-esteem and depressive symptoms of their adolescent children (Ying & Han, 2008).
Additionally, Latino immigrant maternal depression was linked with their adolescent children’s risk behaviors, in a study conducted in the state of California (Aisenberg, Trickett, Saltzman, & Zayas, 2007). The study measured the impact of maternal depression and exposure to violence on the behavioral problems of their adolescent children. The sample of the study entailed 47 mother-adolescent children pairs residing in high crime neighborhoods. Measures utilized in the study included: UCLA Community Violence Exposure Survey (Saltzman, Pynoos, Layne & Steinberg, 1998); Reynolds Adolescent Depression Scale (RADS; Reynolds, 1987); Self-Assessment of Exposure to Community Violence, Parent Version (SAVE-P; Aisenberg, 1998b); Brief Symptom Inventory, for maternal depression (BSI; Derogatis & Melisaratos, 1983), Parent Assessment of Child Exposure (PACE; Aisenberg, 1998a); Conners’ Teacher Rating Scale–Revised (CTRS-R; Conners, 1997). All measures have high reliability. To analyze the data, univariate t tests, regression and bivariate analysis were conducted. Results indicated that maternal depression was found to be a stronger correlate to child behavioral issues, than exposure to community violence. The results of the study imply that intervention within the parental unit would improve the well-being of a child (Aisenberg et al., 2007).

In summary, the way adolescents perceive their family rules and patterns, family support and cohesion, intergenerational conflict, and parental functioning during the acculturation process may either protect or exacerbate their struggles. However, research on the subject of immigrant family functioning and its effects on acculturating adolescents is limited, with many areas of interest being covered by one study. Furthermore, studies exploring acculturation mainly focus on examining the effects of
immigration on adolescents. Yet given the importance of family functioning in the life of acculturating adolescents, no research to date has focused on examining therapeutic approaches that would be effective in restoring balance within the immigrant family unit with adolescent children. The current study examines the perception of family functioning on acculturating adolescents, through the lens of Structural Family Therapy (SFT). The following literature review section presents an overview of SFT and positions its relevance in practice with immigrant families.

**Structural Family Therapy Theoretical Focus**

Due to adolescent immigrants experiencing significant distress in the early years of immigration, therapy is highly recommended (Neto, 2002). However, Nicolas, Arntz, Hirsch, and Scmiedigen stated that mental health treatments must be culturally appropriate: “Given the ethnic diversity of the United States, mental health treatments that fail to take into account or integrate the culture of individuals in treatment development, implementation, and evaluation is not only reckless but an unethical practice” (2009, p. 383).

Thus, conducting studies exploring the efficacy of systemic approaches with diverse populations is justified and timely. Specifically, in this study it was proposed that Structural Family Therapy (SFT) may be an appropriate therapeutic approach to use in practice with immigrant families, with adolescent children. As a first step in this investigation, an examination of the specific concept of SFT of family boundaries was conducted. In order to substantiate the relevance for utilization of SFT for this research study, this section explores the following elements of the theory: (1) history, (2) research on efficacy, (3) SFT key concepts, (4) boundaries as an element for current study.
History of SFT

SFT was founded by Dr. Salvador Minuchin in 1967, along with a group of mental health practitioners, who dedicated their skills to the betterment of family functioning (Minuchin et al., 1967). Minuchin was born in 1921 in Argentina, to Russian-Jewish immigrants, in an affluent family who was later ravaged by the Great Depression and plunged into poverty. Early life experiences left a strong mark on his life and career goals. In high school, he decided that he wanted help juvenile delinquents, after learning the philosopher Jean-Jacque Rousseau’s ideas that delinquents are victims of society. As a university student, he was involved in political activities against oppression. After receiving a medical degree, he worked in the Israeli army as a medical doctor with Holocaust survivors. His further training included serving as a child psychiatrist with Nathan Ackerman in New York, child therapeutic groups in Israel, psychoanalytic therapy at the William Alanson White Institute – where interpersonal interaction was at the basis of its approach (Miller, 2011).

In the early 1960s, Salvador Minuchin began working at the Wiltwyck School for Boys in New York’s inner-city where juvenile delinquents and distressed young men were treated. Here, Minuchin concluded that the family must be included in therapy in order to improve youth outcomes (Miller, 2011). Minuchin and colleagues, including Montalvo, Guerney, Rosman and Schumer, wrote the seminal and foundational book *Families of the Slums*, thus, giving rise to the foundation of SFT (1967). Specifically, the book outlines a research study conducted with the youth and their families who were seen at the center. The authors analyzed the impact of social context on poor families. They found that families suffered from disconnected family members. Further, they
found that concrete and action-oriented communication styles, rather than abstract and verbal, were effective for clients in the urban setting. Consequently, “more doing than talking” techniques were generated, such as, role playing and enactments (Miller, 2011; Minuchin Center for the Family, n.d.).

In 1967, Minuchin became the director of the Philadelphia Child Guidance Clinic, where he recruited B. Montalvo and J. Haley. The clinic served mostly urban families, with the main causes for distress being psychosomatic, such as diabetes, asthma and anorexia. It was found that the families were “psychosomatic families.” Here, techniques were developed for families that were enmeshed, where members were typically over-involved with one another, providing little privacy and no ability for self-expression (Minuchin & Fishman, 1981; Miller, 2011; Minuchin Center for the Family, n.d.; Nichols, 2013). Thus, adding another piece of the puzzle, which helped to shape the SFT model. The model was outlined by Minuchin and Fishman in 1981, in the book Family Therapy Techniques. The history of SFT is depicted in Appendix B, where the SFT historical timeline is presented. The figure was created by the present author, based on information resources available on the Minuchin Center’s website (The Minuchin Center for the Family, n.d.).

Structural Family Therapy at its foundation is a model that captures the needs of inner-city and urban families, allowing for flexibility of use with diverse populations. Early in its conception, it was used successfully with families of various ethnic backgrounds and socioeconomic statuses (Miller, 2011; Minuchin et al., 1967; Minuchin Center for the Family, n.d.). This was later researched and validated by numerous research studies, which are outlined in the next section.
Research on SFT Efficacy

A comprehensive review of literature exploring the efficacy of SFT revealed that a large number of studies were conducted to investigate the effectiveness of the theory, with various populations and in different fields. SFT was found to be effective for families with such issues as divorce, domestic violence and social media (Gelles & Maynard, 1987; Kaplan, 1977; Méndez, Qureshi, Carnerio, & Hort, 2014;), couples with intimacy concerns (Fish, Busby & Killian, 1994; Ford, Durtschi, & Franklin, 2012), medical illnesses including traumatic brain injury, anorexia and chronic pain (Boll, DuVall, & Mercuri, 1983; Larøi, 2000; Raymond, Friedlander, Heatherington, Ellis & Sargent, 1993), among others. To demonstrate the application of SFT with diverse populations, a comprehensive review of ethnic diversity research is presented below.

To date, SFT has been applied to clinical work with eight various ethnicities, nationally and internationally. Ethnic populations include: Macau (Chan, 2013), Chinese (Jung, 1984; Kim, 2003; Navarre, 1998; Sim, 2007; Yang & Pearson, 2002), Hispanic (Becerra & Michael-Makri, 2012; Navarre, 1998; Soto-Fulp & DelCampo, 1994; Szapocznik et al., 1989), Thai (Pinyuchon & Gray, 1997), West African (Bott & Hodes, 1989), Italian American (Yaccarino, 1993), Ultra-orthodox Jewish (Wieselberg, 1992), and Native American (Napoliello & Sweet, 1992). Pertinent articles for this study are reviewed in detail below.

One of the main benefits of SFT is a high degree of flexibility within the composition of the model. Literature and manuals on SFT refer to the presence of structure; however, they do not prescribe a specific type of structure (Vetere, 2001). Thus, the elements of the model can be adjusted to fit any specific structure, even if the
customs and structural norms vary. For example, a study conducted in Beijing, China applied SFT as a basis for a qualitative case study with a family whose child was suffering from schizophrenia (Yang & Pearson, 2002). The participating family of the case study included the mother, father, 17-year-old daughter, and extended family members. The family sought therapy due to the daughter’s withdrawal from school and worsening schizophrenia symptoms. Family therapy, in addition to psychopharmacological intervention, was conducted once per month, for 16 months. A key ingredient of the provided therapy included SFT interventions modified to fit the Chinese culture (Yang & Pearson, 2002). The spirit of the flexibility and adoptability of the model is captured by the following quote from the study:

In China, the most important relationships are between the parental dyad and the child subsystem, not between husband and wife… Instead, by calling upon the Chinese cultural expectation of parental duty and responsibility to their daughter, the therapist restores appropriate subsystem boundaries between the parental dyad and the child. In addition, congruent with the Chinese preference to use resources within the family, the therapist involves the extended family in [child’s] care. This further strengthens the family’s organization by involving the grandmother for a culturally accepted purpose and frees the parents to take on other central family functions, such as employment or household duties. (Yang & Pearson, 2002, p. 250)

The above case study demonstrates the capacity of SFT to be used with an ethnically diverse family in an international context.

Furthermore, a national study conducted by Szapocznik et al. explored the efficacy of SFT in a study with Hispanic families, also produced successful results (1989). The study explored the efficacy of two approaches: SFT and Psychodynamic Child Therapy (IPCT). Study participants included (N = 69) 6- to 12-year-old boys, with both parents self-identifying as Hispanic. The design of the study was mixed
methods, with participants randomly assigned to three groups: SFT, IPCT, and control. Groups were analyzed by conducting three measures: pre and post-treatment, 1-year follow-up [(n = 58) participants]. The measures used to gather data included, self-report behavioral (Revised Child Behavior Checklist; Achenbach & Edelbrock, 1983) and psychodynamic (Psychodynamic Child Rating Scale; Szapocznik, et al., 1989) measures, as well as, as the Structural Family Therapy Systems Rations (Szapoeznik et al., 1989). All instruments have good reliability coefficients (Szapocznik et al., 1989). Treatment for the SFT group focused on “… modifying maladaptive patterns of interactions” (Szapocznik et al., 1989, p. 572). Treatment lasted for up to six months, with 12-24 session hours, once per week. Data were analyzed by utilizing a one-way analyses of variance (ANOVA) and multivariate analyses of variance (MANOVA), and examination of means. The results revealed that most improvement was experienced by the SFT group, post treatment. That is, Structural Family Therapy shows more significant improvements than the IPCT or the control groups. The 1-year follow-up data analysis further showed that family functioning of SFT families remained most improved, out of groups. The improvement of the SFT group was radically higher at post-treatment, while IPCT group’s family functioning declined. Thus positioning SFT as the more effective treatment model for the use with Hispanic families (Szapocznik et al., 1989).

This study further demonstrates the adaptability of SFT and its ability to alter the family structure according to group norms and structure, with one of the main ingredients being empowerment of the family (Minuchin & Fishman, 1981; Nichols, 2013). It also contributes to the body of knowledge of SFT efficacy and culturally appropriate interventions, strengthening the platform for its utilization in this research.
study. The importance of culturally appropriate interventions cannot be underestimated. In order to aid a family successfully, the presenting concerns must be viewed through the cultural lens. Thus, a culturally appropriate approach allows accurate case conceptualization and treatment plan development (Qin, Muenjohn & Chhetri, 2014; Rao & Donaldson, 2015).

SFT has been used successfully with diverse populations in the United States and worldwide, due to its unique ability to adapt to various cultural norms (Minuchin & Fishman, 1981; Nichols, 2013; Vetere, 2001). The model allows clinicians to identify the various elements of a family, set culturally appropriate goals and use suitable techniques to achieve permanent change. Given this, SFT was identified as a fitting theoretical framework for this study (Minuchin & Fishman, 1981; Nichols, 2013; Vetere, 2001). The following section presents the various aspects of the Structural Family Therapy approach, with its key concepts presented first. This section defines and outlines the notion of structure, and provides an overview of the various elements of the theory.

**SFT Key Concepts**

The main focus of SFT is on family interactions which generate and perpetuate the structure of the family (Minuchin & Fishman, 1981; Nichols, 2013). The presenting symptoms are viewed as by-products of dysfunctional structure and a family’s inability to adapt to changes effectively (Minuchin & Fishman, 1981; Nichols, 2013). A SFT therapist discovers and highlights maladaptive patterns by charting the relationships among family members, including extended family members is appropriate. SFT posits that in order for symptoms of the family unit and individual family members to be
reduced, structural changes must occur in a family system (Minuchin & Fishman, 1981; Nichols, 2013). Circular causality (Bertalanffy, 1969; Nichols & Tafuri, 2013) is the foundation of the theory and the work of the therapist; meaning that one member’s experience of the other member’s behavior maintains patterns. Furthermore, SFT therapists view the client as the family unit, not individual family members (Minuchin & Fishman, 1981; Nichols, 2013).

The main goal of the theoretical approach includes the activation of the innate healthy structure of the family. Meaning that the family is aware of the appropriate structure needed for family functioning to improve, but has become stuck in a dysfunctional pattern. Thus, the family is not to be labeled as flawed, but to be aided in restructuring the system by allowing the family to solve its own problems. Therefore, the therapist guides, but does not offer concrete solutions (Minuchin & Fishman, 1981; Nichols, 2013).

SFT views the family as one system which includes not only the individual members, but also their interactions. Rules are the invisible set of functional demands regulate member interactions, and maintain the patterns that have developed overtime. The patterns are ways in which members interact that are repeatable and predictable. The sequences of family patterns are isomorphic, meaning that they are embedded in the structure of the family. Thus, changing any part of the sequence will cause temporary first order change, while changing the underlying family structure will cause permanent second order change (Minuchin & Fishman, 1981; Nichols, 2013). The various system elements include subsystems, boundaries and hierarchy (see operational definitions in Chapter I; Minuchin & Fishman, 1981; Nichols, 2013).
Development of disorders occurs when family boundaries among subsystems are unclear, and adjustments to the structure are difficult to make. The dysfunctional structure that has been present, yet was functional, may become revealed due to external factors such as loss of a job, family moving, natural disaster, or internal factors, such as developmental stage transitions, retirement, death (Minuchin & Fishman, 1981; Nichols, 2013), thus, disrupting the homeostasis and the functioning of the family and individual members. Family dysfunction may be presented through conflicts, cross-generational coalitions, detouring and over-involvement of family members (see operational definitions in Chapter I; Minuchin & Fishman, 1981; Nichols, 2013).

SFT has a rich repertoire of interventions to achieve therapeutic goals, including: the family map, enactments, reframing, highlighting and modifying interactions, altering boundaries, unbalancing, and challenging unproductive assumptions, as described below (see operational definitions in Chapter I; Minuchin & Fishman, 1981; Nichols, 2013). The aims of the techniques are to identify, mutually with the family, dysfunctional interactions within which the family has been “stuck,” and to empower the family to create permanent changes. However, the techniques are flexible and may be adjusted to the culture, or a particular family’s needs (Minuchin & Fishman, 1981; Nichols, 2013; Yang & Pearson, 2002). All families may struggle at various points of the life cycle, and face environmental and developmental changes. Healthy families are flexible and allow for change to occur, accommodating each member’s needs. However, families that have ingrained patterns that do not allow for flexibility may develop severe dysfunctions (Minuchin & Fishman, 1981; Nichols, 2013).
As mentioned above, one of the essential elements of the family according to SFT, is the concept of boundaries. Boundaries are crucial because they maintain the interactions of family members, and may not allow for change to occur, while contributing to the maintenance of dysfunction. As presented by a number of studies in the literature review section, family support and interaction are essential for the well-being of immigrant adolescents (Cho & Halsan, 2009; Kirmayer et al., 2011; Marsiglia et al., 2009; Nguyen, Rawana, & Flora, 2011). SFT has also been successfully implemented with various diverse populations, with adolescent children who experienced dysfunction (Szapocznik et al., 1989; Yang & Pearson, 2002). However, the studies have not concentrated on examining the specific SFT elements. The focus of this study is to pivot the examination of how family functioning affects immigrant adolescents on the concept of boundaries, which is discussed in detail below.

**Boundaries as an Element for Current Study**

Boundaries are the invisible barriers between systems, subsystems and among the individual family members. They regulate their contact, communication and interactional patterns. The type and quality of the boundary is informed by the rules and patterns established within the family. Furthermore, they govern the roles that family members are allowed and are not allowed to play. Three types of boundaries are identified within SFT: (a) rigid, (b) diffuse (c) clear. The three types of boundaries fall into two categories, of clear and unclear (rigid, diffuse) boundaries (Minuchin & Fishman, 1981; Nichols, 2013).

Rigid boundaries refer to a lack of connection within a family, where members are distanced from each other and little communication takes place. In families with
rigid boundaries, family member pay attention to other members only when significant
distress takes place. Thus this type of boundary falls into the unclear boundary category
(Minuchin & Fishman, 1981; Nichols, 2013). Diffuse boundaries refer to an
overabundance of connection within a family. Family members lack privacy and have
little time alone. Family members “feel” supported by their family, however, are not
able to be open and honest about the problems within the family, for fear of rejection.
Families with diffuse boundaries are considered to be enmeshed, and also fall into the
unclear boundary category (Minuchin & Fishman, 1981; Nichols, 2013). Clear
boundaries exist within families where a balance between family involvement and
individual expression are present. That is, family members are feel supported by other
members when in need, but also are encouraged to share their unique ideas and develop
a strong sense of self (Minuchin & Fishman, 1981; Nichols, 2013). While families with
all types of boundaries may experience distress, families with clear boundaries are able
to adjust faster because they are able to communicate clearly and receive the support that
they need. Thus, the clear boundary type is the only boundary that falls into the clear

Boundaries are present within family systems at every stage of the family
lifecycle. However, families may be fairly stable with unclear boundaries until an
internal or external event disturbs the status quo (Minuchin & Fishman, 1981; Nichols,
2013). The immigration process brings with it numerous challenges, such as moving to
a different country, new cultural norms, a new language, and economic worries. These
external challenges (Nichols, 2013) may bring to the surface the unhealthy family
structure that was already present. Members in families with previously rigid boundaries
may become even more distant, while members of enmeshed families, with diffuse boundaries, may become over-involved. Families with previously clear boundaries may also be affected by the challenges of immigration, however, their flexible structure may allow for the changes to be integrated more readily (Minuchin & Fishman, 1981; Nichols, 2013).

The quality of interpersonal boundaries among subsystems is especially important for parental and child subsystems. As evidenced by the presented studies regarding immigrant adolescents, they are vulnerable to adversities resulting in such outcomes as depression (Ying & Han, 2007), suicidal ideation (Ponizovsky, Ritsner, & Modai, 1999), and risk behaviors (Blake Ledsky, Goodenow, & O'Donnell, 2001). These negative well-being outcomes were shown to be linked with specific dynamics within an immigrant family, such as loss of family support (Borowsky, Ireland, & Resnick, 2001), conflict between the adolescent and older generations (Ying & Han, 2007), and a lack of cohesion within the family (Cho & Halsan, 2009). Thus, family dynamics have a direct impact on the well-being of adolescents during the process of acculturation.

Accordingly, boundaries play a significant role in the family during the process of immigration, and affect how well immigrant adolescents are able to acculturate. An investigation into precisely how the different type of family boundaries, as perceived by immigrant adolescents, affect their well-being outcomes is a valuable pursuit. It would allow clinicians to better assess struggling immigrant adolescents, taking into account the family dynamics. Furthermore, the application of a SFT element would further validate the applicability of the model to clinical work with diverse populations.
Summary

Research presented in the literature review demonstrated the struggles immigrant adolescents face during the process of acculturation. The main struggles were found to be loss of support systems, intergenerational conflict, culture shock, and how recency of immigration effects adolescent functioning, which in turn may lead to dire outcomes for the adolescents (i.e., suicidal ideations).

Importantly, negative well-being outcomes were linked to dysfunctional family functioning, such as a lack of familial support and an adequate support system. The concept of well-being entails the quality of physical, emotional and psychological functioning. Thus, the reference to well-being was viewed on the spectrum from positive to negative. Relating the quality of well-being to the quality of family functioning was the focus of the study, and was investigated by using the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977).

Acculturation models were presented, with the Relative Acculturation Extended Model as the platform for this study. This model was chosen because it is the most complete to date and provides a multidivisional perspective of the acculturation process. The dimensions of the model that the study was grounded in comprise family relations, social (including host culture experience) and ways of thinking (Navas et al., 2005). This model is in its nature systemic, as it includes the various systems affecting an immigrant during acculturation.

Furthermore, specific elements of family functioning that were identified include rules and patterns, family support and cohesion, intergenerational conflict and parental functioning during the acculturation process may either protect or exacerbate their
struggles. Thus, the struggles that adolescents experience, such as culture shock, are either mitigated or made worse by the quality of the family functioning.

Because the effectiveness of SFT has been explored with diverse populations in the United States and worldwide, it was the focus theory of the literature review. While a number of studies focused on exploring the efficacy of SFT with diverse populations, only two studies were found that focus on immigrant adolescents and their families. Additionally, the studies are seminal in their contributions to the subject; however, they were completed in 2003 and 1989, which highlights a significant gap in research. Taking into consideration the changing landscape of the American culture with an expected increase in immigrant families with adolescents, it is crucial to make a strong effort in researching the effects of acculturation on adolescent immigrants and culturally appropriate approaches.
CHAPTER III

METHODOLOGY

The current study used data collected as part of the Children of Immigrants Longitudinal Study (CILS; Portes & Rumbaut, 1991-2006), in order to analyze the role of family in the life of immigrant adolescents. Specifically, it was examined how immigrant adolescents’ perceptions of the quality of their family’s functioning impact their acculturation distress. In this chapter, the data source and design of the study are presented in detail. The chapter begins by introducing the current research study, the research questions and hypotheses. Following is the overview of the original CILS research study, including the entire participant pool. Subsequently, the current study sample is presented; with the sample inclusion criteria outlined, in order to justify the choice of participants in the current study. The chapter continues with the overview of the data collection procedures of the CILS researchers, and the measures that were used in the study. It follows with the presentation of the variables chosen for the current study, and the measures from which they were obtained. Lastly, the chapter ends with the data analysis method section, in which the statistical analysis procedure that was used to analyze the data is discussed.
The Current Study

Purpose of the Current Study

The purpose of this research study was to explore the effect of family functioning on immigrant adolescents, who experience acculturation distress and those who do not. Family functioning was explored through the lens of SFT’s types of family boundaries (clear, diffuse, rigid), which fall into two categories: clear and unclear (Minuchin & Fishman, 1981; Nichols, 2013; Vetere, 2001). The clear boundary category presumes that families provide a balance between support and independence, allowing members to share and resolve problems. The unclear boundary category implies that a family either lacks interaction among family members or members fear discussing problems, in either case leaving suffering family members without support (Minuchin & Fishman, 1981; Nichols, 2013).

To explore acculturation distress of the participants, this study focused on the aspect of discrimination. Discrimination in this study applies only to the reported discrimination as an immigrant, because reported discrimination was not race, ethnicity, nationality, or other factor specified. Discrimination is one of the main struggles experienced by immigrant adolescents during the acculturation process, contributing to struggles with fitting into the main culture and destabilizing their ethnic identity (Brenick, Titzmann, Michel, & Silbereisen, 2012). Immigrant discrimination may be experienced in the workplace, may take the form of social discrimination and a lack of social support (Leong & Tang, 2016; Tsai & Thompson, 2012). However, in this study the focus was only on whether adolescents experienced discrimination or not, without parsing out its specificities.
The study entailed discovering if participants who reported discrimination also reported a different type of well-being outcome than those who did not. The investigation continued by exploring whether family functioning reported by participants indeed falls into two categories of clear and unclear boundaries, and if the well-being reported by the participants differed across the two categories. The ultimate aim was to discover whether family functioning moderates the effect of experiencing discrimination by immigrant adolescents on their well-being. The constructs of the investigation included: discriminations as an immigrant, family functioning (boundaries), and well-being outcomes.

**General Research Questions and Hypotheses**

Research Question 1: Is there a statistically significant difference in the mean well-being between adolescent immigrants who experienced acculturations distress (i.e., felt discriminated as an immigrant) and those who did not?

Hypothesis 0: No statistically significant difference in well-being exists between those who felt discriminated and those who did not.

Hypothesis 1: A statistically significant difference in well-being exists between those who felt discriminated and those who did not.

Research Question 2: Does family functioning as reported by the participants fall into distinct categories of clear and unclear family boundaries?

Hypothesis 0: Reported family functioning does not fall into distinct categories of clear and unclear family boundaries.

Hypothesis 1: Reported family functioning does fall into distinct categories of clear and unclear family boundaries.
Research Question 3: Is there a difference in well-being scores for participants who report clear versus unclear family boundaries?

Hypothesis 0: There is no difference in well-being scores for participants who report clear versus unclear family boundaries.

Hypothesis 1: There is statistically significant difference in well-being scores for participants who report clear versus unclear family boundaries.

Research Question 4: Does family functioning moderate the relationship between acculturation distress and well-being outcomes?

Hypothesis 0: Family functioning does not moderate the relationship between acculturation distress and well-being outcomes.

Hypothesis 1: Family functioning moderates the relationship between acculturation distress and well-being outcomes.

Method

Participants

Overview of original study. Children of Immigrants Longitudinal Study (CILS) was developed in an effort to analyze how first and second generation (See operational definitions in Chapter I) adolescent children of immigrants adapt in the United States (Portes & Rumbaut, 2001-2006). The data collection project had a longitudinal design, spanning the years between 1991 and 2006, included three waves: baseline, second and third waves. The data for each wave was collected by conducting surveys with the participants. The sample of the baseline study (N = 5,262), included adolescents who attended Grades 8-9 in school of metropolitan areas in Miami/Ft. Lauderdale, Florida and San Diego, California. The sample represented 77 nationalities of origin. The
baseline wave gathered information regarding: language knowledge and preference, ethnic identity, self-esteem, and academic attainment over the adolescent years. The second wave took place 3 years after the baseline, with the same measures used for adolescents. However, additionally a parental survey was added. The response rate for the second wave was 81.5% \((n = 4,288)\). The third wave took place 10 years after the baseline study, where only the adolescents were surveyed. The response rate for the 3rd wave was 68.9 % \((n = 3,613)\), of the baseline sample (Portes & Rumbaut, 2001-2006). Recruitment information for the original study is limited to the provided details, as found in the data reports.

**History of CILS data use.** Upon completion of the original study, the data was archived with the International Consortium of Political and Social Research (ICPSR). The data was not restricted and was made freely available for researchers worldwide. Data collected for the CILS project was found to be used in numerous publications in the fields of education, sociology and social sciences. Two studies in particular are relevant to the current study and are presented in detail below.

The first study was conducted in 2007 (Ying & Han). The researchers used the data set to examine if a longitudinal effect of the intergenerational gap in acculturation existed, in relation to family conflict and adolescent mental health, in \((n = 490)\) Southeast Asian participants. The study utilized the CILS baseline and the second wave data, to determine that indeed intergenerational conflict statistically significantly mediated the intergenerational gap in acculturation and depression symptoms of adolescents (Ying & Han, 2007). The same researchers again utilized the second wave of the CILS data set in 2008, to examine the effects of the intergenerational gap, parental
acculturation and involvement. The sample chosen included \((n = 365)\) adolescent immigrants from Filipino American families (Ying & Han, 2008). The study revealed a direct relationship of parental acculturation with their involvement in adolescent activities, which in turn improved the intergenerational relationship and improved adolescent outcomes (self-esteem, depression symptoms; Ying & Han, 2008).

The above studies provide strong evidence for the importance of the CILS data, which gives researchers the ability to examine the effects of acculturation on immigrant adolescents and their families. CILS is a rich and robust data set, that allows researchers to design important and relevant research studies, thus producing clinically relevant outcomes.

The Current Study Sample

The current study utilized the baseline wave of the CILS data set, that was retrieved from ICPSR. The CILS study included \((N = 5,262)\) participant sample, which included adolescents who attended Grades 8-9 in school of metropolitan areas in Miami/Ft. Lauderdale, Florida and San Diego, California (Portes & Rumbaut, 2001-2006). In order to select the sample for the current study, the following inclusion criteria was set: (1) participants who were born in a country other than the United States (V21A); (2) provided an answer for each study variable. The focus of the study was on first generation immigrants only (those born outside of the United States). Additionally, missing data were addressed appropriately, because not doing so may impact statistical power, validity of the analysis and create research bias (Acock, 2005). After applying the inclusion criteria and cleaning the original data set, the final sample size was anticipated to comprise of approximately 1,800 participants.
Variables and Measures

In the current study, original and constructed variables were used from the CILS project. The variables included: acculturation distress (discrimination), well-being, and family functioning (boundaries). Researchers of the CILS study collected data by conducting interviews and administering written surveys, where immigrant adolescent participants provided self-reported information. While self-report data is considered to contain possible bias on the part of the participant, family research studies found that information provided by children, including adolescents, may be more relevant than data provided by parents (Cook, 2016; Rossi & Rossi, 1990). This section continues with providing definitions of variables in the study and the measures used to collect the data. Additionally, psychometric information about the variables is discussed.

Acculturation distress. For the purposes of this study acculturation distress refers to distress experienced specifically related to being an immigrant. In general, such distress is related to education, safety, employment, different customs, perceived discrimination and disruption within the family (Berry, 2005; Kennedy & MacNeela, 2014; Lee, 2003; Virta, Sam, & Westin, 2004). This study focused on the distress of perceived discrimination as an immigrant, as this is a significant acculturation struggle and an available variable within the CILS data set. Research on immigrant adolescents who experience discrimination found that youth tend to be ostracized for: “… actions, such as using a different language, wearing different clothes, or participating in different cultural traditions, clearly define group boundaries” (Brenick, Titzmann, Michel, & Silbereisen, 2012, p. 107). Discrimination experienced by immigrants has been associated with substance use and mental health concerns (Tsai & Thompson, 2012).
This study focused on discrimination in general, without indicating its specific nuances. The discrimination variable extracted from the CILS data set is item V85, from the survey utilized in the first wave. V85 asks the following question: “Have you ever felt discriminated against?” The scale for variable is: 1-Yes; 2-No; Responses were recorded such that ‘0’ indicates no discrimination, and ‘1’ indicates perceived discrimination. This question was not asked as part of a scale, and was asked as a stand-alone question.

Well-being. Adolescents’ mental, emotional and physical health outcomes may decline due to a number of stressors during the acculturation process. Studies show that this population is prone to develop depression (Nguyen, 2008; Nguyen, Rawana, & Flora, 2011; Rusch & Reyes, 2013; Stefanek, Strohmeier, Fandrem, & Spiel, 2012; Ying, Lee, & Tsai, 2007), suicidality (Cho & Haslam, 2010; Lau, Jernewall, Zane, & Myers, 2002; Wolf, 1997; Ying & Han, 2007), and develop risk behaviors (Aisenberg, Trickett Mennen, Saltzman, & Zayas, 2007; Blake, Ledsky, Goodenow, & O'Donnell, 2001). The current study focused on well-being, as research suggests a relationship between acculturation distress, in the form of perceived discrimination, and quality of well-being for adolescent immigrants (Tartakovsky, 2012). Well-being was constructed of questions that were asked as part of the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977), in the CILS study. The complete CES-D was not used in the CILS study, thus the current study used those questions asked in the original study to construct the well-being variable (see Appendix D). Questions used: V114 - “I felt sad,” V115 - “I could not get “going,” V116 - “I did not feel like eating; my appetite was
poor,” and V117 - “I felt depressed.” The answer scale is Likert scale: 1-Rarely, 2-Some of the time, 3-Occasionally, 4-Most of the time.

The reliability of the CES-D scale has shown to be high, with internal consistency ranging from .85 to .90 (Radloff, 1977; Yang, Jia, & Qin, 2015). However, as the current study used only several questions from the complete scale (see Appendix C for complete scale), internal consistency reliability of this four-item scale was calculated using the Cronbach’s alpha measure. Cronbach's alpha ensures that each question in fact measures the same construct (e.g., depression; Peterson, 1994). The resulting reliability coefficient was .737, which is considered to be reliable due to being above .70 (Hinton, Brownlow, McMurray, & Cozens, 2004; Pallant, 2005).

**Family functioning.** For the purposes of the current study, family functioning was conceptualized through the lens of the Structural Family Therapy (SFT) concept of boundaries. As discussed earlier, family boundaries include three types (clear, diffuse, rigid), which fall into two categories of clear and unclear (diffuse, rigid). This study explored family functioning, by attempting to conceptualize reported elements as clear (healthy) and unclear (unhealthy) boundaries. While the concept of boundaries is suggested in SFT theory and has been applied in clinical practice, empirical evidence for this concept has not been examined by researchers. To date, the current study is one of the first to identify and explore family boundaries using a quantitative analysis, by operationalizing it in concrete terms.

Because relational boundaries among family members regulate communication and interactional patterns, the quality of the boundary has a direct impact on the well-being of each family member. Thus, a clear boundary promotes health, while unclear
(rigid or diffuse) boundaries promote dysfunction (Minuchin & Fishman, 1981; Nichols, 2013). The type of boundaries a family has, also plays a significant role during life transitions - when expected and sudden changes take place in the family subsystem. Thus, if a family is able to maintain clear boundaries during the change, each family member’s well-being will remain high. However, unclear boundaries may cause or perpetuate distress (Minuchin & Fishman, 1981; Nichols, 2013). Therefore, the quality of the boundary between parental and adolescent child subsystems was chosen as the moderator between immigrant adolescents experiencing perceived discrimination and the quality of their well-being.

Data that used to examine family functioning was self-reported by the adolescent participants only. This was appropriate for the current study because past research indicates that the adolescent perception of family functioning has a stronger relationship with their well-being outcomes, than parental perception (Cook, 2016). The family functioning (boundary) variable was constructed of the following variables from the original data set: V118 - “My parents do not like me very much”, and V121 - “My parents are usually not very interested in what I say”. The scale for the items is: 1-Very true; 2-Partly true; 3-Not very true; 4-Not true at all. The questions were developed for the CILS research study. Only questions relevant to family functioning were chosen for the current (see Appendix D).

Both statements are measuring the relationship between adolescents and their parents. It was hypothesized that a participant’s family boundary may be classified as either clear or unclear. That is, if a participant responded 1-Very true, to the statement “My parents are usually not very interested in what I say” - the adolescents may feel that
he or she does not have a voice in an enmeshed family system, or that family members are disconnected in a rigid boundary system. If the response was 3-Not very true or 4-Not true at all, the family boundary is hypothesized to be clear. This study focused only on analyzing clear and unclear boundary categories, while specific unclear (diffuse or rigid) boundaries were measured, due to a lack of data. However, based on the outcomes of this study, future research should continue to operationalize specific types of boundaries in order to provide empirical evidence for the concept.

Past quantitative research was not available as a bases to rationalize the use of these statements to measure boundaries. However, qualitative case studies provided statements and examples, which supports the position of this study. For example, in a case study of a family with diffuse boundaries, it was found: “The diffuse boundaries between Adela and her mother led to a stable coalition between them, leaving Ralph feeling left out” (Soto-Fulp & DelCampo, 1994, p. 354). A case example of a family with rigid boundaries, where members were disengaged, found: “Saksiri is avoiding closeness to her father because of hurt and anger, and with her mother because of fear that she might reveal her father's secret” (Pinyuchon & Gray, 1997, p. 222). Miller (2011) qualified clear boundaries the following way: “From the children’s side, the parents are not enmeshed with the children, allowing for the degree of autonomous sibling and peer interactions that produce socialization, yet not so disengaged, rigid, or aloof, ignoring childhood needs for support, nurturance, and guidance” (p. 8). Thus, past research provides enough supporting information to enable operationalization of boundaries, based on statements referring to family functioning.
Data Analysis Strategy

To address the research questions, the following techniques were implemented: t-tests, cluster analysis, and hierarchical linear regression. See Table 1 for the data analysis summary table.

Table 1. Data analysis summary table

<table>
<thead>
<tr>
<th>Research question</th>
<th>Variables used</th>
<th>Data analysis strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1: Is there a statistically significant difference in the mean well-being between adolescent immigrants who experienced acculturations distress (i.e., felt discriminated as an immigrant) and those who did not?</td>
<td>IV-Discrimination variable (V85); DV-Well-being construct (V114, 115, 116, 117)</td>
<td>Independent t-test</td>
</tr>
<tr>
<td>#2: Does family functioning as reported by the participants fall into distinct categories of clear and unclear family boundaries?</td>
<td>Family functioning (boundary) construct (V118, 121)</td>
<td>K-means cluster analysis</td>
</tr>
<tr>
<td>#3: Is there a difference in well-being scores for participants who report clear and unclear family boundaries?</td>
<td>IV-Family functioning (boundary) construct (V118, 121); DV-Well-being construct (V114, 115, 116, 117)</td>
<td>Independent t-test</td>
</tr>
<tr>
<td>#4: Does family functioning moderate the relationship between acculturation distress and well-being outcomes?</td>
<td>Well-being construct (V114, 115, 116, 117); Discrimination variable (V85); Family functioning (boundary) construct (V118, 121)</td>
<td>Multiple regression</td>
</tr>
</tbody>
</table>
The first question investigated if the quality of well-being participants reported is different, according to whether or not they felt discriminated. In order to analyze the difference, a *t*-test was used. A *t*-test analysis is used to compare mean scores of one continuous variable for either two different populations or two different conditions, to ascertain if a significant difference is present (Pallant, 2005; Skaik, 2015). Specifically, an independent *t*-test statistical analysis was conducted. An independent *t*-test is used to analyze two different groups of people or two different conditions (Pallant, 2005). In this study participants under two conditions were tested (those who felt discriminated and those who did not), and their mean well-being scores were compared. It was hypothesized that a statistically significant difference in well-being would be found between those who felt discriminated and those who did not.

The second research question investigated whether participants’ report of family functioning is distinct enough to fall into two categories of clear and unclear family boundaries. To address this research question, a person-centered analysis was employed. This approach is utilized when the goal is to examine differences among participants, not merely among variables (Laursen & Hoff, 2006). This is achieved by distributing participants into groups, or categories, according to specific attributes among participants. The assumption of a person-centered analysis is that individuals are not homogeneous and the outcomes depend on individual attributes, such as development (Laursen & Hoff, 2006). Thus, a person-centered analysis has the capacity to examine co-occurring elements in an individual’s experience (Roesch, Villodas, & Villodas, 2010).

The types of person-centered approaches include:
(1) a rejection of the assumption that the entire population is homogeneous with respect to how variables influence each other (2) a search for categories of individuals characterized by patterns of association among variables that are similar within groups and different between groups… [3] identifies categories of individuals at multiple points in time to determine stability and change in the category membership of individuals. (Laursen & Hoff, pp. 379-380, 2006)

The focus of this study was the second approach, as described above, where an attempt was made to separate immigrant adolescents into groups, and examine their outcomes according to their group attributes. The goal was to allocate participants into two groups, those who report a clear family boundary and those who report an unclear boundary category. In order to investigate this question, a cluster analysis was utilized. A cluster analysis is one of the recommended methods to use in a person-centered approach (Laursen & Hoff, 2006). This analysis separates participant data into a number of groups, or clusters, within one population (Tan, Steinbach, & Kumar, 2006), “The goal is that the objects within a group be similar (or related) to one another and different from (or unrelated to) the objects in other groups” (Tan, Steinbach, & Kumar, 2006, p. 490). Thus, the goal of this analysis was to group participants so that data are similar within the clear boundary category and different from data within the unclear boundary category. The partitioned, or unnested, cluster analysis was used to divide data into simple clusters of data, that does not overlap, without looking for subclusters (Tan, Steinbach, & Kumar, 2006). It was hypothesized that reported family functioning does fall into categories of clear and unclear.

The third research question built upon question two, examining whether participants who fall into clear and unclear family boundary categories report significantly different well-being. To examine this research question a t-test was used.
Similar to the first research question, an independent t-test statistical analysis was implemented, as two different groups of people or two different conditions were investigated (Pallant, 2005). In this analysis, participants under two conditions were tested (those who report clear and unclear boundaries), and their mean well-being scores were compared. It was hypothesized that a statistically significant difference in well-being will be found between those who reported clear and unclear family boundaries.

The final research question analyzed whether family functioning moderates the relationship between acculturation distress and well-being outcomes. This question was examined by using a multiple regression analysis. More specifically, to evaluate the moderating role of family functioning, the main and the interaction effects of family functioning and acculturation stress were tested in regression analysis. Figure 1 presents the multiple regression model used to examine this research question.

Figure 1. Moderation model

The significant effect of the interaction term would indicate that family functioning serves as moderator. As suggested by Aiken, Reno and West (1991) significant interactions were investigated post-hoc, by plotting and testing the simple slopes. It was
hypothesized that participants who reported discrimination, also reported healthier well-being scores, if they fall into the clear family boundary category.

**Summary**

The methodology chapter outlined the purpose of the study, research questions along with hypotheses, and an overview of the original study (CILS; Portes & Rumbaut, 1991-2006) and the current study’s data inclusion strategy. Finally, the variables that were utilized and the proposed data analysis model were presented. The CILS study collected a robust data set with the possibility for a rich data analysis. The current study utilized an intricate model design to examine how the family affects adolescents, as they are navigating a complex acculturation process. It was anticipated that the outcomes of this investigation may assist clinicians and researchers to gain insight into the possible causes for dysfunction presented in immigrant adolescent clients, as well as, suggest a culturally appropriate systemic theory to implement with this population.
CHAPTER IV

RESULTS

Chapter IV presents a detailed procedure of the data analyses process and reports the outcomes of the study. The current study examined how the perception of adolescents regarding their family functioning influences their well-being, while they experience acculturation distress. The lens of Structural Family Therapy’s (SFT) concept of boundaries was used as the theoretical platform for the analyses. The chapter begins by outlining the data cleaning process and presenting the descriptive statistics, including the results of the statistical assumption tests. The chapter continues by presenting the demographic information of the final sample. Finally, findings are presented per research question, as presented in Chapter III.

Data Cleaning

Data Screening and Sample Selection

A total sample of \( N = 5,262 \) adolescents, Grades 8-9, participated in the original CILS study (Portes & Rumbaut, 2001-2006). The entire original CILS data set was screened for abnormalities, in terms of score values, extreme and out of range scores that may have occurred due to data entry errors. Analysis was completed by utilizing the SPSS 22.0 software program (IBM Corp., 2013). Data were screened in SPSS by running a frequency analysis that included descriptive statistics, frequency tables, and
histograms. No outstanding abnormalities were detected, allowing for further investigation of the study.

The focus of this study was on first generation immigrant adolescents. Thus, the first step in the data cleaning process was to select this particular group of adolescents. To do so, only participants who were born in a country other than the United States were selected. In other words, participants who answered United States to the question of their birth country were excluded, leaving only first generation immigrants ($N = 2,627$).

**Missing Data Patterns**

The data with the current study sample was inspected for missing values, as in secondary data research not doing so may impact statistical power, validity of the analysis and create research bias (Acock, 2005). First, it was investigated if missing data values had certain patterns. The missing data patterns were analyzed at item level, for each study variable (see Table 2). For the discrimination variable, the percentage of missing data was 1.0%. The average missing data for well-being items was 1.45%. The average missing data for family functioning (boundaries) items was less than 1%. Overall, the average percentage of missing data across the items was less than 1.5%.

Although such small percentage is less likely to cause any bias in the analysis, missing data patterns were analyzed using the SPSS Little’s Missing Completely At Random (MCAR) test (IBM Corp., 2013) to confirm that there is no relationship between missing values and available data points. The analysis results showed that data were missing completely at random (Chi-Square = 80.96, DF = 70, p = .17). Thus, no specific patterns were detected. This justifies the use of the use of complete case data.
Table 2. Missing data by item

<table>
<thead>
<tr>
<th>Items</th>
<th>Missing (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Well-Being</strong></td>
<td></td>
</tr>
<tr>
<td>I felt sad</td>
<td>1.1</td>
</tr>
<tr>
<td>I could not get going</td>
<td>1.7</td>
</tr>
<tr>
<td>I did not feel like eating;</td>
<td></td>
</tr>
<tr>
<td>my appetite was poor</td>
<td>1.6</td>
</tr>
<tr>
<td>I felt depressed</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Family Functioning</strong></td>
<td></td>
</tr>
<tr>
<td>My parents do not like me</td>
<td>0.8</td>
</tr>
<tr>
<td>much</td>
<td></td>
</tr>
<tr>
<td>My parents are usually not</td>
<td>1.1</td>
</tr>
<tr>
<td>very interested in what I</td>
<td></td>
</tr>
<tr>
<td>say</td>
<td></td>
</tr>
</tbody>
</table>

Thus, the current study used participants with missing data on any of the study variables were deleted list-wise. This action resulted in the final study sample ($N = 1849$). All subsequent analyses were conducted on this final sample. Although this sample was significantly reduced, it was powerful enough to detect at least medium effect size for the parametric tests considered in this study (see power analysis below).

**Power Analysis**

To ensure that the tests conducted in fact produce valid results, in terms of finding a difference between group of participants, the power of the tests, utilized in this study, was analyzed (Pallant, 2005). One of the key elements that determines power, is sample size. Power analysis for the independent sample t-test was conducted in G*POWER to determine a sufficient sample size, using an alpha of 0.05, a power of 0.80, and a medium effect size ($d = 0.5$; Faul, Erdfelder, Lang & Buchner, 2007). The analysis results indicated that, the desired sample size is 128, which is well below the
sample size of the current dissertation. Similarly, power analysis for the multiple regression with three predictors was conducted in G*POWER to determine a sufficient sample size using an alpha of 0.05, a power of 0.80, and a medium effect size ($f^2 = 0.15$; Faul et al., 2008). Again, the analysis results indicated that the desired sample size should be 77 — well below the sample size of 1849.

**Deletion of Outliers and Assessment of Normality**

For each of the items, with exception of the item pertaining to discrimination, data were screened for outliers. The skewness and kurtosis scores (See Table 3) indicate that most of the items do not have extreme values. One exception is the item *my parents do not like me very much*. At the scale level, both well-being and family functioning scales did not show any extreme scores (see Table 4).

Table 3. Skewness and kurtosis at item level

<table>
<thead>
<tr>
<th>Items</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Well-Being</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt sad</td>
<td>1.09</td>
<td>0.58</td>
</tr>
<tr>
<td>I could not get going</td>
<td>1.11</td>
<td>0.58</td>
</tr>
<tr>
<td>I did not feel like eating;</td>
<td>1.43</td>
<td>1.15</td>
</tr>
<tr>
<td>my appetite was poor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt depressed</td>
<td>1.18</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Family Functioning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My parents do not like me</td>
<td>2.47</td>
<td>5.72</td>
</tr>
<tr>
<td>much</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My parents are usually</td>
<td>0.99</td>
<td>-0.173</td>
</tr>
<tr>
<td>not very interested in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>what I say</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4. Skewness and kurtosis as scale level

<table>
<thead>
<tr>
<th>Items</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-Being</td>
<td>1.43</td>
<td>1.55</td>
</tr>
<tr>
<td>Family Functioning</td>
<td>1.24</td>
<td>1.48</td>
</tr>
</tbody>
</table>

**Descriptive Statistics**

**Demographic Statistics**

After data cleaning and applying the inclusion criteria to the data set, the preliminary final sample comprised of \(N = 1849\) participants. Demographic information of the study participants was gathered by the original CILS researchers by providing a self-report questionnaire. The age of the participants ranged from 12 to 18 (see Table 5). The sample was balanced in terms of gender, with 48% being male and 52 being female (see Table 6). Lastly, the participants represented 65 nationalities, with the largest group stemming from Latin and Asian countries (see Table 7).

Table 5. Age of adolescent participants

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 years old</td>
<td>9</td>
<td>0.5</td>
</tr>
<tr>
<td>13 years old</td>
<td>258</td>
<td>14</td>
</tr>
<tr>
<td>14 years old</td>
<td>784</td>
<td>42.4</td>
</tr>
<tr>
<td>15 years old</td>
<td>645</td>
<td>34.9</td>
</tr>
<tr>
<td>16 years old</td>
<td>144</td>
<td>7.8</td>
</tr>
<tr>
<td>17 years old</td>
<td>8</td>
<td>0.4</td>
</tr>
<tr>
<td>18 years old</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Total</td>
<td>1849</td>
<td>100</td>
</tr>
</tbody>
</table>
Table 6. Sex of participants

<table>
<thead>
<tr>
<th>Sex</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>887</td>
<td>48</td>
</tr>
<tr>
<td>Female</td>
<td>962</td>
<td>52</td>
</tr>
<tr>
<td>Total</td>
<td>1849</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 7. List of participants by country of birth

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>(%)</th>
<th>Variable</th>
<th>N</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>24</td>
<td>1.3</td>
<td>Laos</td>
<td>72</td>
<td>3.9</td>
</tr>
<tr>
<td>Bahamas</td>
<td>17</td>
<td>0.9</td>
<td>Lebanon</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>1</td>
<td>0.1</td>
<td>Malaysia</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Barbados</td>
<td>2</td>
<td>0.1</td>
<td>Mexico</td>
<td>223</td>
<td>12.1</td>
</tr>
<tr>
<td>Belize</td>
<td>2</td>
<td>0.1</td>
<td>Nicaragua</td>
<td>245</td>
<td>13.3</td>
</tr>
<tr>
<td>Bolivia</td>
<td>3</td>
<td>0.2</td>
<td>Nigeria</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Brazil</td>
<td>6</td>
<td>0.3</td>
<td>Other Africa</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Cambodia</td>
<td>33</td>
<td>1.8</td>
<td>Other Asia</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Canada</td>
<td>17</td>
<td>0.9</td>
<td>Other Caribbean</td>
<td>8</td>
<td>0.4</td>
</tr>
<tr>
<td>Chile</td>
<td>9</td>
<td>0.5</td>
<td>Other Europe</td>
<td>2</td>
<td>0.1</td>
</tr>
<tr>
<td>China</td>
<td>7</td>
<td>0.4</td>
<td>Other North America</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Colombia</td>
<td>84</td>
<td>4.5</td>
<td>Other South America</td>
<td>2</td>
<td>0.1</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>10</td>
<td>0.5</td>
<td>Pakistan</td>
<td>2</td>
<td>0.1</td>
</tr>
<tr>
<td>Cuba</td>
<td>270</td>
<td>14.6</td>
<td>Panama</td>
<td>9</td>
<td>0.5</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>22</td>
<td>1.2</td>
<td>Peru</td>
<td>19</td>
<td>1</td>
</tr>
<tr>
<td>Ecuador</td>
<td>13</td>
<td>0.7</td>
<td>Philippines</td>
<td>283</td>
<td>15.3</td>
</tr>
<tr>
<td>El Salvador</td>
<td>19</td>
<td>1</td>
<td>Puerto Rico</td>
<td>6</td>
<td>0.3</td>
</tr>
<tr>
<td>France</td>
<td>1</td>
<td>0.1</td>
<td>Romania</td>
<td>2</td>
<td>0.1</td>
</tr>
<tr>
<td>Germany</td>
<td>10</td>
<td>0.5</td>
<td>Singapore</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Greece</td>
<td>1</td>
<td>0.1</td>
<td>South Africa</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Guatemala</td>
<td>16</td>
<td>0.9</td>
<td>Spain</td>
<td>9</td>
<td>0.5</td>
</tr>
<tr>
<td>Guyana</td>
<td>1</td>
<td>0.1</td>
<td>St. Kitts</td>
<td>2</td>
<td>0.1</td>
</tr>
<tr>
<td>Haiti</td>
<td>32</td>
<td>1.7</td>
<td>Syria</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Honduras</td>
<td>20</td>
<td>1.1</td>
<td>Taiwan</td>
<td>9</td>
<td>0.5</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>8</td>
<td>0.4</td>
<td>Taiwan</td>
<td>8</td>
<td>0.4</td>
</tr>
</tbody>
</table>

*(table continues)*
Table 7. List of participants by country of birth (continued)

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>(%)</th>
<th>Variable</th>
<th>N</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>7</td>
<td>0.4</td>
<td>Thailand</td>
<td>28</td>
<td>1.5</td>
</tr>
<tr>
<td>Iran</td>
<td>3</td>
<td>0.2</td>
<td>Trinidad &amp; Tobago</td>
<td>5</td>
<td>0.3</td>
</tr>
<tr>
<td>Ireland</td>
<td>1</td>
<td>0.1</td>
<td>United Kingdom</td>
<td>4</td>
<td>0.2</td>
</tr>
<tr>
<td>Italy</td>
<td>3</td>
<td>0.2</td>
<td>Uruguay</td>
<td>5</td>
<td>0.3</td>
</tr>
<tr>
<td>Jamaica</td>
<td>54</td>
<td>2.9</td>
<td>USSR</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Japan</td>
<td>23</td>
<td>1.2</td>
<td>Venezuela</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Korea</td>
<td>10</td>
<td>0.5</td>
<td>Vietnam</td>
<td>148</td>
<td>8</td>
</tr>
<tr>
<td>Kuwait</td>
<td>1</td>
<td>0.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1849</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Data Analytics Strategy**

The currently study utilized several data analysis strategy to examine the research questions, including, *t*-tests, cluster analysis, and multiple linear regression. The first question utilized a *t*-test to investigate if the quality of well-being participants reported is different, according to whether or not they felt discriminated. The second research question utilized a cluster analysis to investigate whether participants’ report of family functioning is distinct enough to fall into two categories of clear and unclear family boundaries. The third research question built upon question two, by implementing a *t*-test to examine whether participants who fall into clear and unclear family boundary categories report significantly different well-being. The final research question utilized a multiple regression to analyze whether family functioning moderates the relationship between acculturation distress and well-being outcomes. This section outlines the data analysis with final outcomes presented, per each research question.
Research Question #1

The question entailed using an independent t-test to analyze the quality of well-being of participants who reported discrimination and those who did not. The data met the dependent variable (DV) requirements, which states that it must be continuous (Pallant, 2005). The DV is the well-being construct variable, which was measured using a Likert scale, ranging from 1 to 4. Further, the data met the independent variable (IV) requirement, which requires for the independent variable to encompass two independent groups that are categorical (Pallant, 2005). The IV in the study included two groups of participants, those who reported experiencing discrimination and those who did not. Further, the variable was categorical because the answers consisted of yes – for experiencing, and no – for not experiencing. The assumption of independence of observation, requires for data to be collected independently and for participants not to influence each other (Pallant, 2005). The researchers of the original CILS data reported that participants worked independently on the surveys, and did not indicate that observations of the participants influenced their responses (Portes & Rumbaut, 2001-2006).

The independent samples t-test revealed significant results $t(1847) = 6.13, p = .003$. The 95% confidence interval for the mean of well-being reported ranged from 0.12 to 0.24. The results indicated a statistically significant difference in the scores, with those who felt discriminated scoring significantly higher on the depression scale (i.e., well-being) ($M = 1.73, SD = .66$), than those who did not feel discriminated ($M = 1.55, SD = .58$). This finding indicated that immigrant adolescents who reported
discrimination also reported lower quality well-being, than those who did not report feeling discriminated. Table 8 presents a summary of the results of the t-test analysis.

Table 8. *t*-test results comparing discrimination status on well-being

<table>
<thead>
<tr>
<th>Discrimination Status</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
<th>t-cal</th>
<th>df</th>
<th>p</th>
<th>95% CI  lower</th>
<th>95% CI  upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1041</td>
<td>1.73</td>
<td>.66</td>
<td>6.13</td>
<td>1847</td>
<td>.003</td>
<td>0.12</td>
<td>0.24</td>
</tr>
<tr>
<td>No</td>
<td>808</td>
<td>1.55</td>
<td>.58</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Research Question #2**

The question entailed using a cluster analysis (Hair & Black, 2000) to ascertain whether family functioning as reported by immigrant adolescents, analyzed through the concept of boundaries, falls into natural clusters. The original scale was reverse coded, to allow for more intuitive interpretation of results. First, a hierarchical cluster analysis was conducted using the Ward’s method and squared Euclidian distance as a measure of similarity. Based on an examination of the agglomeration schedule and the Structural Family Therapy’s (SFT) concept of boundaries, two and three cluster solutions were compared. Based on fusion coefficients, dendrogram, distinctiveness and size of the profiles, and the SFT’S theoretical suppositions, the author determined that a two-cluster solution was most appropriate. Then *k*-means, a nonhierarchical clustering algorithm, was used to further refine the cluster solution. The final two-cluster solution was found to describe the data, suggesting two categories of clear and unclear family boundaries for both family functioning items (see Table 9).
The significant differences between the two clusters, on the two clustering items were detected by conducting a $t$-test analysis, showing statistically significant results for each item: $My parents do not like me very much$ $t(1847) = 18.79, p = .000; 95\% CI = 0.49$ to $0.60; My parents are usually not very interested in what I say$ $t(1847) = 70.28, p = .000, 95\% CI = 1.54$ to $1.63$. Further, results indicated a statistically significant difference in the scores, for each cluster, by item: $My parents do not like me very much$ for unclear boundary cluster ($M = 1.6, SD = .89$), and for clear boundary ($M = 1.0, SD = .25$); $My parents are usually not very interested in what I say$ for unclear boundary cluster ($M = 2.59, SD = .72$), and for clear boundary ($M = 1.0, SD = .00$).

See Figure 2 for raw scores, and Figure 3 for standardized scores. As may be seen in Figures 2 and 3, the two groups clearly differ from one other. More specifically, the raw scores (Figure 2) show that clear (boundary) group scored significantly higher on family functioning questions, than the unclear (boundary) group. The standardized scores (Figure 3) show that the clear group is below the mean, and the unclear group is above the mean.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cluster</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>My parents do not like me very much</td>
<td>Clear</td>
<td>1.05</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>Unclear</td>
<td>1.6</td>
<td>0.89</td>
</tr>
<tr>
<td>My parents are usually not very interested in what I say</td>
<td>Clear</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Unclear</td>
<td>2.59</td>
<td>0.72</td>
</tr>
</tbody>
</table>
Figure 2. Raw scores

Figure 3. Standardized scores
Research Question #3

This analysis requires the use of the independent \(t\)-test, to assess whether well-being scores differed for immigrant adolescents who reported clear versus unclear family boundary. In order to begin the analysis, it was ensured that the DV is a continuous variable, and the IV consists of two independent groups – clear and unclear boundary categories, as required for the test. An independent sample \(t\)-test was conducted to examine the research question. The test generated significant results \(t(1847) = 10.5, p = .000\). The 95% confidence interval for the average percentage of well-being reported ranging from 0.24 to 0.36. The results showed a statistically significant difference in the scores, for participants who reported clear boundaries the depression scores were lower \((M = 1.51, SD = .56)\), versus for those with unclear boundaries reported higher depression scores \((M = 1.81, SD = .67)\). This finding indicates that the clear boundary group of participants reported a different quality of well-being than participants in the unclear group (see Table 10 for \(t\)-test results).

Table 10. \(t\)-test results comparing boundary categories on well-being

<table>
<thead>
<tr>
<th>Boundary</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
<th>(t)-cal</th>
<th>Df</th>
<th>(p)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear</td>
<td>849</td>
<td>1.51</td>
<td>0.56</td>
<td>10.5</td>
<td>1847</td>
<td>.000</td>
<td>0.24</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.36</td>
</tr>
<tr>
<td>Unclear</td>
<td>1000</td>
<td>1.6</td>
<td>0.59</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Research Question #4

This research question required conducting a multiple regression analysis with added interaction effect, to examine whether perceived family functioning by immigrant
adolescents moderates the effect of discrimination on well-being. Upon ensuring the existence of a linear relationship among the variables in the model, the regression analysis was conducted. Two models were tested to analyze the effect on well-being: (1) analyzing the unique effects of boundary category and discrimination, and (2) analyzing the effect of boundary category, discrimination, and the interaction effect between them (moderation). First, a regression analyzing the effects of both predictors (boundary categories and discrimination status) on the DV (well-being) was conducted \(F = 67.95, df = 2, p = .000\). The analysis produced statistically significant results for the boundary category \(\beta = .22, t = 9.8, p = .000\), and discrimination \(\beta = .11, t = 4.9, p = .000\) indicating that for immigrant adolescents both the boundary category and discrimination status predict the quality of their well-being.

Second, a regression analyzing the effect of boundary category, discrimination, and the interaction effect between them was conducted, revealing statistically significant results \(F = 46.96, df = 3, p = .000\). The test revealed significant results for both predictors on well-being, including the interaction term (moderation). Specifically, discrimination category \(\beta = .07, t = 2.24, p = .025\), boundary category \(\beta = .17, t = 4.75, p = .000\), and the interaction between discrimination and the boundary category \(\beta = .22, t = 2.17, p = .000\) were all found to be statistically significant. Thus, a moderating effect of boundary category (clear and unclear) was found. See Table 11 for the interaction term regression analysis summary table.

Furthermore, the findings were analyzed based on the boundary category. It was found that discrimination has a significant impact on the well-being for participants from both boundary categories, the effect was stronger for adolescents who fall into the
unclear family boundary (see Figure 4). The SFT unclear family boundary concept suggested that family members feel unsupported when experiencing distress, possibly exacerbating any life struggles they experience. On the other hand, family members within systems with clear boundaries are able to solicit support, thus decreasing felt distress (Minuchin & Fishman, 1981; Nichols, 2013). The findings of this analysis support this theoretical concept, showing that immigrant adolescents who experience acculturation distress in the form of discrimination, report higher depression scores within families with unclear boundaries and lower depression scores within clear boundary systems.

Table 11. Summary of multiple regression analysis predicting well-being

<table>
<thead>
<tr>
<th>Item</th>
<th>β</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discrimination</td>
<td>0.07</td>
<td>2.24*</td>
</tr>
<tr>
<td>Boundary</td>
<td>0.17</td>
<td>4.75***</td>
</tr>
<tr>
<td>Discrimination X Boundary</td>
<td>0.09</td>
<td>2.17*</td>
</tr>
</tbody>
</table>

* p < 0.05, ** p < 0.01, *** p < 0.001
Chapter IV presents a detailed procedure of the data analyses process and reports the outcomes of the study. The current study examined how the perception of adolescents regarding their family functioning influences their well-being, while they experience acculturation distress. The lens of Structural Family Therapy’s (SFT) concept of boundaries was used as the theoretical platform for the analyses. The chapter begins by outlining the data cleaning process and presenting the descriptive statistics, including the results of the statistical assumption tests. The chapter continues by presenting the data cleaning process and the demographic information of the final
sample. Finally, findings are presented per research question, as presented in Chapter III.

The first research question entailed analyzing the quality of well-being of participants who reported discrimination and those who did not. An independent *t*-test was used to analyze the research question. It was hypothesized that a statistically significant difference in well-being exists between those who felt discriminated and those who did not. Study findings supported the hypothesis, indicating that immigrant adolescents who reported discrimination also reported lower quality well-being, than those who did not report feeling discriminated.

The second research questions analyzed whether family functioning as reported by immigrant adolescents, analyzed through the concept of boundaries, falls into natural clusters. A cluster analysis was implemented to test the question. It was hypothesized that reported family functioning does fall into distinct categories of clear and unclear family boundaries. The findings supported the hypothesis, suggesting that participant perceptions of family functioning fall into two significant clusters, suggesting two categories of clear and unclear family boundaries.

The third research question assessed whether well-being scores differed for immigrant adolescents who reported clear versus unclear family boundary. The independent *t*-test was used to analyze the question. It was hypothesized that there is a statistically significant difference in well-being scores for participants who report clear versus unclear family boundaries. The hypothesis was supported by the study findings, indicating that the clear boundary group of participants reported a different quality of well-being than participants in the unclear group.
The fourth research question examined whether perceived family functioning by immigrant adolescents has a moderating effect between the quality of their well-being and their discrimination status. A linear regression analysis was conducted to examine the research question. It was hypothesized that family functioning moderates the relationship between acculturation distress and well-being outcomes. Study findings support the research hypothesis, suggesting that the way immigrant adolescents perceive their family functioning moderates between experiencing acculturation distress, in the form of discrimination, and the quality of well-being they reported.
CHAPTER V
DISCUSSION

The focus of Chapter V is to discuss the findings of the current study. The chapter is organized into six main sections: summary of the study, study findings and discussion per research question, implications of findings, limitations of the study, recommendations for future research, and a brief summary.

Summary of the Current Study

The current study examined the influence of the family in the life of immigrant adolescents, exploring whether the perceptions of family functioning has an impact on how well they acculturate to the new society, through the lens of Structural Family Therapy (SFT). The immigration and acculturation experience is a multidimensional and complex process, requiring a systemic theoretical foundation to examine. SFT provides such a platform, due to its flexibility and applicability with various cultures and dysfunctions (Miller, 2011; Minuchin et al., 1967; Minuchin Center for the Family, n.d.). The SFT notion of family boundaries is the concept of focus, as past research indicates its importance to immigrant adolescents.

While past research established the importance of family involvement during the adaptation process of immigrant adolescents, there is a gap in research focusing on exploring the moderating role of family on adolescents experiencing acculturation
distress and the resulting effect on their well-being. Furthermore, based on a thorough literature review, theory focused quantitative research on this topic is absent from past research. To date, the current study is one of the first to identify and explore family boundaries using a quantitative analysis, by operationalizing it in concrete terms.

Since Marriage and Family Therapists (MFTs) work with a variety of populations and may work with immigrant adolescents, it is important to gain insight into the immigrant experience in order to facilitate a more precise conceptualization of presenting concerns and generate culturally appropriate treatment plans. Therefore, the purpose of the current study was to gain insight into the possible causes for dysfunction presented in immigrant adolescent clients, and suggest a culturally appropriate systemic theory to implement with this population.

The goal of the study was achieved by utilizing existing data from the Children of Immigrants Longitudinal Study (CILS; Portes & Rumbaut, 1991-2006). The original CILS study data was collected in three waves, and the current study used the first (baseline) wave to examine the research questions. The data analysis plan involved using existing and constructed variables from the CILS data set, with an intricate analytical plan including: t-tests, cluster analysis and a linear regression. Prior to running the tests, assumptions were investigated and fulfilled, missing data was analyzed and excluded. Analysis of each research question produced significant results, and are discussed in the next section.

**Overview of Study Findings**

This section outlines the statistical analysis plan implemented in the current study, presents the results and a discussion for each research question.
Research Question #1

**Question and results.** *Is there a statistically significant difference in the mean well-being between adolescent immigrants who experienced acculturations distress (i.e., felt discriminated as an immigrant) and those who did not?*

The question entailed using an independent *t*-test to analyze the quality of well-being of participants who reported discrimination and those who did not. The independent samples *t*-test revealed significant results *t*(1847) = 6.13, *p* = .003. The 95% confidence interval for the mean of well-being reported ranged from 0.12 to 0.24. The results indicated a statistically significant difference in the scores, with those who felt discriminated scoring significantly higher on the depression scale (i.e., well-being) (*M* = 1.73, *SD* = .66), than those who did not feel discriminated (*M* = 1.55, *SD* = .58).

**Discussion.** This analysis focused on analyzing if immigrant adolescents who experienced acculturation distress in the form of discrimination, report a different quality of well-being than those who did not. This analysis was conducted to see if indeed a difference exists between the two groups. The significance of the finding does indicate a distinct difference. The finding is consistent with past research reporting that adolescent immigrants who report perceived discrimination by host culture individuals, struggle to fit in and experience disruption in their ethnic identity (Leong & Tang, 2016; Tsai & Thompson, 2012), leading to substance use and mental health concerns (Tartakovsky, 2012; Tsai & Thompson, 2012).
Research Question #2

**Question and results.** Does family functioning as reported by the participants fall into distinct categories of clear and unclear family boundaries?

The question entailed using a cluster analysis (Hair & Black, 2000) to ascertain whether family functioning as reported by immigrant adolescents, analyzed through the concept of boundaries, falls into natural clusters. First, a hierarchical cluster analysis was conducted using the Ward’s method and squared Euclidian distance as a measure of similarity. Based on fusion coefficients, dendrogram, distinctiveness and size of the profiles, and SFT’S theoretical assumptions, the author determined that a two-cluster solution was most appropriate. Then k-means, a nonhierarchical clustering algorithm, was used to further refine the cluster solution. The final two-cluster solution was found to describe the data, suggesting two categories of clear and unclear family boundaries for both family functioning items.

The significant differences between the two clusters, on the two clustering items, were detected by conducting a t-test analysis, showing statistically significant results for each item: *My parents do not like me very much* $t(1847) = 18.79, p = .000; 95\% CI = 0.49 \text{ to } 0.60$; *My parents are usually not very interested in what I say* $t(1847) = 70.28, p = .000, 95\% CI = 1.54 \text{ to } 1.63$. Further, results indicated a statistically significant difference in the scores, for each cluster, by item: *My parents do not like me very much* for unclear boundary cluster ($M = 1.6, SD = .89$), and for clear boundary ($M = 1.0, SD = .25$); *My parents are usually not very interested in what I say* for unclear boundary cluster ($M = 2.59, SD = .72$), and for clear boundary ($M = 1.0, SD = .00$).
**Discussion.** The question investigated whether family functioning, as reported by immigrant adolescents and analyzed through the concept of boundaries, falls into natural clusters. Upon testing for two and three possible clusters, the findings showed that adolescent responses fell into two clusters. The clear boundary cluster coincided with healthy family functioning responses, and the unclear boundary cluster coincided with unhealthy family functioning. Thus, the responses of immigrant adolescent participants regarding their family functioning fall naturally into the clear and unclear family boundary categories. This analysis was based on the SFT notion that suggests that a family has either clear (healthy) or unclear (unhealthy) boundaries, based on their quality of functioning (Minuchin & Fishman, 1981; Nichols, 2013). The purpose of this investigation was not only to analyze participant responses, but also to take the first step in operationalizing the concepts of SFT, in order to analyze the theory quantitatively. The analysis showed that this concept may be successfully operationalized and calculated.

**Research Question #3**

**Question and results.** *Is there a difference in well-being scores for participants who report clear versus unclear family boundaries?*

This analysis required the use of the independent *t*-test, to assess whether well-being scores differed for immigrant adolescents who reported a clear versus unclear family boundary. An independent sample *t*-test was conducted to examine the research question. The test generated significant results *t*(1847) = 10.5, *p* = .000. The 95% confidence interval for the average percentage of well-being reported ranged from 0.24 to 0.36. The results showed a statistically significant difference in the scores, for
participants who reported clear boundaries the depression scores were lower \((M = 1.51, SD = .56)\), versus for those with unclear boundaries reported higher depression scores \((M = 1.81, SD = .67)\).

**Discussion.** This finding attests that immigrant adolescents who perceived clear family boundaries reported significantly lower scores on the depression scale, and those who perceived unclear boundaries scored higher on the depression scale. Thus, supporting past research affirming that family functioning and well-being are directly correlated, as negative family functioning leads to issues such as academic challenges (Ying et al., 2007), and lower self-satisfaction (Rosenthal et al., 1996), depression (Ying & Han, 2007), suicidality, loneliness, anger and seeking power (Wolf, 1997). Consequently, participants in the clear family boundary cluster suffer from more depression symptoms, without taking into acculturation distress.

**Research Question #4**

**Question and results.** *Does family functioning moderate the relationship between acculturation distress and well-being outcomes?*

This research question examined whether perceived family functioning by immigrant adolescents is a moderator between discrimination and well-being. Two models were tested to analyze the effect on well-being: (1) analyzing the unique effects of boundary category and discrimination, and (2) analyzing the effect of boundary category, discrimination, and the interaction effect between them (moderation). First, a regression analyzing the effects of both predictors (boundary categories and discrimination status) on the DV (well-being) was conducted \((F = 67.95, df = 2, p = .000)\). The analysis produced statistically significant results for the boundary category
(β = .22, t = 9.8, p = .000), and discrimination (β = .11, t = 4.9, p = .000) indicating that for immigrant adolescents both the boundary category and discrimination status predict the quality of their well-being. Second, a regression analyzing the effect of boundary category, discrimination, and the interaction effect between them was conducted, revealing statistically significant results (F = 46.96, df = 3, p = .000). The test revealed significant results for both predictors on well-being, including the interaction term (moderation). Specifically, discrimination category (β = .07, t = 2.24, p = .025), boundary category (β = .17, t = 4.75, p = .000), and the interaction between discrimination and the boundary category (β = .22, t = 2.17, p = .000) were all found to be statistically significant. Additionally, the findings were analyzed based on the boundary category. It was found that discrimination has a significant impact on the well-being for participants from both boundary categories, the effect was stronger for adolescents who fall into the unclear family boundary.

**Discussion.** The multiple regression findings affirm that a moderating effect of family functioning exists between acculturation distress of discrimination and the quality of well-being, for this population. The results show a direct correlation between the quality of family functioning and well-being quality, as well as a direct correlation between discrimination and well-being. However, an interaction effect of family functioning and discrimination on well-being quality is also statistically significant. Thus, the significant interaction indicates a moderating effect. This finding purports that how immigrant adolescents perceive their family functioning, impacts their reaction to discrimination distress. While it was found that discrimination significantly impacts adolescents who reported clear and unclear boundaries, those who reported unclear
boundaries reported higher depression symptoms. As presented above, past research supports various elements of this finding, including discrimination and negative family functioning leading to adolescent risk behaviors and mental health dysfunction. However, the impact on well-being of the interaction between them has not been evaluated before. This finding provides a new perspective on issues that influence immigrant adolescents during the process of acculturation.

**Contributions and Implications**

The aim of the study was to fill a gap in the research literature in the field of Marriage and Family Therapy, focusing on first generation immigrant families with adolescent children. A number of past research studies have investigated various elements of the acculturation process an immigrant adolescent goes through, however a lack of more complex understanding of their distress was evident. Due to the growing number of the immigrant residents in the United States, as presented in Chapter I, MFT clinicians are likely to work with this population in some capacity. Because immigrant adolescents are at a vulnerability life cycle stage and may be reluctant to seek help, it is important for clinicians to be aware of the risk factors immigrants face and utilize culturally appropriate interventions.

Additionally, the goal was to investigate the possibility of operationalizing components of Structural Family Therapy (SFT), specifically the concept of family boundaries. SFT has been studied in-depth using the qualitative approach, as presented in Chapter II. However, this researcher was interested in moving the SFT research field into the quantitative direction, in order to analyze larger participant samples and provide
a statistical verification for study results. Thus, positioning the SFT’s concept of boundaries as the qualifier of family functioning was the first step in this direction.

The findings of the research questions posed in this study, support past research and provide empirical support of the experience of adolescent immigrants. Discrimination impact on the well-being of participants was analyzed first. The findings showed that immigrant adolescents who experienced discrimination as immigrants scored higher on the depression scale, than those who did not. Within the immigrant adolescent population this is an important finding, because this population is often reluctant to express their struggles due to several elements, including fear of shaming their family and going against family rules (Adler et al., 1984; Wolf, 1997), wanting to fit in (Erickson, 1950; Mancini & Bottura, 2014), feeling culture shocked, anxious and alone (Berger, 1996; Furnham & Bochner, 1982; Neto, 2002).

Thus, clinicians working with first generation immigrants must be aware and screen for symptoms of depression, whether or not the client verbally presents with the symptoms. For example, in the Chinese culture it is shameful to discuss family problems with individuals outside of the family. Consequently, Asian adolescents may not express their concerns, and instead present with psychosomatic symptoms (Lee, Su, & Yoshida, 2005). If clinicians are not aware that the root cause of the symptoms may be related to family distress, depression may go undiagnosed and untreated.

The family boundary concept was operationalized into a measurable variable, in order to analyze it quantitatively. Operationalization refers to quantifying elements that are not readily measurable, such as a concept or an affect requiring definition, and for parameters to be set. Operationalizing allows for the elements not only to be measured,
but also results to be replicated (Shuttleworth, n.d.). According to SFT, family boundaries include three types (clear, diffuse, rigid), which fall into two categories of clear and unclear (diffuse, rigid). SFT states that rigid and diffuse boundaries are both unclear, therefore unhealthy (Minuchin & Fishman, 1981; Nichols, 2013). In this study it was analyzed if the variables that refer to family functioning may be quantified into either the three boundary types, or the two boundary categories. It was found that the scores fell into two groups instead of three, which were defined as clear and unclear boundary categories. This may have occurred because the questions in the CILS study did not query regarding family functioning specific to rigid and diffuse boundaries, rather focusing on the spectrum from positive to negative functioning. Thus, the clear boundary fell onto the positive functioning side of the spectrum, and the unclear boundary fell onto the negative side.

Discovering a distinct separation between the boundaries gave this researcher the ability to further analyze the data, while hinging the findings on the boundary categories. Accordingly, in the next analysis it was found that participants who perceived clear family boundaries reported significantly lower scores on the depression scale, and those who perceived unclear boundaries scored higher on the depression scale. This finding supports not only past research with immigrant adolescents and low family functioning, as discussed above, but also SFT conceptions of family boundaries.

In families with rigid boundaries individuals may feel independent and autonomous, but are isolated and unsupported, and extreme stress is needed before others will offer support; while in families with diffuse boundaries, members are over-involved and there is too much communication and a lack of privacy. Family members
feel supported, but differences of opinions are not tolerated and individuality in members is not encouraged. Thus, members do not receive the validation of personal needs and strengths (Minuchin & Fishman, 1981; Nichols, 2013). In contrast, in families with clear boundaries members feel connected, yet individuality is allowed. Members attain a sense of personal identity, yet allowing for a sense of connectedness within the family system. Consequently, there is a balance between support and autonomy, where members are able to develop a unique sense of self and are validated by others (Minuchin & Fishman, 1981; Nichols, 2013).

Therefore, family members with unclear boundaries do not receive the support they require, in order to meet their needs and develop a healthy individuality (Minuchin & Fishman, 1981; Nichols, 2013). This is supported by the finding which discovered that immigrant adolescents that report unclear family boundaries, reported higher depression scores. While, those who reported a clear boundary, reported less depressive symptoms, fully supporting the SFT foundational concept of family boundaries.

Lastly, the family function moderating effect finding sheds new light on the interaction of several components, as immigrant adolescents acculturate within a new society. Moderation analysis goes beyond linear associations, allowing for more complex analytical modeling. It allows researchers to look for extra components that influence the outcome, in order to understand when certain associations take place (Hopwood, 2007; Lee, Su, & Yoshida, 2005; Ying, Lee, & Tsai, 2007). This finding suggests that the association between discrimination and well-being is contingent on how the adolescents perceive their family to function. Those who report a clear
boundary and discrimination also reported lower depression symptoms, than those who reported an unclear boundary and discrimination.

This is further supported by SFT, stating that family support and family cohesion is essential when family members experience distress (Minuchin & Fishman, 1981; Nichols, 2013). Family support and cohesion are part of the family structure, which are informed by family rules, thereby generating specific boundaries. Members with unclear family boundaries have difficulty navigating life’s stressors (internal and external stressors; Minuchin & Fishman, 1981; Nichols, 2013). Immigration is an external stressor which causes all families to experience distress; however, families with unclear boundaries may not provide the necessary support to adolescents, leading to mental health issues. On the other hand, adolescents with clear boundaries may navigate the acculturation process more smoothly, due to healthier communication and support provided by their families.

This study provides MFT clinicians a quantitative basis for considering the use of SFT as a culturally appropriate theoretical approach for use with immigrant adolescents and their families. While this was a first step in operationalizing SFT components, it lends credibility to past qualitative research that showed successful outcomes with diverse populations. However, it is important to consider limitations and improvements needed to continue researching this topic, as presented in the next section.

**Limitations**

The current study utilized a robust sample of first generation immigrant adolescents, and was able make use of questions queried as part of the original CILS data set. However, limitations of existing data must be considered. While there were
clear advantages to using the data set, such as ease of access, cost effectiveness and
timeliness, several limitations must be noted. First, the original data was collected for a
specific purpose and the query questions were constructed to fit that purpose. Because
the present study had a different goal, variables were chosen that fit the research
questions best, with some variables being construct variables generated to capture the
vision of the study.

The variable measuring family functioning (boundaries) in the current study was
a construct of two questions querying how participants viewed their parents’ relationship
with them. The questions in the CILS study asked the questions in a linear format, and
did not allow the current researcher to investigate the various boundary dimensions, such
as if participants felt estranged from the parents or if the parents were over-involved.
Additionally, the well-being variable was a construct of four questions from the Center
for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977), which were
chosen by the CILS researchers. The original CES-D contains 20 question, with
positively and negatively focused questions. However, only negatively focused
questions were chosen for the CILS study. While the reliability for the questions chosen
was acceptable (alpha = .737), utilization of negatively focused questions may have
skewed the perception of the participants.

While data was collected from adolescents from various backgrounds, the study
was conducted only in two regions in the United States, Miami/Ft. Lauderdale, Florida
and San Diego, California. It may be argued that the findings are generalizable due the
large number of nationalities represented; however, generalizability may be skewed
because more regions of the country are not represented. This is also evidenced by the
final participant sample, as the largest ethnic group represent the Latin American population. Further, the participants included only those adolescents who were enrolled in high school, which excluded adolescents who may have struggled financially or recent immigrants.

In addition, data were collected using self-report questionnaires, a practice which has been criticized by past researchers for the possibility for bias (Kaye et al., 2014). It is argued that self-report queries may not be objective and report an unrepresentative perspective (Kaye et al., 2014). Self-report data are further questioned due to the participants being children (Deighton et al., 2014). While these critiques have merit, in the current study the goal was to specifically analyze the perception of children, and how it effects their functioning. It is important to take into account this limitation, yet the study query was considered to be valid.

Lastly, the original data set contained missing data; however, it was concluded that the missing data did not follow a specific pattern, and therefore excluding it was appropriate. The missing data alerts to the possibility that questions may not have been clearly stated, or were culturally inappropriate. Because the participant pool included varied nationalities, questions for some participants may not have been appropriate, as they were for others. Thus, utilizing participants from varied nationalities may pose difficulty in developing a culturally appropriate questionnaire for a pool of participants of varied nationalities.

**Future Research**

The findings of the currently study, as well as the study design provide a number of opportunities for future research. The confirmation that adolescents who experience
discrimination as immigrants, report lower quality of well-being may be used as a basis to conduct future analyses on the subject. However, the issue may be explored in more complex dimensions, including elements that the discrimination may be contingent on, such as economic status. Immigrant adolescents living in poverty may not be able to afford new clothes, etc., preventing them from fitting into the new society. This may cause their perception of discrimination to be stronger. Other elements may be explored according to the Relative Acculturation Extended Model (RAEM; Navas et al., 2005), which provides a detailed map of the acculturation process.

Successfully operationalizing the boundary concept of SFT gives future researchers a platform to continue quantifying and measuring elements of the theory. The next step might be to further explore the concept of boundaries, in order to quantify not only clear and unclear boundaries, but parse out the unclear boundary into rigid and diffuse. Doing so would allow researchers and clinicians to more accurately measure the effectiveness of SFT in practice. Thus, measuring the types of boundaries present before and after intervention. Further elements that might be operationalized may include theoretical interventions, such as the family map and enactments, in order to correlate them with the boundary types.

The main finding of the current study gave new insight into one element that distress of acculturation and well-being for immigrant adolescents is contingent on, being their perception of family functioning. Firstly, future research focusing on immigrant families should consider the importance of family for this population, even if participants do not express this verbally. Secondly, future research should continue exploring the impact of the perception of adolescents on their well-being. As previously
addressed, research has shown that mainly the perception of adolescents is correlated with their functioning, not adult perceptions. Thus, exploring this topic with regard to other issues, such as peer pressure and self-esteem, would be valuable contributions to the field.

The design of the study calls for a number of adjustments and considerations for future research studies. Based on the limitations of the current study, it is recommended for researchers to include adolescents not attending school, examine one nationality at a time, develop culturally appropriate questions, and include entire scales into the study. This would aid in improving generalizability and reliability of the study.

**Summary**

The purpose of this research study was to explore if family functioning as perceived by immigrant adolescents (N = 1849), moderates the relationship between felt discrimination and well-being outcomes, through the lens of Structural Family Therapy (SFT). The baseline wave data from the Children of Immigrants Longitudinal Study was used in the current study. Several research questions were analyzed, prior to analyzing the moderating role of family functioning, including: a t-test to analyze the difference in well-being based on discrimination status; a cluster analysis to ascertain family functioning in terms of boundary categories; and, a t-test to explore the difference in well-being based on boundary category membership. To examine the moderating effect of the perception of family boundaries, a regression analysis was implemented. To explore family functioning, the SFT concept of family boundaries was operationalized.

The results of the analyses produced significant results for each test, supporting past research and providing new insight into the acculturation process for immigrant
adolescents. The main finding suggests that family support for adolescents while acculturating, is imperative for their well-being and a healthy adjustment to the new society. While experiencing acculturation distress negatively impacted all participants, those who reported unclear boundaries suffered more than those who reported clear family boundaries. With these findings, the author urges researchers to continue exploring this topic. Furthermore, MFTs are encouraged to pay greater attention to immigrant adolescents, even if they may not verbalize the need for help. Lastly, while further research is needed, SFT is positioned as a culturally appropriate theoretical model for use with immigrant families and their adolescent children, due to its systemic and flexible nature and the quantified outcomes of this study.
REFERENCES


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APPENDIX A

INSTITUTIONAL REVIEW BOARD EXCLUSION APPROVAL
Registration Form

Please complete this form if you propose to conduct a project that involves interaction/intervention with or collection of information from individuals that meets one or more of the criteria below. IRB review is not required because:

☐ The project does not meet the Common Rule definition of research.
☐ The project does not collect information “about” the individuals with whom the researcher is interacting.
☐ Results will be shared only with the client or stakeholder(s) for private use for evaluation of an established program or for other non-research purposes.
☑ The project utilizes only data from secondary sources that are not individually identifiable.
☐ The project is an internal evaluation intended for quality control of ongoing program only.
☐ The project involves only oral history activities, such as open-ended interviews, that ONLY document a specific event, or the experiences of individuals without intent to draw conclusions, generalize findings, or influence policy or practice.

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>THE MODERATION EFFECT OF FAMILY FUNCTIONING ON THE WELL-BEING OF ADOLESCENT IMMIGRANTS WHO EXPERIENCE ACCULTURATION DISTRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Investigator (PI):</td>
<td>Ulla Fisher</td>
</tr>
<tr>
<td>PI Department:</td>
<td>27 S. Forse Street, Akron, OH 44325</td>
</tr>
<tr>
<td>PI Phone &amp; email:</td>
<td>330-285-6318; <a href="mailto:jf46@uakron.edu">jf46@uakron.edu</a></td>
</tr>
<tr>
<td>Co-Investigators (list all co-investigators):</td>
<td></td>
</tr>
<tr>
<td>Faculty Advisor (if PI is a student):</td>
<td>Karim Jordan, Ph.D.</td>
</tr>
</tbody>
</table>

Provide below a brief description of the purpose of this study and the type and source of the information on individuals that you will use. (The space will expand as you type.)

The purpose of this research study is to explore the role of family in the life of immigrant adolescents. Specifically, to examine how the perception of adolescents regarding the quality of their family’s functioning affects the acculturation distress they experience, through the lens of Structural Family Therapy. The outcomes of this investigation may assist marriage and family therapists to gain insight into the possible causes for dysfunction presented in immigrant adolescent clients, as well as, suggest a culturally appropriate systemic theory to implement with this population.

To explore acculturation distress of the participants, this study will focus on the aspect of discrimination. Discrimination in this study applies only to the reported discrimination as an immigrant, because reported discrimination is not race, ethnicity, nationality, or other factor specified. Discrimination is one of the main struggles experienced by immigrant adolescents during the acculturation process, contributing to struggles with fitting into the main culture and destabilizing their ethnic identity.

The study will utilize secondary data, from Children of Immigrants Longitudinal Study study, which will be retrieved from the ICPSR (Institute for Social Research) data base.

Investigator's Assurance

I certify that the information provided in this Registration Form is complete and accurate. I understand that as Principal Investigator, I have ultimate responsibility for the ethical conduct of this project.

Principal Investigator: ____________________________ Date: ____________________________

Faculty Advisor’s Assurance

The University of Akron Institutional Review Board

Approved 02/08
I certify that the student is knowledgeable about the regulations and policies governing the research and has sufficient training and experience to conduct this particular study.

Faculty Advisor: [Signature]

Date: 2-16-2017

Please submit this form to the IRB, c/o ORSSP, 284 Polsky, 44325-2102
APPENDIX B

SFT HISTORICAL TIMELINE

The Wiltwyck School for Boys
- Converts a correctional facility for young delinquents into a family-oriented treatment program

Families of the Slums
- Analysis of impact of social context on poor families.
- Concrete and action-oriented communication styles, rather than abstract and verbal
- Developed "more doing than talking" techniques: role playing and enactments

Philadelphia Child Guidance Clinic
- Recruits B. Montalvo and J. Haley
- Urban families
- Focused on treating diabetes, asthma, anorexia
- Enmeshed "psychosomatic families"
- Enactments here used with clients "who talked too much"
- SFT becomes the most popular family therapy.

Minuchin Center for the Family
- Established a training and consultation institute
- Trained family therapists
- Focus on marginalized families
- Empowering families, the agencies and practitioners who work in their behalf

Family therapy techniques
- The SFT model was outlined by Minuchin & Fishman

Application of SFT
- Taught as foundational and practical theory
- Efficacy shown with:
  - Families
  - Couples
  - Medical illness
  - Ethnic diversity
  - Low SES
  - Business
  - Nursing

(Fisher, 2015; Adopted from The Evolution Of Structural Family Therapy, n.d.)
APPENDIX C

CENTER FOR EPIDEMIOLOGIC STUDIES DEPRESSION SCALE (CES-D)

COMPLETE SCALE
Center for Epidemiologic Studies Depression Scale (CES-D), NIMH

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

<table>
<thead>
<tr>
<th>Week</th>
<th>During the Past</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Some or a little of the time (1-2 days)</td>
</tr>
<tr>
<td>1. I was bothered by things that usually don’t bother me.</td>
<td>☐</td>
</tr>
<tr>
<td>2. I did not feel like eating; my appetite was poor.</td>
<td>☐</td>
</tr>
<tr>
<td>3. I felt that I could not shake off the blues even with help from my family or friends.</td>
<td>☐</td>
</tr>
<tr>
<td>4. I felt I was just as good as other people.</td>
<td>☐</td>
</tr>
<tr>
<td>5. I had trouble keeping my mind on what I was doing.</td>
<td>☐</td>
</tr>
<tr>
<td>6. I felt depressed.</td>
<td>☐</td>
</tr>
<tr>
<td>7. I felt that everything I did was an effort.</td>
<td>☐</td>
</tr>
<tr>
<td>8. I felt hopeful about the future.</td>
<td>☐</td>
</tr>
<tr>
<td>9. I thought my life had been a failure.</td>
<td>☐</td>
</tr>
<tr>
<td>10. I felt fearful.</td>
<td>☐</td>
</tr>
<tr>
<td>11. My sleep was restless.</td>
<td>☐</td>
</tr>
<tr>
<td>12. I was happy.</td>
<td>☐</td>
</tr>
<tr>
<td>13. I talked less than usual.</td>
<td>☐</td>
</tr>
<tr>
<td>15. People were unfriendly.</td>
<td>☐</td>
</tr>
<tr>
<td>16. I enjoyed life.</td>
<td>☐</td>
</tr>
<tr>
<td>17. I had crying spells.</td>
<td>☐</td>
</tr>
<tr>
<td>18. I felt sad.</td>
<td>☐</td>
</tr>
<tr>
<td>19. I felt that people dislike me.</td>
<td>☐</td>
</tr>
<tr>
<td>20. I could not get &quot;going.&quot;</td>
<td>☐</td>
</tr>
</tbody>
</table>

**SCORING:** zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column. The scoring of positive items is reversed. Possible range of scores is zero to 60, with the higher scores indicating the presence of more symptomatology.
APPENDIX D

CILS QUESTIONNAIRE: WELL-BEING AND BOUNDARY VARIABLES
Below is a list of feelings that people sometimes have. For each answer, how often have you felt this way during the past week?

<table>
<thead>
<tr>
<th></th>
<th>Rarely (less than once a week)</th>
<th>Some of the time (1 or 2 days a week)</th>
<th>Occasionally (3 or 4 days a week)</th>
<th>Most of the time (5 to 7 days a week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>114-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt sad.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>115-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I could not get &quot;going.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>116-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I did not feel like eating; my appetite was poor.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>117-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt depressed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Finally, this is another list that describes kids. Please answer how true each statement is for you.

<table>
<thead>
<tr>
<th></th>
<th>Very True</th>
<th>Partly True</th>
<th>Not Very True</th>
<th>Not True at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>118-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My parents do not like me very much.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>119-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is very important to me to get good grades.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>120-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I take a positive attitude toward myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>121-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My parents are usually not very interested in what I say.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>122-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No matter how much education I get, people will still discriminate against me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

THANK YOU VERY MUCH FOR YOUR COOPERATION.