DEPRESSION AMONG MEXICAN-HERITAGE ADOLESCENTS IN A CULTURAL CONTEXT

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By

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ABSTRACT

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The purpose of this study was to investigate the relationship that family identity and perceived parental support has on Mexican-heritage adolescents. Self-report surveys were collected from participants who were between 14 and 15 years of age and had at least one parent who was of Mexican-heritage descent. A total of 420 self-reported surveys were collected and then were randomly selected to participate in an Ecocultural family interview (EFI). Bivariate correlations indicated that adolescent depression and family identity were moderately negatively correlated, as well as perceived parental support and depression. Since both family identity and perceived parental support where closely correlated with one another, specific cases were selected based on profiles of scores to better understand why some cases would not fit that pattern. The qualitative data from the EFI’s showed a relationship with spending more time together was associated with greater importance placed on family identity. The cases that described conflict with their families had low perceived parental support despite high family identity and spending time together. These findings suggest that perceived parental
support and family identity may mitigate depressive symptoms among Mexican-heritage adolescents.
CHAPTER 1

INTRODUCTION

Statement of the Problem

Depression is a serious mental illness that can worsen without proper treatment. Depression is the most common psychological problem of adolescence and is associated with major adjustment problems, including suicide, academic failure, substance abuse, and disturbances in social relationships (Buck, 2012). Adolescence is a period during which levels of depression increase. This time makes it a sensitive and crucial time for adolescents’ development of well-being. Social support may be critical for coping with depression, but research suggests that adolescents vary in the social support available to them (Young, 2005). The role of social support for adolescents of Mexican-heritage may be particularly important to study because Mexican-heritage youth may experience depression at higher rates than other ethnic groups (Fornos, 2005) and because social support may be even more salient for treating depression among Mexican-heritage youth (Lopez, 2004). Thus, this paper examines depression and the potentially moderating role of social support among Mexican-heritage youth.

Depression During Adolescence

The DSM-V (American Psychiatric Association, 2013) defines a major depressive disorder as having a range of levels of impairment, and functional consequences. It is considered a medical illness that affects how you feel, think, and behave causing persistent feelings of sadness and loss of interest in previously enjoyed activities. Depression can lead to a variety of emotional and physical problems. It is a chronic
illness that usually requires long-term treatment. Major depressive disorder may first appear at any age, but the likelihood of onset increases markedly with puberty. Many of the functional consequences of major depressive disorder derive from individual symptoms. Impairment can be very mild, such that many of those who interact with the affected individual are unaware of depressive symptoms (APA, 2013). On the other end of the spectrum it can be very debilitating that one cannot function in daily life. Since depression can vary in severity, it may be more likely to be overlooked by clinicians; therefore this highlights the importance of using screeners when diagnosing depression.

According to the National Institute of Mental Health, the prevalence of depression increases as high as 2.5% of children to 8% of adolescents in the United States. One reason for this increase may be the number of dramatic changes that are typical during adolescence, including physical changes of puberty, the advent of sexuality in relationships, changing expectations from parents and teachers, difficulties that accompany increasing autonomy, and a growing centrality of peer relationships to identity and wellbeing (DeRose, 2011). These challenging changes occur during a period when cognition is changing, new and more stable views of self are emerging, family relations are being transformed, and adjustment to new schools and peer groups is often necessary (Buck, 2012). Thus, depression may result when teens face stressful life experiences on top of the other normative developmental changes. For example, Troop-Gordon (2010) suggested an interactive effect between pubertal timing and stress: the onset of puberty paired with stressful life experiences are exacerbated in adolescents. Adolescents face many new stressors and may have problems adjusting to them. Therefore it is no surprise that adolescents are vulnerable to adjustment problems when
they experience problematic interpersonal relationships at times of significant developmental challenge (Zahn-Waxler, 2000). Peers can be a prominent stressor for adolescents including, being the victim of bullying or social exclusion, conflict within close friendships, and peer pressure (Rudolph, 2002). Thus, research suggests that adolescents may be vulnerable to depression resulting from numerous changes they are facing physiologically and environmentally, as well as peer stressors that emerge during this time.

Research suggests a possible sequence of events that places social support as central to depression in adolescence. Peers become increasingly important for adolescents’ sense of wellbeing (Young, 2005). If adolescents struggle to succeed in this newly important area for development, peer stress increases and social support declines (Sontag, 2008). Such difficulties may increase inhibition and withdrawal from peer relationships. Adolescents that are more inhibited have higher depressive symptoms (Muris, 2001). Thus, a cycle of stress followed by withdrawal can lead to the likelihood of depression, which can then reduce an adolescent’s access to the social support that could alleviate depressive symptoms.

Given the importance of social support, many studies have tried to look at different ways to encourage adolescents to seek services and look at the underlying reasons that deter youth from doing so. Fornos (2005) examined Mexican adolescents’ attitude and depression. Students mentioned how they believed stressful life events can lead to feeling depressed. Many of these students believed that turning to their family and friends was a way of dealing with depression. Fornos’ (2005) findings are congruent with research findings as helpful for mitigating depressive symptoms (Casey-Cannon, 2006).
The increased vulnerability that adolescents face with depression highlights the importance of social support. However as noted previously, social support tends to decline in adolescence (Young, 2005). The decline in social support creates a need for it in order to help adolescents cope with their stressful time and help battle potential depressive symptoms.

As noted earlier, the increase in depression during adolescence may indicate this as a vulnerable time for the onset of depression. Not only does depression have a recurrent course, but depression in youth is also a strong predictor of depression in adulthood and of long-term functional disability. Youth that suffer from depressive disorders have a negative change in mood state, and are at an increased risk for academic underachievement, substance abuse, and somatic symptoms. Most concerning is that depressed youth are at increased risk for suicide. Adolescence should be further examined due to the increase in depression during this time and the likelihood that it will continue into adulthood. Given the severity and life-threatening nature that depression can have, it’s important to develop maximally effective treatments, so that depression will be less likely to continue into adulthood. In order to improve the effectiveness of treatments, some clinicians and researchers have begun to integrate parents into treatments for depressed youth due to the impact families have on depression (Stark, 2012).

The Function of Social Support

It has been noted by Stice (2004) that certain family factors such as communication, support, conflict, cohesion, and engagement in social activities can be
components in family functioning that can lead to depression in youth. Lower levels of support within the family are associated with an increased risk for depression (Stice, Regan, & Randall, 2004). Families are often a part of the development and maintenance of depressive disorders in adolescence. Specific behaviors from parents, such as low care and high overprotection, have been linked to the development and maintenance of depression in adolescence (Alloy, 2006). Since families can play an influential role in depression, researchers have argued that maximally effective treatments for youth should include families (Stark, 2012).

A number of protective factors have been identified as improving youth outcomes, including social support from family, peers, and other adults (Demaray & Malecki, 2002). The interaction between risk and protective factors likely depends on environmental factors, varying for children of different ages, ethnicities, and levels of life stress (Cicchetti & Garmezy, 1993; Kaplan, 1999). Parents play a critical role in shaping children’s immediate environment and influencing children’s experiences (Fitzpatrick & Vangelisti, 1995). Olsson (1999) found that adolescents with depressive disorders experienced more stressful events and conditions in life than healthy controls. The most stressful events emphasized the importance of relationships to family and friends.

The previous research suggests that there is variation in how parental support affects adolescents. Greater perceived support from family members is related inversely to distress and psychopathology such as depression (Casey-Cannon, 2006). The Casey-Cannon (2006) study showed that greater levels of perceived social support did predict fewer adolescent depressive symptoms. The adolescents in their sample who perceived higher support at baseline continued to show fewer depressive symptoms one year later.
These results support the theoretical proposition that social support has long-term beneficial effects for youth (Masten, 1990). Social support also has a positive effect on adolescent adjustment (Cheng, 1997). The research in this area is not fully consistent as Allen (1996) found no significant relationships between level of support from parents, teachers, and peers and depressive symptoms in Hispanic adolescents. Previous research suggests that the ability of a variable such as social support mitigates the influence of risky environment is complex. Effects vary based on ethnicity, family, context, level of risk, and type of social support. It was recommended by Casey-Canon (2006) to better understand how social support acts differently within diverse environments rather than to criticize certain environments as more detrimental to youth (Joiner, 2001). Critics have suggested that these results need confirmation because they explained only a small proportion of the variance (Casey-Cannon, 2006). Thus we need more research to examine how parental support influences depression scores in Mexican-heritage adolescents.

Thus, research indicates that social support may be particularly important for adolescents, particularly those coping with depression. Based on previous research, this study will examine social support as a potential protective factor against depression. Specifically, I hypothesize that adolescents who have higher perceived their parents as being more supportive will have lower depression scores than their peers who have lower perceived parental support.

The Relevance of Culture in Depression for Mexican-Heritage Adolescents
Theorists have suggested that individual experiences of depressive symptoms might have different meanings across cultural groups and the measurement of depressive symptoms may not be equivalent within diverse social and cultural environments (Betancourt & Lopez, 1993; Byrne & Campbell, 1999). It is important to better understand the experiences for adolescents within each culture (Casey-Cannon, 2006).

Studies have shown that Mexican-heritage youth have higher levels of risk for depressive symptoms, even after controlling for age, gender, and socioeconomic status (Joiner, Perez, Wagner, Berenson, & Marquina, 2001). Depressive disorders are present in a high percentage of Mexican American adolescents. Although they did not report specific suicide rates for just Mexican-heritage adolescents, the Center for Disease Control and Prevention (2010) reported that, among students in grades 9-12, significantly more Hispanic female students (13.5%) reported attempting suicide in the last year than Black, non-Hispanic female students (8.8%) and White, non-Hispanic female students (7.9%) (CDC, 2010). Many have suggested that increased risk for depressive symptoms in Mexican American youth might be related to coping style or cultural characteristics of Mexican heritage (fatalism or the belief that all events are predetermined and therefore inevitable) (Joiner, 2001).

It’s important to look at how Mexican-heritage youth deal with depression in order to see how their values and beliefs might affect depression for them. Ornelas (2009) looked at the importance of Mexican mothers maintaining emotional health by better understanding the factors that lead to the development of depressive symptoms. To better understand this, 20 qualitative semi-structured interviews were conducted with low-income, Mexican-born mothers of young children living in North Carolina. The
economic stressors contributing to their emotional health included financial obligations, work, and child care. Social stressors included family separation, social isolation, and discrimination. To cope with these stressors, mothers relied heavily on social networks and community resources. These results suggest that the combination of both risk and resiliency factors shape the emotional health of Mexican immigrant mothers. To better understand different ways people cope, it might be helpful to see if Mexican-heritage adolescents also rely on social networks specifically their family to help them deal with their own stressors.

Studies have shown that the positive impact of prosocial behaviors can depend on culture. For example, Lopez (2004) found that family warmth served as a protective factor in Mexican Americans who suffer from mental illness, but not for Anglo Americans. A prominent characteristic among Mexican families is familism, which is made up of family identity and family support (Germàn, 2009). Prior research has not examined how family interactional processes influence adolescents’ experiences of depression. Most studies focus on how Mexican-heritage adolescents are more at risk of depression and other mental illnesses because are considered to have more social disadvantages and stressors in life that make them more prone to depression (Updegraff, 2005). A factor that protects one individual may or may not protect another, or what one culture or gender defines as beneficial might be viewed or experienced differently in another culture or gender (Casey-Cannon, Pasch, Tschann, Flores, 2006). The previous research emphasizes the importance of looking at specific cultural factors that influence levels of depression in Mexican-heritage adolescents due to the high percentage of their depressive disorders.
Culture is a dynamic and creative process, some aspects of which are shared by large groups of individuals resulting from particular life circumstances and histories. Given the changing nature of our social world and given the efforts of individuals to adapt to such changes, culture can best be viewed as an ongoing process, a system or set of systems in flux (Lopez, 2000). Lopez noted individuals negotiate their cultural worlds. Thus, it is important to assess how the individual identifies with the different cultural systems that might make up a person’s daily life rather than an individual has adopted all of the possible cultural beliefs operating in those systems.

Germán (2009) identified possible belief system that may impact an adolescent’s reliance on parental support. He defined familism normative beliefs espoused by Latino populations that emphasizes the centrality of the family unit and stresses the obligations and supports that family members owe to both nuclear and extended kin. This definition is further broken down by defining each aspect of familism. The first facet is familial obligations, is defined as the belief that family members have a responsibility to provide economic and emotional support to kin. The second aspect is perceived support and emotional closeness, this is defined as the perception that family members are dependable sources of help, should be united, and have close relationships. The third aspect is family as referent, this is the belief that family members’ behaviors should meet with familial expectations (Germán, 2009). This study gives us a good definition of familism and how it can act as a protective factor for Mexican-heritage adolescents who have traditional cultural beliefs. This study further validated the view that traditional cultural values are protective for Latino adolescents, these results suggest that supporting familistic values
among Mexican-heritage groups is a useful avenue for improving adolescent conduct problems.

The current study looks at how family identity and perceived parental support can influence depression levels in Mexican-heritage adolescents through a secondary mixed-methods analysis. The current analyses examines the associations between adolescents’ perceived parental support, family identity and depression scores among Mexican-heritage adolescents recruited from two suburban high schools in the Los Angeles area. Thus, the results can extend the existing literature by examining potential protective factors in an under-studied ethnic group.

My hypothesis is that both parent support and family identity will be protective factors against depression. Adolescents with both high parental support and high family identity will be less vulnerable to depression and better equipped to cope with it. In contrast an adolescent who is high on family identity, but low on parent support may have higher depression scores because he or she is not receiving support from family even though family has been identified as important and this incongruence may exacerbate depressive symptoms. The results of this study will help address a gap in the existing literature and can be used to inform family focused treatment plans for Mexican-heritage adolescents. This information may help clinical psychologists in developing more effective treatment plans by taking culture and family into consideration. Without this information, clinicians may not be seeing or may be dismissing an important part of an individual’s experience as understood from a cultural perspective.
CHAPTER II

METHODOLOGY

The proposed thesis includes secondary analyses of a mixed-method longitudinal study: the La Vida project that originated from University of California, Los Angeles (UCLA). Mexican-heritage adolescents who were in the ninth and tenth grades were recruited, along with their primary caregivers. Adolescents and their parents filled out questionnaires that assessed family background, resources, relationships, family and ethnic identity, mental and physical health, and substance use in two different time periods twelve months apart: year one and year two. In addition, the larger La Vida study included daily checklists that assessed levels of engagement in assistance tasks over 14 consecutive days. For the purposes of the proposed thesis, I will be examining only the following data collected from adolescents in year one: perceived parental support, family identity, and depression scores. The dependent variable is depression scores and the two independent variables are perceived parental support and family identity.

Participants

The population of this study is Mexican-heritage adolescents and their biological parent or primary caregiver. These adolescents were recruited from two high schools in Los Angeles, California. The two high schools were strategically picked due to the high numbers of Mexican-Heritage students in them. Classroom rosters were obtained from these two participating schools. A few classrooms were randomly selected each week for recruitment. Presentations about the study were given to students, letters were mailed to students’ homes, and phone calls were made to parents to determine eligibility and interest. Both parent and adolescent had to be willing to participate in the study.
When recruited the adolescents ranged in age from 14 to 15 years. The current analyses reported on 428 Mexican-heritage adolescents who participated in the first year of the study, this consisted of 210 males and 218 females.

**Procedures**

The qualified families were subsequently contacted by research assistants from UCLA who confirmed their contact information and place of origin. During year one of data collection, participants were asked to fill out quantitative surveys, checklists, and daily diaries that measured different psychological and physiological aspects of daily life. Trained interviewers from UCLA visited the participants’ homes, where adolescents completed a self-report questionnaire on their own that took approximately 45 to 60 minutes to complete. Adolescents were also provided with a 14-day supply of diary check-lists to complete every night. Each diary checklist was three pages long and took approximately 5 to 10 minutes to complete each night. Both English and Spanish versions of the questionnaires and diaries were available. At the end of two weeks, interviewers returned to the home to collect the diary checklists.

After all quantitative data were collected, 10% of this sample were randomly selected and contacted for Ecocultural Family Interviews. A research assistant contacted the family to schedule a camera drop off and the adolescent was instructed to take 25 photos that they thought were representative of their daily lives and important to them. Two research assistants would return one week later to conduct separate interviews each with the parent and adolescent. Interviewers asked adolescents and parents “walk me through your day,” which elicits descriptions of daily routines, activities, motivations, feelings, concerns, wishes for change, and sustainability of routines (Weisner, 2002). Parents
received 50 dollars and adolescent received 30 dollars in cash for their participation at the conclusion of the interview

Confidentiality has been maintained throughout the research project by referring to participants by subject codes that were assigned to them. Participating parents filled out a consent form for themselves, as well as a consent form for their participating adolescent. The participating adolescents also filled out an assent form for themselves. There was no deception in this study, the purpose of this study was disclosed in the consent and assent forms. All identifiable information was removed from data files to be used.

**Measurements**

**Perceived Parental Support**

Adolescents’ perception of parental support was measured with a 9 item self-report Likert-type scale. On the survey, the adolescents were asked to think of “how often each statement is true for them and how often each statement describes their thoughts/feeling about their parents in the past month.” An example of an item on this measure is, “My parents respected my feelings.” Response options ranged from 1 through 5 (1 = almost never, 5 = almost always). Data on the psychometric properties of this measure were not available at the time this thesis was completed.

**Family Identity**

Family identity was assessed by an 8 item self-report Likert-type scale that was adapted from Tyler & Degoey (1995) for the current population; other papers have also used the same measure such as Hardway & Fuligni (2006). This measure assessed the extent to which their family was an important aspect of their identity. Adolescents were
asked to think about their family when answering the questions on this measure. Adolescents were asked, “How strongly do you agree or disagree with the following statements?” An example of an item on this measure is, “My family is important to the way I think of myself as a person.” Response options ranged from 1 through 5 (1 = strongly disagree, 5 = strongly agree). Alpha coefficients ranged from .63 to .75 across the adolescents with different ethnic and generational backgrounds.

**Adolescent Depressive Symptoms**

Depressive symptoms were assessed in year 1 with a 20-item self-report Likert-type measure of depressive symptoms by the Center from Epidemiologic Studies Depression Scale (Radloff, 1977). It involves six sub-scales reflecting major dimensions of depression: depressed mood, feeling of guilt and worthlessness, feelings of helplessness and hopelessness, psychomotor retardation, loss of appetite, and sleep disturbance. High internal consistency has been reported with Cronbach’s alpha coefficients ranging from .85 to .90 across studies (Radloff, 1977).

**Ecocultural Family Interview**

The Ecocultural Family Interview (EFI) was used to interview the adolescents and parent in this study. The EFI is a conversation with parents, caretakers, and children themselves about how they organize their daily routine; that is, how they plan, create, change, and sustain family activities (Weisner, 2002). The EFI was designed to focus on family routines because it is a family’s daily routines that matter most in children’s lives and that serve as the best indicator of family well-being. The EFI uses an informal, conversational style in talking with participants because this form of talking is familiar to
readily day to day life. The EFI takes approximately 60 to 90 minutes to complete and is a focused conversation about the families’ daily lives that is tailored to this population.
CHAPTER III
RESULTS

Quantitative Results

To examine the bivariate relationships between constructs, Pearson Product Moment correlations were calculated using $\alpha = .05$ and Cohen’s (1992) standards for evaluating the effect sizes. Adolescent depression and family identity were moderately negatively correlated, $r = - .42, p < .05$. Adolescent depression scores and perceived parental support were moderately negatively correlated, $r = - .41, p < .05$. Family identity and perceived parental support were positively correlated, $r = .62, p < .05$, a large effect size. A scatter plot suggested that there was a mild, ceiling effect for perceived parental support and family identity, but only a few outliers or cases that did not fit the overall pattern.

A standard (forced entry) multiple regression was performed with depression scores as the outcome variable, and perceived parental support of the adolescent, and family identity as the predictor variables. The overall percent variance accounted for by the model was significantly different from zero, $F (2, 417) = 56.98, p < .05, R^2 = .22$. The adjusted $R^2$ value of .21 indicates that 21% of the variance in depression scores could be explained by family identity and perceived parental support. The beta values indicated that higher family identity ($\beta = -.27, p < .05$), than perceived parental support ($\beta = -.25, p < .05$) were associated with lower depression scores.

Qualitative Results

The transcripts from the adolescents’ Ecocultural Family Interviews were examined to explore family qualities that were associated with each of the two aspects of
adolescents’ relationships with their families, specifically family identity and perceived parental support. Cases that did not fit the pattern of scoring similarly in family identity and perceived parental support were identified to see if any family patterns could be identified that might be influencing adolescents to score low in perceived parental support with high in family identity profile and high in perceived parental support with a low in family identity profile. A scatterplot was graphed in order to identify these cases (see figure 1). This may help identify features of family interactions that could be helpful for use in therapeutic settings for Mexican-heritage adolescents.

Although 76 cases that fit the profile of scores I was seeking to study further (high in family identity with low perceived parental support and low in family identity with high perceived parental support), only 12 of those cases were included in the sub-sample selected for the qualitative portion of the original La Vida study. The five cases used for this analysis were randomly selected based on their incongruent scoring in perceived parental support and family identity were the first transcripts to be obtained. These transcripts from the adolescents EFI’s of year one were read completely in order to identify themes based on what seemed to differentiate the adolescents who scored high in family identity and low perceived parental support from those who scored low in family identity and high in perceived parental support. Pseudonyms and scores for family identity and parental support are listed in Table 1.

**Time Spent Together**

After examining the qualitative interviews for the five cases listed in Table 1, two patterns were identified. The first pattern was that the adolescents who scored higher on
family identity also reported spending more time with their families and the opposite was also true. There were three cases that were selected because they scored high on family identity and they each reported spending a lot of time together. For two participants, spending time with their families were things they enjoyed doing. Brian shared that his family is always spending time together during the weekends, and that he enjoyed going to family parties with his parents, and conversation he had with his parents during mealtimes. Teresa shared she enjoyed spending time with her family at home and doing family activities. By contrast, John who also spends most of his time with his family reported being restricted from spending time with other social groups. Thus, for John spending so much time with his family may not be a choice, but he had no other social group to identify with other than his family.

There were two cases that were selected because they scored low on family identity and they both reported spending little time with their families although the circumstances varied for each of these two cases. Melissa noted that her parents are divorced and couldn’t remember the last time she spoke to her father. She stated that ever since her parents divorced, her family doesn’t spend as much time together as they did before the divorce. By contrast, Katy’s interview did not include statements indicating a lack of time with her families, but rather that she spent a lot of time by herself and away from her family. Throughout the interview it was hard to get a good sense of the things the family did together, if any. This family would rarely eat together, which seemed to be a time that the families in this study would utilize to converse with one another. Katy also said little to describe communication or sharing within the family.

Conflicts May Deter Perceived Parental Support
Time with families was also associated with perceived parental support. At least for these five cases, adolescents who reported spending more time with their families also reported more conflicts and had lower scores for perceived parental support. All three of the adolescents who reported spending more time with their families, also described more conflicts or tension and scored lower on perceived parental support: Brian, Teresa, and John.

Brian stated that, “Yeah we disagree all the time, we think differently. It’s usually ideas and like things we think about, when I get unfair punishments, like I sometimes me and my parents just like start yelling at each other.” The conflicts in the family may cause Brian not to perceive his parents support as much. It’s important to note that Brain’s interview answers don’t match up with his quantitative responses; this may indicate a discrepancy with the measure or dishonesty in the interview. Brian states, “I adore my parents. They’re what brought me into this world. They do everything for me. Whenever I need them they’re there. Whenever I have problem, they’re there. Anything. They support me 100%, 110% on whatever I want to do. It doesn’t matter to them what it is, as long as I accomplish it. So, they just want me to be the best I could be. And, without them, I don’t even know where I’d be honestly.” Due to the conflicts that are present between Brian and his parents, the explicit verbal support Brain states his parents give him may interfere with his perceived parental support.

Teresa indicated in her interview that she spent a lot of time with her family and indicated some possible conflicts or tension with her family. Teresa stated that sometimes she likes to isolate herself from her family by being in her bedroom. She said the reason for this is that, “sometimes you spend so much time with people that you just need to get
away.” Later on in the interview she shares that when there is conflict in her family, they just ignore each other and said they argue about half the time they are together. This statement may indicate possible conflicts or tension in Teresa’s family. These conflicts with her family may have influenced Teresa to score low on perceived parental support.

John scored low on perceived parental support and high on family identity. John described his mother as unsupportive; she doesn’t have a lot of trust or confidence that he can finish the tasks he starts. Since his mother doesn’t trust him, this adolescent isn’t able to go out much or have his friends over. When the adolescent tries to talk to his mom about something, she usually puts him down. For example, this adolescent showed a picture of his girlfriend to mother, his mother responded, “She’s hideous.” Adolescent tries to share with his mother different aspects of his life, but finds his mother putting him down. John describes there being a lot of tension between him and his mom. It is common that they fight about girls, trust, and John going out with his friends. He indicated spending a lot of time with his family, which emerged in John’s case possibly indicating a pattern with scoring low in perceived parental support.

By contrast, Melissa and Katy who both of these cases spent very little time with their families and scored high in perceived parental support. However both of these cases seemed to have different reasons for perceiving parental support, both of them demonstrated the pattern of spending less time with their family, not stating any indication of conflict, and highly perceiving parental support. Katy stated that there are some things she would rather not share with her mother because she knows that she will not agree with her. It seems that this adolescent feels supported by her mother, but chooses not to share to avoid conflict.
CHAPTER IV

DISCUSSION

The purpose of this study was to examine how perceived parental support and family identity are related to depression among Mexican-heritage adolescents. As hypothesized, both perceived parental support and family identity were significantly, negatively correlated with depression scores. I expected that perceived parental support may have had a greater influence on depression scores, than family identity based on Casey-Canon’s (2006) research. However, the results of the analyses presented here did not support that expectation: the magnitude of the relationships with depression for family identity and parental support were very similar.

Since both family identity and perceived parental support where closely correlated with one another, specific cases were selected based on profiles of scores to better understand why some cases would not fit that pattern. I hoped to identify features of family interactions that might mitigate depressive symptoms among Mexican-heritage adolescents. Five out of the five cases illustrated the importance of time spent with family: spending more time together was associated with greater importance placed on family identity. Since family identity was found to be moderately negatively correlated with depression scores, this study may have identified time together as an important component of family identity. However, these case studies also suggest that conflict is important component of perceived parental support. The cases of Brian, Teresa, and John all described conflict with their families and had low perceived parental support despite high family identity and spending time together. Perhaps the more time one spends with
their family, the more likely conflicts will arise. Another explanation is that these cases might have felt that they are spending a lot of time together with their family because of the conflicts that are present. The reverse was found for Melisa and Katy’s case as well, they indicated very little time being spent with their family, had no indication of conflict with their families, and scored high on perceived parental support.

**Limitations**

There are a number of limitations to note. The quantitative measures for all three variables (depression scores, family identity, and perceived parental support) were all self-reported from the adolescents’ perspective only. A validity problem may arise with self-reported measures. Participants may be dishonest on the measure, feel embarrassed to be forthcoming, and social desirability may come into play with self-reported measures. Having only one informant limits the possibilities to validate by comparing across informants. Similarly, although the in-depth interviews that were used as the primary data for qualitative analyses were collected in culturally-sensitive ways, adolescents varied dramatically in how much they talked about each theme. I was able to compare the self-report measure with the interview transcripts, but neither of these may be ideal methods for understanding adolescents. The variation in depth of coverage and length of the interviews could change the information and patterns we find from each participant. In addition, perceived parental support and family identity were not specific themes and topics that were probed for in the EFI and were coded from themes and topics including family communication and time spent together. Future research may need to examine whether more rich information on these topics can be obtained by asking more directly about or probing specifically for perceived parental support and family identity.
This sample consisted of Mexican-heritage adolescents who were recruited from two high schools in the Los Angeles area. Due to these recruiting strategies of having a homogenous sample as much as possible, this factor may not yield the same significant results that family identity and perceived parental support has on depression scores. Further research should continue to see if family identity and perceived parental support will be negatively correlated with depression scores on other ethnic groups in order to further validate these findings and make them generalizable in the future. Also it would be interesting to see if there are certain ages that a child would benefit more or less from having parental support and identifying with one’s own family to mediate depression scores. Adolescence was identified as a crucial period for depression by previous studies (Buck, 2012) to be more likely, however it may not be the only time that this is true. Perhaps a longitudinal study could be conducted to track the changes over time of these two variables and see if they are more influential at certain points of development on depression scores. No studies were found where family identity and perceived parental support where tracked over time to see their trajectory on depression scores.

In addition many interesting cases that were high in family identity, low in parental support and low in family identity, high perceived parental support, but there were no transcripts for these cases because participant weren’t pre-screened before conducting the Ecocultural Family Interviews. The cases that were looked could change some of the patterns that were identified in perceived parental support and family identity.

**Implications for Future Research and Practice**
The results of this research have implications for both treating adolescent depression and parenting education. Stark (2012) has suggested that integrating family into the treatment of depression would be helpful. This study produced findings consistent with past research and suggests that including families may be important for at least some Mexican-heritage adolescents who are high in family identity. Specifically, finding ways to help adolescents feel supported despite conflicts may be a fruitful avenue for treating depression in this cultural community. Similarly, in parent education, this research suggests that helping families spend time together without having unresolved conflict may help adolescents get the support from their families. Whereas descriptions of conflict when combined with more time together were associated with lower perceptions of parental support despite high family identity, less time together and less conflict might also be associated with less family identity.

Since family identity has been considered an important component of familism (Germán, 2009), it would be interesting to see if in other cultures the time spent with one’s family is related to how much an adolescent identifies with his or her family. It would also be helpful to see how conflicts may be related to perceived parental support in adolescence from across cultures. For example it might be that an Anglo-American adolescents’ perceived parental support may not be influenced by conflicts with their parents. By looking for within and across cultural variation, we can look at emerging patterns in families and perhaps see relationships and influences on these two important variables (family identity and perceived parental support). Only by conducting further studies of this nature will we be able to see if conflicts and time spent together are generalizable across multiple cultures or if cultural implications are engrained so deeply.
that generalizability cannot be obtained for the general population. It may be that trying to have uniformity of treatment for depression across cultures is not necessary or would not be helpful. However further studies that look at how different cultural characteristics can influence depression are needed in order to know if uniformity of treatment would be beneficial across cultures.
References


Centers for Disease Control and Prevention (2010). Current depression for Injury


and depression: Differential direction of effects for parent and peer support. 


Substance Abuse and Mental Health Services Administration (SAMHSA). (2009). 


Appendices

Table 1. Pseudonyms for adolescents and their scores in family identity (FI) and parental support (PS).

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teresa</td>
<td>high in FI, low PS</td>
</tr>
<tr>
<td>John</td>
<td>high in FI, low PS</td>
</tr>
<tr>
<td>Brian</td>
<td>high in FI, low PS</td>
</tr>
<tr>
<td>Melissa</td>
<td>low in FI, high PS</td>
</tr>
<tr>
<td>Katy</td>
<td>low in FI, high PS</td>
</tr>
</tbody>
</table>
Figure 1. Scatter plot of family identity and perceived parental support. The black stars represent the cases that were selected for their transcripts to be examined.