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Acculturative Family Distancing and Depressive Symptoms Among Korean American Adolescents: The Mediating Role of Family Conflicts

Yeddi Park[1] · **So-Young Park**[2]

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Abstract
This study investigated the associations among acculturative family distancing in communication and values, family conflicts (parent-adolescent conflict, interparental conflict), and depressive symptoms and the mediating effects of family conflicts in the associations between acculturative family distancing in communication and values, and depressive symptoms in KA adolescents. Path analysis was used to analyze data from a cross-sectional survey of 339 Korean American adolescents (Mage = 14.99, SD = 1.67; 53% female) residing in New York City and New Jersey. Measurements include the Center for Epidemiologic Studies-Depression (CES-D) Scale, Acculturative Family Distancing Youth Report Scale (AFD-YR), the Family Conflicts Scale (FCS), and the Children's Perception of Interparental Conflict Scale. All path coefficients for the final model were statistically significant. There were significant mediating effects of parent-adolescent conflict and interparental conflict on the associations between acculturative family distancing in communication and values and depressive symptoms. The study suggests acculturative family distancing may be a contextual risk factor for depressive symptoms among KA youth. Additionally, greater acculturative family distancing may erode the strength and quality of family relationships. One of the objectives of this study was to test the AFD theory which identifies more problematic dimensions of intergenerational acculturation gap that increase risk for family conflict. The findings of the current study not only support but also build on the AFD theory by examining its relationship to both interparental and parent-adolescent conflicts.

Keywords Family conflict · Acculturative family distancing · Intergenerational acculturation gap · Depressive symptoms · Korean American adolescents

Acculturation Gap and Parent-Adolescent Conflict

Parenting practices are significantly influenced by the cultural context in which families are situated. This is because belief systems, values, and attitudes prevalent in a society play a crucial role in shaping preferred parenting behaviors (Pinquart & Kauser, 2018; Russell et al., 2010). Therefore, it is essential to recognize that adolescents' well-being is partly impacted by the consistency of norms and values within their families and the broader society (White et al., 2018). This dynamic poses a unique challenge for immigrant families, whose parenting practices, values, and norms may align more closely with their culture of origin. For instance, Kim and Wolpin (2008) found that over 70% of immigrant Korean parents believed it was important for their adolescent children to maintain traditional Korean values and customs. Consequently, children in these families navigate two distinct sets of values, norms, and cultural expectations: one from their family and another from the larger community they inhabit (Kim et al., 2014). As children transition into adolescence and seek greater autonomy from their parents, typical intergenerational tensions may arise. These tensions often revolve around issues such as dating, role expectations, career choices, and family obligations. However, research indicates that immigrant families may experience heightened conflict due to an intergenerational acculturation gap, which is distinct and in addition to the normative parent-adolescent conflicts (Ahn et al., 2008; Ko & Wei, 2018; Tsai-Chae & Nagata, 2008). An acculturation gap emerges when

✉ Yeddi Park
ypark@fairfield.edu

[1] School of Education and Human Development, Fairfield University, 1073 North Benson Road, Fairfield, CT 06824, USA

[2] Ewha Institute for Age Integration Research, Ewha Womans University, Seoul, South Korea

immigrant parents and their children acculturate to a new society at different rates (Telzer, 2011). Extant literature on immigrant families provides evidence of how incompatible values, beliefs, behaviors, and attitudes resulting from different rates and patterns of acculturation between immigrant parents and their children can amplify typical intergenerational conflicts. Several studies suggest that a greater acculturation gap can increase the risk for psychological distress, including depression and anxiety among adolescents (Lui & Albarracin, 2015; Telzer, 2011).

Western conceptual models on family relationships suggest that, despite changes in the content and pattern of interactions, many parent-adolescent relationships remain inherently stable, with core aspects of communication remain constant (Laursen & Collins, 2004). However, challenges arise during adolescence due to evolving intergenerational dynamics, leading to communication difficulties for both parents and adolescents (Hwang, 2006). Yet, the conventional Western perspective on family communication may not fully address the persistent challenges observed in many immigrant families. This inadequacy is particularly evident when considering the loss of shared language due to differential acculturation. In immigrant Korean American (KA) families, the dominant language often shifts to English for children, while parents typically continue to use Korean as their primary language. This linguistic disparity can lead to weakened and surface-level communication between parents and children, presenting a significant hurdle for many immigrant Korean families (Okazaki & Abelmann, 2018; Park, 2015). Rhee et al. (2003) explores this issue by examining parent-adolescent communication patterns among Asian American and White adolescents. Their study revealed significant racial differences in communication patterns; particularly, Asian American adolescents, including KAs, were found to be less emotionally expressive with their parents compared to White adolescents. Additionally, Asian American adolescents encountered challenges in openly discussing problems and exhibited greater caution in expressing themselves to their parents. Importantly though, this study also found that Asian American adolescents who maintained positive communication with their parents exhibited higher self-esteem compared to their counterparts who experienced communication challenges.

Acculturation, Parenting and Interparental Conflict

Cross-cultural researchers assert that various members of immigrant families undergo distinct socialization processes, with parents and children each navigating unique acculturation and adaptation experiences (Grassman-Pine & Skinner, 2017; Okazaki & Abelmann, 2018). The literature on family socialization typically portrays parents as primary agents shaping their children's internalization of cultural and societal norms (Bowie et al., 2013; Maccoby, 1994). However, this framework does not adequately convey the experiences of many immigrant families, including KA's, where parents undergo socialization of the host culture simultaneously with their children (Hurh, 1998; Raval et al., 2018). Immigrant Korean parents, generally slower in adopting mainstream cultural practices and English fluency compared to their immigrant or U.S.-born children (Kim, 2011), often find themselves ill-equipped to navigate the complex socialization processes in the U.S. Consequently, it is not uncommon for immigrant families to experience role reversals, where children assist their parents with language brokering and family decision-making (Shen et al., 2014). Similarly, immigrant parents, particularly those less acculturated, may experience diminished confidence in their parenting abilities due to a lack of cultural knowledge and skills in a new environment. Costigan and Koryzma (2011) found that less acculturated immigrant Canadian Chinese parents reported feeling less efficacious in their parenting roles. This diminished sense of efficacy was associated with poorer psychological adjustment, evidenced by higher levels of depression, lower self-esteem, and reduced life satisfaction.

Although immigration can provide life-changing opportunities and growth, it also introduces significant challenges, particularly for minority immigrants (Lee, 2005; Zhou & Bankston, 2020). Korean immigrants in the United States face considerable sociocultural challenges during the acculturation process, including discrimination, language barriers, financial and occupational struggles, family discord, and the adjustment to evolving roles and social norms (Bernstein et al., 2011, 2020; Han et al., 2023). Chronic acculturative stress and experiences of racial discrimination have been notably linked to adverse mental health outcomes, such as depression. For instance, Bernstein et al. (2011) found that acculturative stress, characterized by challenges with English fluency and encounters with discrimination, significantly predicted depression among KA adults.

Depression and maladjustment in parents increase the likelihood of exposure to persistently stressful family environments, marked by elevated levels of marital conflict (Fear et al., 2009; Hanington et al., 2012). In the context of KA families, understanding marital conflict requires considering rigid sex roles, environmental stressors and psychopathology (Min, 2001). Korean immigrants often adhere to a traditional Korean patriarchal family system, where women are typically subordinate to men (Kim & Sung, 2000). Despite approximately 70% of KA wives entering the full-time employment, Korean societal expectations dictate that they maintain traditional housewife roles alongside their professional responsibilities (Lee, 2005). However, as Korean immigrant women gain financial independence and expect

more egalitarian sharing of responsibilities with their husbands, shifts in gender role structures and expectations may ensue. Additionally, occupational and economic stress, discrimination, language barriers, and acculturative challenges can increase psychological distress (Bernstein et al., 2011; Lee, 2007) which in turn can contribute to marital tension.

Interparental Conflict and Youth Wellbeing

Exposure to inter-parental conflict can profoundly impact children's emotional and behavioral adjustment (Chung et al., 2009; Davies et al., 2021; Yap et al., 2014). Adolescents exposed to marital conflict exhibit significantly higher levels of psychopathology compared to those from low-conflict families (Camisasca et al., 2016). Despite the documented adverse effects of inter-parental conflict on adolescents' well-being, research specifically addressing this issue in KA families remain limited. Chung et al. (2009) found that Asian American adolescents were notably more susceptible to depression and anxiety resulting from interparental conflict compared to their Latin and Caucasian American counterparts. Moreover, interparental conflict emerged as a significant predictor of adolescent depression and anxiety. These findings have significant implications for adolescents exposed to marital conflict as they may face heightened risk for maladjustment, including internalizing and externalizing symptoms.

Conceptual Framework: Acculturative Family Distancing Model

An acculturation gap can lead to varying levels of distress in youth, contingent upon the specific type of acculturation gap experienced by the family and various family characteristics, such as the age and gender of adolescents and the family's immigration status (Hwang et al., 2010). While the acculturation gap is a crucial concept for understanding immigrant families, the construct itself presents several limitations. These include methodological challenges and the lack of a unified definition, which complicates its application and study (Phinney, 2010; Telzer, 2011). The construct of acculturation has been operationalized in multiple ways, including the choice of friends, cultural values, attitudes, food, language proficiency, and identity (Berry, 1990). A comprehensive literature review by Telzer (2011) identified at least 12 distinct types of acculturation gaps that influence the dynamics of immigrant families. Recognizing the complexity of acculturation gap models, Phinney (2010) suggested that researchers should precisely specify the type or domain of acculturation gap being studied. Consequently, this study seeks to identify the specific type of acculturation gap that are associated with problematic outcomes (e.g., contributing to family conflict and depression) among KA youth.

Acculturative Family Distancing (AFD) is a theoretical construct proposed by Hwang (2006) that offers a more proximal and problem-oriented approach to measuring a specific domain of acculturation gap. AFD is defined as "the problematic distancing that occurs between immigrant parents and children that is a consequence of differences in acculturative processes and cultural changes that become more salient over time" (Hwang, 2006, p. 389). AFD consists of two dimensions: (1) a breakdown in communication attributed to differing rates of language acculturation; and (2) incongruent cultural values between immigrant parents and children. This breakdown in communication and incongruent cultural values are posited to intensify over time, leading to increased emotional, cognitive and behavioral distancing between parents and children, thereby, elevating the risk for family conflict. For example, Hwang and colleagues (2010) investigated the impact of AFD on parent-adolescent conflict and depressive symptoms among 121 Chinese American youth, and their mothers, higher levels of AFD reported by both mothers and their children were associated with increased depressive symptoms in youth. Specifically, AFD factors heightened the risk of youth depression, partially mediated by parent-adolescent conflict. This study uses AFD as a conceptual model to examine the impact of acculturation gap on family conflicts and depression among KA adolescents.

Current Study

While acculturation gap and its effects on immigrant families have been extensively studied among Chinese and Mexican immigrant families (Hwang et. al., 2010; Kim et. al., 2013; Nieri & Bermudez-Parsai, 2014; Schofield et al., 2008), there is a notable absence of research investigating the impact of acculturation gap on KA families and the resulting psychological outcomes among youth (Kim & Park, 2011). In this context, there is a gap in the literature examining the loss of common language and incongruent cultural values as a risk factor in this population. Specifically, we need to better understand the impact of loss of common language on intergenerational conflicts including interparental conflict and consequent negative mental health outcomes among KA youth. Therefore, the objective of this study is to identify the specific types of acculturation gap vis-a-vis shifting cultural values and loss of common language on family relationships and its impact on the adolescents' mental health.

To this author's knowledge, this study is the first to explore the relationships between acculturation gap that takes into account the loss of shared language as an

important source of acculturation gap and perceived interparental conflict on depressive symptoms among KA adolescents.

The present study tested our conceptual framework of AFD theory by examining the complex associations among intergenerational acculturation gap (AFD communication and values), family conflicts (parent-adolescent conflict and interparental conflict), and depressive symptoms. Specifically, we focused on the mediating effects of family conflicts on the associations between AFD-related variables and depressive symptoms in KA adolescents. Figure 1 shows the hypothesized conceptual model and we sought to answer the following hypotheses:

Hypotheses 1: There are the positive associations between AFD communication and values and family conflicts (parent–adolescent conflict, interparental conflict) in KA adolescents.
Hypotheses 2: There are the positive associations between family conflicts and depressive symptoms in KA adolescents.
Hypotheses 3: Family conflicts mediate the associations between AFD communication and values and depressive symptoms in KA adolescents.

Method

Study Design, Sample, and Data Collection Procedure

This study used a cross-sectional survey design with a convenience sampling method. Sample eligibility criteria included (a) having at least one parent who immigrated from Korea, (b) living with at least one parent, (c) maintaining regular contact with both parents, (d) 12–18 years of age, € being able to read and understand English without difficulty, and (f) residing in New York City or New Jersey at the time of survey administration. Sample recruitment was conducted at several KA religious organizations and one KA social service agency. KA adolescents who met the study criteria and were interested in participating in the study were given a consent form to be signed by their legal guardian and an assent form to be signed by themselves.

Data were collected from June to September 2014 after obtaining approval from the New York University Committee on Activities Involving Human Subjects and from the cooperating sites. Prior to taking the survey, participants were informed of their rights to voluntary participation, privacy, and confidentiality. The questionnaire was self-administered in a designated room at each facility and took approximately 20–25 min to complete. Regardless of survey completion, participants were entered into a raffle for $10 worth of gift cards. A total sample of 353 respondents was recruited and of those, 339 KA adolescents completed the survey, for a 96% response rate.

Measures

Acculturative Family Distancing

Parent-adolescent acculturation gap was measured with the Acculturative Family Distancing Youth Report Scale (AFD-YR; Hwang, 2006), which is composed of two dimensions: (1) communication breakdown (e.g., I feel like there is a communication barrier between me and my parent(s)), and (2) incongruent cultural values (e.g., my parent(s) are too conservative in the way they think and do things). The subscales consist of 24 items and 22 items, respectively, with a 4-point Likert scale ranging from 1 (disagree) to 4 (agree). Higher scores indicate higher communication difficulties and cultural value differences between immigrant parents and their adolescents. The AFD-YR showed strong internal consistency in a sample of Asian American college and high school students (Hwang, 2006; Hwang & Wood, 2009). In the present study, Cronbach's alphas for the AFD communication and values were 0.89 and 0.85, respectively, for each dimension.

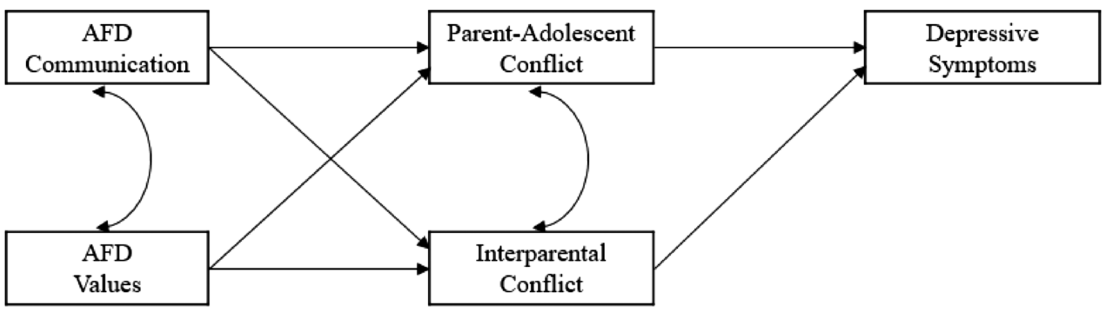


Fig. 1 Hypothesized conceptual model

Parent-Adolescent Conflict

The Family Conflicts Scale (FCS; Lee et al., 2000) measures parent-adolescent conflict and consists of two subscales: FCS- Likelihood and FCS-Seriousness. Both subscales contain 10 identical items rated on a 5-point response format and measures likelihood of occurring (1 = *not at all* to 5 = *almost always*) and seriousness of the problem (1 = *not at all* to 5 = *extremely*), respectively. In order to assess the intensity of family conflict, the present study used the FCS-Seriousness subscale. Higher scores indicate greater parent-adolescent conflict. Sample items included "Your parents do not want you to bring shame upon the family, but you feel that your parents are too concerned with saving face" and "You have done well in school, but your parents academic expectations always exceed your performance." The internal consistency for this subscale among Asian American adolescents has been well established in prior studies, from 0.87 to 0.96 (Moon, 2008; Park & Kim, 2012). In the present study, a Cronbach's alpha of the FCS-Seriousness was 0.86.

Interparental Conflict

The conflict properties subscale of the Children's Perception of Interparental Conflict Scale (Grych et al., 1992) was used to measure interparental conflict. This subscale contains 19 items with a 3-point response format: 0 (*false*), 1 (*sort of true*), and 2 (*true*). Eight items are reverse scored. Sample items included "I often see my parents arguing" and "My parents get really mad when they argue." Higher scores indicate greater interparental conflict. The full Children's Perception of Interparental Conflict Scale and all subscales have shown good reliability and validity (Bickham & Fiese, 1997). The conflict properties subscale demonstrated good internal reliability with a Cronbach's alpha of 0.93 in the present study.

Depressive Symptoms

The Center for Epidemiologic Studies-Depression (CES-D; Radloff, 1977) scale was used to measure depressive symptoms of KA adolescents. The CES-D scale is composed of four domains: negative affect, positive affect, somatic complaints, and interpersonal difficulties. It contains 20 items with a 4-point response scale ranging from 0 (*rarely or none of the time*) to 3 (*most or all of the time*). Four positively worded items were reverse scored. Higher scores indicate greater levels of depressive symptoms. Excellent internal reliability of the CES-D with KA adolescents was reported in prior research (Shin et al., 2011). Cronbach's alpha was 0.91 in the present study.

Covariates

Three variables were included as covariates: age, self-identified gender (1 = boy, 0 = girl), and generation status (1 = first generation [non-U.S.-born], 0 = second generation [U.S.-born]).

Data Analytic Plan

First, descriptive statistics and bivariate correlations were examined to summarize the basic features of all the major variables and covariates: age, self-identified gender, and generational status. Second, path analysis was applied to estimate the path coefficients in the hypothesized conceptual model and to determine whether parent-adolescent conflict and interparental conflict mediated the major independent variables (AFD communication and AFD values) and depressive symptoms. To justify the use of path analysis in this study, we calculated the relevant sample size and power for multiple regressions implied by the overall path analysis model in Fig. 1 (Faul et al., 2009). For a multiple regression analysis with four predictors where the squared multiple correlation is 0.10, the required sample size to achieve a power of 0.80 is 113. For a simple zero order correlation of 0.30 in the population, the sample size needed to achieve a power of 0.80 is 84. These results confirm that the sample size of this study (N = 339) is adequate in terms of power for the range of statistical modeling. Third, analyses of direct, indirect, and total effects were performed to evaluate the magnitude of the mediating effects using a percentile-based bootstrap strategy (Biesanz et al., 2010; Brown, 2006). To estimate the model fit, we used the following goodness-of-fit indices: the overall chi-square fit statistics ($p > 0.05$), the comparative fit index (CFI > 0.95), the standardized root mean residual (SRMR ≤ 0.08); and the root mean square error of approximation (RMSEA < 0.06) (Schreiber et al., 2006). We used full information maximum likelihood (FIML) to deal with missing data (Enders, 2010). Mplus 8 and SPSS 24.0 statistical packages were used for all data analyses.

Results

Descriptive Analyses

Table 1 presents the descriptive characteristics for KA adolescents. Participants' age ranged from 12 to 18 years and the mean age of respondents was 14.99 years ($SD = 1.67$). More participants identified as girls (53.1%) than as boys,

Table 1 Descriptive Characteristics of Korean American Adolescents (N = 339)

Variable	n (%)	Mean ± SD	Range
Age		14.99 ± 1.67	12–18
Gender			
Boys	159 (46.9)		
Girls	180 (53.1)		
Generation status			
1st Generation (Non U.S.-born)	114 (33.6)		
2nd Generation (U.S.-born)	225 (66.4)		
AFD communication		2.24 ± 0.52	1–4
AFD values		2.10 ± 0.46	1–4
Parent-adolescent conflict		2.67 ± 0.90	1–5
Interparental conflict		0.82 ± 0.49	0–2
Depressive symptoms		0.91 ± 0.56	0–3

and approximately two-thirds (66.4%) were second-generation (U.S. born). The mean scores for AFD communication and AFD values were 2.24 ($SD = 0.52$) and 2.10 ($SD = 0.46$), respectively. The mean scores for parent-adolescent conflict and interparental conflict were 2.67 ($SD = 0.90$) and 0.82 ($SD = 0.49$), respectively. The mean score for depressive symptoms was 0.91 ($SD = 0.56$).

Table 2 shows bivariate correlations between continuous variables. Most of the correlations were significant at $p < 0.05$. Depressive symptoms were statistically positively correlated with AFD and family conflict related variables (range of r = 0.33–0.39).

The initial model in Fig. 1 was explored to identify any sources of poor fit that might need to be revised. This model yielded a poor fit to the data with regard to overall global fit indices (χ^2 ($df = 2$) = 10.328, $p < 0.05$; CFI = 0.985; SRMR = 0.024; RMSEA = 0.111). As the absolute standardized residuals and modification indices indicated the need for model re-specification, we modified the initial model. One path from AFD communication to depressive symptoms was introduced in the model based on prior theoretical evidence (Hwang et al., 2010; Kim & Park, 2011) and the greatest modification index. The modified model with covariates (age, gender, generation) yielded a good model fit for the global fit indices (χ^2 ($df = 1$) = 2.256, $p > 0.05$; CFI = 0.998; SRMR = 0.007; RMSEA = 0.061).

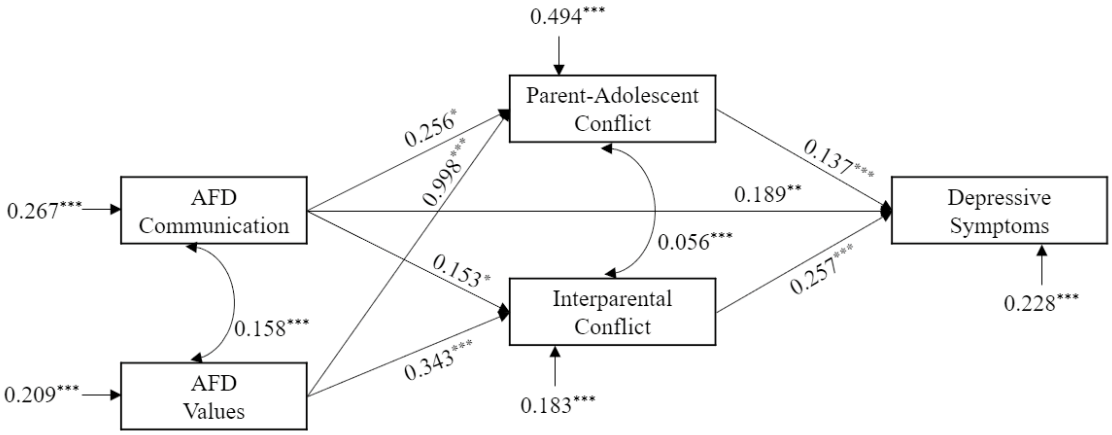
Figure 2 displays the unstandardized path coefficients for KA adolescents. All path coefficients were statistically significant: from AFD communication and AFD values to parent-adolescent conflict (path coefficients = 0.256 and 0.998, respectively); from AFD communication and AFD values to interparental conflict (path coefficients = 0.153 and 0.343, respectively); from parent–adolescent conflict and interparental conflict to depressive symptoms (path coefficients = 0.137 and 0.257, respectively); and from AFD communication to depressive symptoms (path coefficient = 0.189). In addition, there were two statistically significant correlations between AFD communication and AFD values (0.158) and between parent–adolescent conflict and interparental conflict (0.056).

Table 3 presents direct, indirect, and total effects using bootstrapping (2,000 iterations). Significance tests were applied using the logic of the joint significance test (MacKinnon et al., 2002). The path coefficients for four paths in the implied mediational chains were statistically significant for the mediators (all critical ratios [CR] > 1.96, $p < 0.05$). The effects of AFD communication on depressive symptoms were partially mediated by parent–adolescent conflict and interparental conflict (the significant direct and indirect effects were shown in Table 3). The effects of AFD values on depressive symptoms were fully mediated by interparental conflict and parent–adolescent conflict (the significant indirect effects were shown in Table 3). The total effect of AFD communication on depressive symptoms was estimated to be 0.26 (CR = 4.01, $p < 0.001$), and 0.04 and 0.04 of the units of change were attributable to the mediational chains through parent–adolescent conflict (CR = 2.14, $p < 0.05$) and interparental conflict (CR = 2.13, $p < 0.05$). The total effect of AFD values on depressive symptoms was estimated to be 0.23 (CR = 4.52, $p < 0.001$). Of the units of change, 0.14 and 0.09 were attributable to the mediational chains through parent–adolescent conflict (CR = 3.34, $p < 0.01$) and interparental conflict (CR = 2.81, $p < 0.01$), respectively.

Table 2 Bivariate correlations

	Variable	1	2	3	4	5	6
1.	Age	–	–	–	–	–	–
2.	AFD communication	0.09	–	–	–	–	–
3.	AFD values	0.11*	0.68***	–	–	–	–
4.	Parent-adolescent conflict	0.13*	0.38***	0.44***	–	–	–
5.	Interparental conflict	0.02	0.50***	0.61***	0.40***	–	–
6.	Depressive symptoms	0.06	0.33***	0.38***	0.39***	0.36***	–

*$p < .05$, **$p < .01$, ***$p < .001$



Note: Covariates include age, gender, and generational status.
*$p < .05$, **$p < .01$, ***$p < .001$.

Fig. 2 Path Analysis Model for Korean American Adolescents

Discussion

The present study investigated the associations among AFD communication and values, family conflict (interparental conflict, parent–adolescent conflict), and depressive symptoms in KA adolescents. It also explored the mediating effects of interparental and parent–adolescent conflicts on the associations between AFD communication and values and depressive symptoms. First, the associations among AFD communication and values, family conflicts (parent–adolescent conflict, interparental conflict), and depressive symptoms were statistically significant. Specifically, there were positive associations between AFD and both family conflicts, between both family conflicts and depressive symptoms, and between AFD communication and depressive symptoms among KA adolescents. Second, the mediating effects of parent–adolescent and interparental conflicts were observed in the associations between AFD communication and values, and depressive symptoms.

The findings of this study underscore the significance of AFD in affecting intricate family dynamics and the mental health of KA adolescents. Additionally, our study highlights the crucial mediating roles of family conflicts in the relationship between AFD and depressive symptoms in KA adolescents.

The acculturation gap and family conflicts critically impact mental health, particularly among adolescents of immigrant parents (Schwartz et al., 2016). Growing evidence suggests that intergenerational acculturation gap may lead to family distress and conflict, which in turn can create adverse psychological problems, including depressive symptoms among youth (Hwang et al., 2010; Wang-Schweig & Miller, 2021). The relationship between AFD, parent-adolescent conflict, and depression has been well-documented by Hwang and colleagues in studies involving Chinese American adolescents (Hwang et al., 2010) and Asian American and Latino college students (Hwang & Wood, 2009). These studies found that AFD values and communication were associated with increased depressive symptoms, with parent-adolescent conflict partially mediating this relationship.

The current study builds upon the existing literature on the AFD model by examining parent–adolescent and interparental conflicts as possible contextual risk factor for depressive symptoms in KA adolescents. Previous research has identified various factors, such as parent-adolescent conflict (Hwang, 2006; Ying & Han, 2007), bicultural competence (Carrera & Wei, 2014), and parenting styles (Kim et al., 2013) as mediators in the relationship between intergenerational acculturation gap and depression among adolescents and young adults in immigrant families. Building on this foundation, our study makes a distinctive contribution to the empirical literature by exploring the mediating roles of interparental and parent-adolescent conflicts in the association between AFD and depressive symptoms in KA adolescents.

Previous studies investigating the acculturation gap-distress hypothesis among Asian Americans, including KA adolescents, have predominantly focused on parent-adolescent conflict, often overlooking the broader family context as a mediator between intergenerational acculturation gap and depression (Hwang et al., 2010; Kim, 2011). Given the broader cultural context, it is essential to consider family's relational patterns to fully understand adolescents' behaviors in the realm of mental health. Therefore, it is crucial to explore the role of family conflict by examining

Table 3 Direct, indirect, and total effects among Korean American adolescents

Path	Direct Effects			Indirect Effects			Total Effects		
	B	Critical ratio	95% confidence interval	B	Critical ratio	95% confidence interval	B	Critical ratio	95% confidence interval
1. AFD communication to depressive symptoms							0.26	4.01***	0.14 0.39
AFD communication → parent-adolescent conflict → depressive symptoms				0.04	2.14*	0.003 0.07			
AFD communication → inter-parental conflict → depressive symptoms				0.04	2.13*	0.003 0.08			
AFD communication → depressive symptoms	0.19	2.74**	0.05 0.33						
2. AFD values to depressive symptoms							0.23	4.52***	0.13 0.32
AFD values → parent-adolescent conflict → depressive symptoms				0.14	3.34**	0.06 0.22			
AFD values → inter-parental conflict → depressive symptoms				0.09	2.81**	0.03 0.15			

Note: B = Unstandardized Coefficients; Bootstrapping = 2,000 iterations; Covariates include age, gender, and generation status

*$p < .05$, **$p < .01$, ***$p < .001$

both interparental and parent-adolescent conflicts. Previous studies indicate that interparental conflict and parent-adolescent conflict mutually influence each other through a spillover effect (Bradford et al., 2008; Kouros et al., 2014). These intertwined effects can detrimentally impact adolescents' emotional well-being. Consistent with the findings of our study, an extensive body of research supports that adolescents exposed to heightened family conflicts face an increased risk of internalizing and externalizing problems (Hwang, 2006; Jouriles & McDonald, 2014; Roode et al., 2009).

Interparental conflict has been identified as a significant factor linked to depression in children and adolescents (Chen et al., 2013). A meta-analysis investigating the relationship between parental factors and depression in young individuals demonstrated a connection between heightened interparental conflict and increased levels of depression in adolescents (Yap et al., 2014). Consistent with these findings, the present study reveals that interparental conflict emerged as a robust predictor of depressive symptoms in youth. This form of conflict can profoundly impact adolescents' emotional well-being, especially when they are exposed to family violence, disruptions in stability, and the associated anxiety of living in a state of perpetual fear. A study focusing on Korean immigrant families reported that nearly 19% of women had experienced physical assault by their husbands in the past year (Kim & Sung, 2000). Children residing in homes marked by frequent and intense interparental conflicts inevitably experience stress due to exposure to these harmful interpersonal dynamics. Such experiences have been consistently linked to emotional distress, including symptoms of depression (McDonald et al., 2009).

Limitations

Several limitations should be noted. First, the use of cross-sectional survey data prevents the explanation of causal associations between major variables. There is a possibility that other conceptual models, such as reverse causality, could be correct. Future research is necessary to examine the longitudinal causal effects of intergenerational acculturation gap on family conflicts and adolescent depressive symptoms. Second, the convenience sampling procedure introduced selection bias, limiting the generalizability of the findings. As participants were mainly recruited from Korean ethnic churches in New York City and New Jersey, the sample may be skewed toward adolescents living in ethnically dense communities with Protestant religious affiliations. Future studies need to recruit a more diverse sample of KA adolescents to improve generalizability. Third, all the major variables were measured from the perspectives of adolescents. Particularly, interparental conflict and

parent-adolescent conflict do not directly reflect parents' experiences but measure adolescents' general perceptions of family conflicts. Future research should investigate the experiences of parents concerning the relationships between parents and their children. Fourth, this study focused on a few specific variables related to parent-adolescent relationships. Future research should investigate other parenting-related variables (e.g., parenting styles related to warmth and control) alongside parent-adolescent relationships for better understanding mental health outcomes among KA adolescents.

Implications and Conclusion

The acculturation gap between immigrant parents and their children has been theorized to elevate family conflict, subsequently contributing to heightened psychological distress, including depression in both adolescents and parents (Hwang, 2006; Kim, 2011). It is important to note that while an acculturation gap may be more prevalent in immigrant families, not all such families experience issues associated with it.

One of the objectives of this study was to test the AFD theory (Hwang, 2006), which identifies more problematic dimensions of intergenerational acculturation gap that increase risk for family conflict. Previous studies have focused solely on this construct in relation to parent-adolescent conflict (Hwang & Wood, 2009; Hwang et al., 2010; Lee & Friedlander, 2014), limiting our understanding of its potential scope within the family system. The findings of the current study not only support but build on the AFD theory by examining its relationship on both interparental and parent–child conflicts. Our findings suggest that AFD is associated with the risk for both interparental and parent-adolescent conflicts, indicating a broader influence on the family system than previously explored.

Previous studies have emphasized the importance of prevention, early detection, and treatment of depression in this population. Prevention strategies may include community outreach programs, such as psychoeducation through workshops for families and community mental health campaigns to increase awareness of the risk factors for depressive symptoms. Korean cultural schools and religious organizations, which hold significant roles in KA communities, may be as ideal sites for conducting family outreach and psychoeducational programs for adolescents and their parents. These organizations can forge partnerships with social workers and other mental health professionals to help bridge cultural gaps between the two generations. Psychoeducation and depression literacy, if presented with an emphasis on education and knowledge building while minimizing the stigma of mental illness, can be particularly effective. Similar to many ethnic groups, KAs often underutilize mental health services due to stigma associated with mental illness, language and cultural barriers to treatment, and a preference for informal support over mainstream therapy (Jang et al., 2021; Lee et al., 2008; Park & Bernstein, 2008). Effective psychoeducation can enhance awareness about depression, increase treatment adherence, and improve quality of life (Bernstein et al., 2020; Cardoso et al., 2014). Educating KA immigrant families about the potential risks associated with the acculturation process can help them understand the consequences on family relationships resulting from the loss of a common language and divergent cultural values. Preventive strategies focusing on increasing bicultural knowledge, enhancing intrafamilial communication, and fostering effective coping skills can guide families toward more adaptive solutions rooted in mutual understanding and respect for differences.

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