Adolescent Depression in Vietnamese Migrant Families in Australia

By

Thi Bach Yen Bui

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Abstract

Due to rapid transitions of life events, changes in essential relationships, low self esteem and conflict within the family, depression can impact on adolescents in Vietnamese migrant families in Australia (Beyer & Reid, 2000, as cited in Tran, 2003). These adolescents may suffer from depression due to their reactions to cultural conflicts they experience in adapting their traditional family values into the context of Australia society (Vu, 2006). This depression can lead to serious drug abuse and suicidal ideation (Greenfield at al, 2006; Webber, 2002). In this context, this thesis discusses impact of the high expectations in maintaining Vietnamese traditional values in migrant families, and how this can affect adolescents' psychological well being. Therefore, as this thesis clearly implicates that the conflict between Vietnamese cultural values and Australian cultural values are associated with Vietnamese adolescent depression, a greater understanding of the specific needs of Vietnamese adolescents will assist counsellors and health professionals to provide more effective interventions during their treatment process.

Adolescent Depression in Vietnamese Migrant Families in Australia

Chapter One
Introduction

The purpose of this thesis is to discuss family conflict associated with adolescent depression within Vietnamese migrant families in Australia. Special attention will be given to the potential effects of Vietnamese culture upon Vietnamese migrant families in Australian society. It is hoped that a deeper understanding of the nature of family conflict and its association with adolescent depression will assist counsellors to improve their treatment outcomes.

Literature review

In addressing adolescents in this thesis, persons aged from 12 to 20 are included. In this stage young people are searching for their self identity, and thinking more about self than others. Adolescent are under pressure with individuality uncertainty by accepting self connection to others. Learning to adjust to changeable body image issues, individual sexuality character, personal connection with others, self supervision and one's beliefs of life are determined in this stage. The process is started from the self- perpetuating which lead adolescents to discover and clash themselves with others (McGoldrick & Carter, 1999, as cited in Corey & Corey, 2003). Avenevoli, Knight, Kessler, and Merikangas (2008) state that development of depression and other internal problems can be perceived easily at the period of the changing in adolescent. According to Rudolph, Flynn, and Abaied (2008), the interpersonal issues are the current assumptions of depression. Since adolescent knowledge means having many denials and arguments in their relationships with others, this may have harmful effects on their self image, and social skills which are caused by the views of others about them.

Young people more easily understand themselves, their environment, and the world in negative ways, and such pessimistic feelings and thoughts can impact on their reactions to situations and others. The negative reaction toward others results from depressive symptoms experienced in young people who are poor in social connection (Glover, Burns, Butler, & Patton,

1998). "Currently, major depression is common in post-pubertal teenagers. Indeed, the faster rate of increase in the illness is among young people" (Herbert, 2006, p. 204). A more recent study from the National Institute of Child Health and Human Development also found the same high rate; more than 9,800 students in grade 6, 8, and 10 were given questionnaires, 18% of students reported having some symptoms of depression (Evans & Andrews, 2005). Ten percent of Australia's population suffer from the serious problem of mental wellbeing. In particularly, immigrant Vietnamese Australian adolescents have high rates of depression symptoms. Depression among Vietnamese adolescents is resulted from family interactions and the increasing of acculturative stress, which cause by low levels of family cohesion and unaccepted from Australian adolescents (Vu, 2006). Nevertheless, the increase of the symptoms of depression was not noted or treated in particular ways, even though the negative effect of depression on people has been known among psychologists (Lancaster, 2003).

Characteristic of depression is low mood, which take the place of delight or curiosity feeling for almost activities. Its symptoms include changed weight or sleep patterns, loss of energy, hard to concentrate or make a decision, anxiety, irrelevance of thinking and suicide thoughts (Baumeister & Vohs, 2007). The Australia Psychological Society (2008) state that the feeling of sad, unhappy or distress can count as depression in general. Someone may experience these emotions and they were not having any negative effect on their life. According to Kitchener and Jorm (2002) "This means people may have short term depressed mood, but they can manage to cope and soon recover without treatment" (p. 10). However, it is only depression if a person suffers emotional and physical for a long time and this has dangerous effects on people's daily life. It is really difficult to alter this situation in which people feel very hopeless and helpless (APS, 2008). The depression "is 'clinical depression', which last for at least two weeks and affects a person's ability to carry out their or to have satisfying personal relationship" (Kitchener and Jorm, 2002, p. 10).

The causes of depression in adolescents are diverse; it may result from neglect, abuse and bullying, damage to self esteem, absence of source of care, early loss of essential relationships and feeling helpless, too rapid transitions of life events (Herbert, 2006). The signs of depression can be observed when adolescents express their irritable, uncertain or bored feelings which may

link to their behaviour which may lead to conflict in the family (Evans & Andrews, 2005). The study of adolescent aggression and depression in Colombia by McClellan, Heaton, Forste, and Barber (2005) examines parental conflict and parenting perspectives, and family interaction effects on adolescent aggression and depression outcomes. Parental conflict, or support, family structure and authority relations link with depression.

Pessimistic emotional conditions including anxiety and depression are also caused by acculturative stress (Crockett, et al, 2007; Williams & Berry, 1991), acculturation gaps, parents, and poor relationships in the family associated with the higher levels of acculturation for immigrant adolescent (Birman & Taylor-Ritzler, 2007). In the acculturative process, individuals experience certain problems due to coming from different language and cultural backgrounds, and face prejudice leading to acculturative stress (Gil, Vega, & Dimas, 1994). It is connected to the study about acculturative stress, depression, and suicidal ideation in Mexican immigrants by Hovey (2000):

> These at-risk individuals may feel caught between cultures. This is, these individuals may feel pulled between the influence of traditional customs, values, norms, and traditions and the values, norms, and experiences in the mainstream society. These individuals may also encounter discrimination, language, and economic difficulties; lack integration into the community; and experience the breaking of ties with family and friends in feeling of loss and reduction of effective coping resources (p. 145).

For Erikson, the major developmental conflicts of adolescence centre on the clarification of who you are, where you are going, and how you are getting there. The struggle involves integrating physical and social changes (Corey & Corey, 2003). The relationship between social anxiety and high self-focused, negative self-evaluations can give rise to depression (Panayiotou & Papageorgiou, 2007). In addition, the negative influence of social skills is caused by depression itself in which the distrustful reaction from others can also be conveyed (Beek, Dolderen, & Demon Dubas, 2006). Chen (1996); Aldwin and Greenberger (1987) pointed out that Asians were accounted less depressed in their own collectivist cultures, but showed greater levels of depression than Western people when they living in an individualistic culture (as cited

in Scott, Ciarrochi, & Deane, 2004). However, the depressed mood of adolescents can be decreased if they have the same culture values with people who live around them such as family members or peers (Pajares & Urdan, 2006).

Several researches have clearly explored the difficulties Vietnamese immigrants meet, and how they are coping with those issues in Australian society. Although Vietnamese young people came to Australia via the family reunion programs, they still experience the high levels of stress which is linked to pre and post immigration of their families as refugees (Frederico, Cooper, & Picton, 1997). Since Vietnamese children and their parents left their own country as political refugees, most of them have been living under stressful situations. In the new cultural context, they settled as an ethnic group in the host country which shared several characteristics including interdependence (Dinh et al., 1994). However, the Western culture promotes individualism and reduces the need for interdependence, which contravenes Vietnamese traditional culture values (Thomas, 1999) and results in new stresses for both Vietnamese parents and children – reflecting on both individuals and their families.

The conflict of Vietnamese parent and adolescent associated with the values of family members. As Smetana, 1995; and Steinberg, 1990, (as cited in Phinney & Vedder, 2006) conclude that different values between the older generation and young generation may effects on family cohesion which can lead to conflict and other problems for adolescent to adjust in their family. Communication also is a reason of conflict between parent-adolescent. Hogan-Garcia (2007) describes the verbal communication happening when people use the verbal categories and language structure for the reality perception to communicate with others. In the way people communicate with other, but they are not conscious such as facial expression, tone of voice, body reactions which express the meanings exclusive of using the words, it is a nonverbal communication. Study about family communication patterns and children's metal health well-being by Schrodt, Ledbetter, and Ohrt (2007) reveal that the children more possible have the high level of self-esteem, less stress and fewer of mental health problem when parents encourages family members openly and freely discuss different issues within family if parents express verbal, nonverbal, and supportive displays of affection. The result is contrary compares with the family communication model in the same attitudes, values, and reactions (Schrodt et al.,

2007). Xia et al., (2005) state, the positive communication might become a great advantage for family cohesion, but negative communication can be a source of conflict between adolescent and their parent.

The closer family relationship can be improved if having the positive communication of parent and adolescent who can love each other more which can help family solves the problems in the flexible ways (Xia et al., 2005). Phinney and Vedder (2006) also indicate that most of immigrant parents is holding their own traditional culture values which is different with the values of the society where they want to settle in, and they also expected their children learning of those values in the new environment as well.

Besides, according to Rosenthal et al., (1996); Herz and Gullone (1999), Vietnamese parents is trying to limit their adolescents, they are not allowed to express their opinion, that is a way of Vietnamese children's obedient (Webber, 2002) A traditional value was not approved among Vietnamese Australian adolescents which is a foundation of intergenerational conflict in Australia (as cited in Phinney & Vedder, 2006, p. 168). This point can also see in Rosenthal et al., (1996), having more disagreement with parent at home was reported having more conflicts with family and societal activities among Vietnamese adolescent population in Australian society.

The aim of this thesis is to discuss difficulties Vietnamese immigrants meet and how they are coping with those issues in Australian society. Values difference between parent and adolescent and family interaction may effects on adolescent depression. Understanding of the family conflict and adolescent's depression may support in helping Vietnamese adolescents through an efficient intervention.

Research questions

1. What is the pattern of depression of adolescents in Vietnamese families?

2. Do parental difficulties in cultural adjustment relate to Vietnamese adolescent depression?

3. How do Vietnamese adolescents cope with their depression?

4. What are the influences of family and culture in counselling interventions to assist depressed Vietnamese adolescents?

In the following Chapter Two, I present an overview of the historical context of Vietnamese people in Australia, and the influence of the wider social context in relation to the cultural background of Vietnamese immigrant families. Chapter Three discusses the effect of cultural values on depression in Vietnamese Australian adolescents. This is followed in Chapter Four which provides implication of culturally based family reactions to their adolescents. The influence of Vietnamese culture in relation to professional services and Vietnamese adolescent depression is explored in Chapter Five. The thesis concludes with a set of recommendations for counsellors or practitioners, who may give the Vietnamese adolescents the benefit of their procedures in Chapter Six.

Chapter Two

Vietnamese immigrant context and life in Australia

Following the overthrow of the South Vietnamese government in 1975, many people in South Vietnam fled their country to look for a safe place to live. However, many of those accepted as refugees into Australia were unaware of the cultural differences and difficulties they would need to face in their new environment. The processes of migration can have certain effects on an individual's ability to adapt significant factors such as language, religion, education, family structure, gender roles and change of lifestyle associated with cultural transition. A study by Kolar and Soriano (2000); Berry et al., (2006) explain that:

> The Vietnamese community began to grow in Australia after the fall of the South Vietnamese government, at the end of the Vietnam War in April 1975. Up until 1991, almost 80 percent of Vietnamese migrants had spent time in refugee camps in various Asian countries (p. 12). It is only in recent years that Vietnamese migrants have been admitted directly from Vietnam for permanent settlement in Australia, most notably under the Family Reunion Program (p. 36).

According to Centrie (2004), before the secondary migration, the Vietnamese did not have their own communities to which people could attach themselves. Since the Vietnamese relocated themselves into urban communities creating small groups, they were isolated from Western culture and language, which made it more difficult for their adaptation. Some part of the psychological distress of these immigrants is the result of their acculturative experience, and other parts are due to the features of everyday distress (Lay & Nguyen, 1998). In this context, the intention of this chapter is to discuss the experience of Vietnamese immigrants, referring to both parents and adolescents.

Structure of the family

The Vietnamese family structure is traditionally an extended family which usually includes three or four generations in one household. The members of family are extremely attached to their family, and concerned with the family's welfare, harmony, pride, prestige,

reputation and especially is filial piety (Nguyen, 1994). Traditionally, any family's matters were be solved by the family's moral codes or ethical norms, which were decided by male elders of the family such as grandfather and father. Gradually, women gained authority equal to the husbands, which indicates there has been an increasing in the wife's power in family since changes have occurred in Vietnamese society even though it is not very much accepted in rural areas (Nguyen, 1994).

In Australia, the Vietnamese family is not expected to maintain the family structure and activities in the way same as their lives in the home land (Nguyen, 1994). Even though it is hard for them to adjust, they have changed their lifestyles in various ways. However, family has remained the most significant social unit for Vietnamese immigrants, because personal identity and immigrants' sense of stability are maintained by the family (Berry et al, 2006). For instance, one Vietnamese father said: 'At home, we speak Vietnamese, all together in the Vietnamese way; I taught my children Vietnamese culture. Outside we are Australian, but inside we still are Vietnamese' (Cowden & Paine, 1997).

According to Kolar and Soriano (2000), the extended families of Vietnamese in Australia tend to include a number of households in the same suburb, but this just represents one generation in one household. However, as three to four generations generally live together in Vietnam, the common Vietnamese family structure in Australia has changed. This change in family structure creates problems for the grandparent's position in the family (Kolar & Soriano, 2000), because the house is also traditionally seen as the courtroom for Vietnamese to solve conflicts between members of the family (Nguyen, 1994), with grandparents acting as judges and powerful advisors. Another disadvantage occurs when parents get older as it is difficult for them to obtain care from the younger generation who usually have the duty of working to support their family (Nguyen, 1994).

Culture and family values

Traditional Vietnamese values have influence over whole belief systems in which people follow the ideals of Confucianism, Buddhism, and Taoism. Vietnamese communication styles, behaviours, family, and social lives can be impacted by these beliefs (Marsella, Johnson, Watson,

& Gryczynski, 2008). The most imperative tenant is filial piety, benefit to the family must be more important than individual success; whole family members can obtain benefit by sharing individual advantages. Another duty of piety requires children absolutely to respect and obey their parents, look after the elder members of the family (e.g., Centrie, 2006), and protect the family's good name with unconditional loyalty (Kaplan & Huynh, 2008).

The second vital principle is the spirit of living harmoniously together (Kolar & Soriano, 2000; Nguyen, 1994). In the collective societies as Vietnamese culture, where is "more collectivistic than individualistic" (Lay & Nguyen, 1998, p. 178), it is very significant to give attention to and to keep harmony between human being and nature, especially regarding the balance of opposites; this is a Taoism ideal (Kaplan & Huynh, 2008). Other research has found that collectivistic cultural values, in related to Vietnamese families, the negative stress and depressive consequences often seen in immigration can reduce (Lay et al., 1998, as cited in Scott, Ciarrochi, & Deane, 2004).

On the other hand, traditional values of Vietnamese culture have been changed at the present time, especially the changing among young people who live in Western countries as immigrants or as part of immigrant families. According to Rosenthal, Ranieri, and Klimidis (1996), adolescents perceived themselves to be less traditional and more independent than their parents, because of acculturative processes; the parents' values had less influence on the Vietnamese children. In addition, accounts of parent-child dynamics functioning in Vietnamese families report that when the family is located in a new culture that has individualistic values, children engage with Western values (Rosenthal et al., 1996). They are able to see the disadvantages in traditional Vietnamese family culture. Therefore, the conflict between children and parents is often disruptive in an Australia environment. On this basis, it can be inferred that Vietnamese culture and moral values may have a negative effect because of this interest on people who immigrate into the larger society in Australia.

The theme of family is again highlighted in relation to the values that parents want their children to learn. "To respect and love one's own parents and grandparents, to be polite and courteous, and have family spirit based on mutual support and living in harmony with family

members" (Kolar & Soriano, 2000, p. 43).Furthermore, due to Confucian beliefs, education and knowledge are centrally important, with teachers being held in high regard, having a high level of authority over the children's discipline, study and care (Centrie, 2006; Berry et al., 2006; Kolar & Soriano, 2000). Parents see education as a means to secure a better life in future. In addition, responsibility and rules focus on the family. Children were and still are taught to take on basic responsibility at home such as household chores in which children can learn how to cooperate and contribute to the family. For example, one Vietnamese parent emphasized that is very important for teaching their children to join with others family members to share responsibility in supporting family welfare. All family members have their own position, function, and are controlled within the rules of the family (Kolar & Soriano, 2000).

When Vietnamese children attempt to disobey their parents they are not accepting a subservient role in the family. This may occur when children are of college age, or when they see themselves as adults who have independent abilities (Dinh et al., 1994). Beside, according to Dinh et al., (1994), the different levels of acculturation between Vietnamese parents and children can cause high levels of generational conflict, but this may also be the result of the greater psychological stress on both parents and children. For instance, over-control by parents is seen as part of filial piety, and a lack of an obvious expression of love toward children is accepted in Asian culture.

Nevertheless, in the mainstream Australian society contexts, these reactions may seem to mean a lack of love and care for children in migrant families (Lim & Lim, 2005). Then again, Lim and Lim (2005) note that having high levels of acculturation in the white families where parent have least controlling, but more encouragement their children. Vietnamese culture encourages boys but not girls towards independent values, career striving, and competitiveness, and for girls especially, on the contrary, there is a more egalitarian attitude towards independence in the Australian culture. For those who have knowledge of the Australian culture, by virtue of their longer residence in the country, there would be greater awareness of this disparity in gender roles.

Furthermore, Dinh et al., (1994) shows that immigrant's parent's authorities can be challenged by their own children when the children seem not to agree to the respect and obedience that the parents deserve. Phinney and Vedder (2006) report that "Changes in values are part of the acculturation process, and both parents and children in immigrant families are likely to face pressure to shift toward the attitudes of their new culture" (p. 169). This can also be seen in the past study by Frederico, Cooper, and Picton (1997), where different the rates of integration between parents and children can lead to a clash in something like family, cultural values. Even though young Vietnamese people are more acculturated (adapt faster) than their parents (e.g., Centrie, 2004; Pasch, Deardorff, Tschann, Flores, & Pantoja, 2006; Vedder et al, 2006), it is still very difficult for children to develop their ethnic identity in a foreign culture where they have to integrate themselves into mainstream society which conflicts with their own culture values (Frederico, Cooper, & Picton, 1997).

Role of parents in Australian society

What element can impact on parents to fulfil their roles as the support sources of their extended family? Folkman (1997) identifies the strategies for managing stress such as changing things in an attempt to improve the relationship between the individual and environment, focus on the individual's thoughts and actions can lighten the emotional impacts of the stress. According to Kolar, and Soriano (2000), "The high proportion of Vietnamese parents who had changed their parenting approach even though they value the family-of-origin model was influenced by the changed social and cultural context." (p. 24).

As was stated earlier, the individual is defined less in terms of personal characteristics within Vietnamese culture. Roles and responsibilities are most important in the family. While the children have responsibility to respect elders and take care of parents and grandparents as part of their social worth (i.e. others around with critics poor filial behaviour) Kaplan and Huynh (2008), parents also have the responsibly for their children's welfares, physical and emotional support, and also for the children's future. Parents may feel guilty if their children become a bad element of society, because they have failed in their responsibility in raising the children (Kolar & Soriano, 2000).

Moreover, not only should parents give children a lot of support, children also have follow up to the parent's ideal, fulfil their expectation, and happiness, marry and have children. This "mutual trust" or responsibility can see also be in another study (e.g., Pham, 1999), taking care of grandchildren, or helping their children with the family, or solving some other of difficulties is provided by elder members of the family "Vietnamese parents and children have to continue relying on each other"(p. 247). One Vietnamese adolescent declared that she felt very great pressure and anxiety from the expectations of her parents, which had been put on her because one of her relatives was studying to become a doctor (Latham, 1997). For this reason, adolescent depression can be increased by unreasonable parent' expectations when they have a higher expectation than the children's real ability, which can create distress for those children.

Work commitments

In general traditional Vietnamese culture, the women are not expected to work outside the home, but concentrate on housework and act upon to the husband. In contrast, employment among women is very common after immigration. For this reason, according to (Vu, 1990, as cited in Dinh et al., 1994), the Western cultural influences, and economic demands may have the detrimental effect on the family roles. Conflict may occur between the parents (e.g., threaten the patriarchal family structure), and between parents and children. Moreover, Dinh et al., (1994) also notes that:

> Some potential immigration-related difficulties, such as a tendency for parent -child relationships to be problematic may persist despite a reduction in economic stress. Evidence suggests that the quality of parents-child relationships may be related to the initial social and economic problems that confront immigrants (p. 471).

As a consequence of their families' financial needs in their new country, Australia, many Vietnamese parents spend too much time working which impacts on their family atmosphere as well as the parent-child relationship. Furthermore, as many Vietnamese parents have little time to learn English and consider the child's teacher as responsible for their progress and behaviour at school, parents may fail to involve themselves in school. This problem adds to a lack of connection with their child's needs in the new cultural context. Furthermore, according to Tran

(1998) and Webber (2002), many parents are busy working to earn money to satisfy their children's material needs, and do not have adequate time for their children, but the children need time and emotional support from them (Frederico, Cooper, & Picton, 1997). So, this can results in a distancing within the parent-child relationship. One Vietnamese mother in a study by Kolar, and Soriano (2000) said that: 'He is a good husband and father, but he always busy with work, he works overtime quite often' (p. 25). In this case, children may hang out connect with their friends more than with parents; they may be influenced by friends, and feel resentful if they miss out on catching up with friends (Webber, 2002) which may give rise to conflict with their parents' values.

Socio-cultural factors

The Vietnamese came to Australia, where there is a different culture, language, lifestyles; they have to learn the new conditions and adapt themselves to the new environment (Kolar & Soriano, 2000). How parents settle into the mainstream society which is totally dissimilar from their own culture and values, which they had absorbed from the early ages of their life in Vietnam? They started again from the beginning of learning a new language, culture, lifestyles soon after they arrived in Australia, in where parents adapt their parenting practices by changing the child-rearing principle effectively in socio-cultural situation.

Lack of perceived parental warmth probably affects parent- child relationships, and adolescent psychological well being. Past studies (e.g., Georgas et al., 2002; Miranda et al., 2000) have indicated that the negative impact of an acculturation gap can have effects on family relationships and the psychological adjustment of adolescents. Thus, such issues which may have negative effects on immigrants should be given adequate attention during the cultural transition process. They also realized that some of their old customs might not appropriate in the new environment with different culture values system, which to be independent and take care of self is required (Kolar & Soriano, 2000) during the transition process.

Available support systems

The process of cultural transition is not without difficulty, and may lead to cultural shock. This is a psychological condition which people may suffer from even though they might find certain

similar this in lifestyle (Pakenham, 1998). Even small changes in food, weather, language and social behaviour can cause cultural shock for people who have moved away from their familiar environment to an unknown place. The study by Hovey (2000) indicates that high quality social support at some stage in the acculturative process possibly helps people adapt the difficulties of culture transition. It has found that levels of depression and suicidal thoughts related to low levels of social support. Moreover, according to Kalafat, (1997); Clarke and Jensen (1997), both quality and quantity of social support not only can be associated with lower level of depression, but the factors against stress and suicide can also be protected (as cited in Scott, Ciarrochi, & Deane, 2004). The study by Scott, Ciarrochi and Deane (2004) also shows that the emotional problems can be helped through the social support system provided for those who came to Australia as immigrants or refugees. According to Thomas (1999), "being without family makes them feel 'out of place' and distant from the everyday experience of people around them…the actual central kin relationship is constituted what is an important gauge to other relationship outside the family." (p. 69). On this basis, it is widely believed that the levels of adaptation of individuals or family are dependent on the available support systems, family reactions and degree of harmony between two cultures.

Conclusion

In short, it is generally argued that the meaning of the word 'Vietnamese Australian adolescent' is various. Since Vietnamese left their home land to come to Australia, individuals have had to adapt themselves into the new environment, learning about a new culture and the ways people live in mainstream society. Consequently, it would be ideal if Vietnamese parents desired to prepare their children to be successful in the future by their parenting practices in a way which is a balance between the mainstream and their own culture (Kolar & Soriano, 2000). However, the levels of adaptation to the mainstream society is different between parents and adolescent which have destructive impact on adolescent's psychological wellbeing which leads to the depression of adolescents during the process of adaptation into Australia society. The next chapter will discuss the ways that Vietnamese cultural values impact on depression in adolescents.

Chapter Three

Cultural values effect on depression in Vietnamese Australian adolescents

The goal of this chapter is to address the relationship between Vietnamese cultural values and adolescent depression. As Phinney and Vedder (2006) explain, a source of conflict in immigrant families may occur if immigrant adolescents face difficulty when they try to adjust to both their own cultural values and the values of the new society. However, Vedder et al., (2006) state that in the case of Vietnamese adolescents, "identification and involvement with their own culture were more important for maintaining a good psychological adaptation than was a national orientation" (p. 203). This means that they experience conflict between the two cultures. As a Vietnamese case in study by Tran (1998) has claimed:

> When my parent teaches me to be polite to adults, I understand that is the Vietnamese tradition. When I am allowed to have free speech, I know this is an Australian value. However, sometimes I think my dad is very bossy because he is always the one who makes the final decision. I do not agree with this but I obey him and know this is parts of the Vietnamese culture.

Moreover, Pajares and Urdan (2006) have found that when freedom in adolescent's sentimental choices, leisure time, romantic relationship, friendship, and career choice were not be allowed this could make them feel lost as they seem not to have the same degree of confidence deal with any choices. For example in Tran's (1998), discussion of Vietnamese adolescence in Australia, it is claimed these adolescents like making friends themselves and they feel uncomfortable with their parent's opinion, because parents have a right or the responsibility to give advice on how to choose friends in Vietnamese culture. Also, a study by Vu (2006) states that parental psychological distress, the low levels of family cohesion, and acculturative stress (10%) can impact on Vietnamese Australian adolescent depression in presentation of clinical of depressive symptoms (20%) compared to 12% in mainstream population (Vu, 2006). In this chapter, it is clearly significant to understand the sources (such as individual personal adaptation in transition processes, socialising with friends, changing parent- children relationships, and conflict between parent-children's values) related to Vietnamese adolescent depression.

Parent-child relationships

"The parent-child relationship can reflect the conflict between traditional parental values acquired by children from their extra-familial socialising" (Kolar & Soriano, 2000) "In Asian culture, the parent, especially fathers, rarely express their feelings toward their children. Parents do not usually pay much attention to children's emotional needs..." (p. 23) for this reason, the adolescent feels lonely because of his or her parent's reaction, for instance, one Vietnamese adolescent bitterly expressed that his parents do not understand him, never pay attention to him, they even do not ask him about how his study is progressing (Tran, 1998). Past studies also describe how "Children who spent more time with their families and have better relationships with their parents show less depression than those who do not (Field, Diego, & Sanders, 2002). Those who have less intimate relationships with their parents and less physical affection" (Field et al., 2001, as cited in Bell et al., 2005; Webber, 2002)

Another reason is impacting on changing parent-child relationships, is children have been learning Western values which can impact to reduce the parent's authority. Dinh et al., (1994); Frederico, Cooper, & Picton (1997), note that the passage to adulthood may be made all the more difficult because Vietnamese adolescents usually want to please their outside peers and their parents as well. This can be due to misunderstanding between parents and children about the overall sociocultural background which impact on parent-children relationship. The concepts of freedom, individuality, self-reliance, and independent decision making which such adolescents get from mainstream society are the opposite of the older generation's traditional values (Frederico, Cooper, & Picton, 1997). In addition, in youth and family interviews of study by Frederico, Cooper, and Picton, they also strongly suggest that the different between traditional values and individualism values can results in intergeneration conflict in which parents wants to carry on their own values, while children need to ingrate into in the host country values. Pasch, Deardorff, Tschann, Flores, and Pantoja (2006) comment that father and adolescent in the high levels of acculturation exhibited high levels of conflict, which may be because of it is more expectable to express family conflict in that group. Hence, Vietnamese adolescents concentrate on their own personal independence, and freedom, but reject their parents' authority (Frederico,

Cooper, & Picton, 1997) which can lead to a distant relationship among them (e.g., "I can not understand the younger generation, they make me sick", p. 40).

Peer/friend relationships

According to Parke, Kim, Flyr, McDowell, Simpkins, Killian, and Wild (2001), parental conflict in the family may impact on children's peer relationship. Moreover, immigrant students may experience conflict with their parents in their cultural and immigrant position which is caused by maintaining relationships with peers or facing personal distress (Lay & Nguyen, 1998). According to Bell et al., (2005), Vietnamese adolescents spend their time with friends more than with their parents or family members because the friendships for them are most important. If friends promote views that predict cultural conflicts or other kinds of distress, their anxiety may build up because of these friends' influence. Corey and Corey (2003) also note that many adolescents can lose themselves very easily because of peer groups forceful. Hayes et al., (2004) shown that the affect of peer convince can be established on youth people more than the influence of parents when the relationship between parent-child become worst.

Alternatively, a study by Crockett, Iturbide, Torres Stone, McGinley, Raffaelli, and Carlo, (2007) reveal that the high levels of depression and anxiety were related with high levels of acculturative stress, but peer support has positive related with anxiety and depression symptoms. Schneider and Ward (2003) has shown what good of quality of information are given are depends on who their peers are. Still, Gonzales et al., (2001) reported the effects of taking the direct actions to cope with acculturative was associated with lower levels of depression if that is low levels of peer and community stress among minority youth (as cited in Crockett et al., 2007). Given this, it may be deduced that peer relationships could have both a positive and negative influence on adolescent depression which is due to the psychological stress of peer relationships. As an alternative, taking the direct actions to cope with distress problems can reduce the levels of depression in adolescent rather than peer relationship competent.

Social isolation and social alienation

For Erikson, the major developmental conflicts of adolescence centre on the clarification of who you are, where you are going, and how you are getting there. The struggle involves

integrating physical and social changes (Corey & Corey, 2003). The relationship between social anxiety and high self-focused, negative self-evaluations can give rise to depression (Panayiotou & Papageorgiou, 2007). In addition, the negative influence of social skills is caused by depression itself in which the distrustful reaction from others can also be conveyed (Beek, Dolderen, & Demon Dubas, 2006). Aldwin and Greenberger (1987); Chen (1996) pointed out that Asians were accounted less depressed in their own collectivist cultures, but showed greater levels of depression than Western people when they living in an individualistic culture (as cited in Scott, Ciarrochi, & Deane, 2004). However, the depressed mood of adolescents can be decreased if they have the same culture values with people who live around them such as family members or peers (Pajares & Urdan, 2006).

A study by Lay and Nguyen (1998) also has found that Vietnamese adolescent immigrant report higher levels of in-group depression, because they spend more time engaging in social activities within the Vietnamese community. According to Lay, and Nguyen (1998), Vietnamese culture is more collectivistic than individualistic, and normally, adolescents should be sensitive to feedback from the in-group in the collectivist culture, their behaviour adjusted to suit the norms of the group (Kitayama, Matsumoto, & Norasakkunkit, 1997, as cited in Pajares & Urdan, 2006). As the survey in the study by Tran (1998) shows that many adolescent are interested in mainstream community's activities because they can speak English more fluently than Vietnamese and they may feel happier in and closer with Australian culture.

Social alienation is increased by conflict between Vietnamese and Australian cultural values. Studies by Frederico, Cooper, and Picton (1997); and Webber (2002) point out that young immigrant people can be very sad and vulnerable because of alienation from society, and be tempted to use drugs. Since Vietnamese adolescents are different from Australian youths because of their background, they seem to be alienated from their peer groups, and they were also stigmatised by mainstream Australian society which is seen to be a causal factor in drug use among Vietnamese adolescents. At the same time, their parents expect their children to maintain Vietnamese culture, while outside people want Vietnamese adolescents to engage in Australian society. These are different expectations of family and society which can cause Vietnamese adolescents to be torn between two cultural values. Another reason is maybe result by

unacceptable of Australian youths because they are Asian. In this context, Vietnamese adolescents attempt to learn to react as their Australian friends, but these kinds of reactions are not Vietnamese cultural values. Diller (2007) also points out:

> The family may isolate itself and remain separate from its new environment. It may become enmeshed and close it boundaries to the outside world, rigidify its traditional ways, and become overly dependent on its members. Or, the family may become disengaged, wherein individual family members become isolated from one another as they reject previous family values and lifestyle (p. 123).

Thereby, Australian culture and life styles bring about conflict between parents and children is giving by parents while conflict is related to the effect of the capacity of parents to adapt Western culture and parents' behaviours in controlling young people. In all, Vietnamese families are facing difficulties because they are coming from a different culture background with Australian mainstream culture, in which parenting practices, cultural values, and family expectations are challenged. Altogether, it can be concluded that many Vietnamese adolescents are depressed because of tension with their own community in which adolescents can feel isolated from their own culture values, which leads to increasing depression in Vietnamese adolescents.

Individual characteristics

According to Panayiotou and Papageorgiou (2007), individual characteristics give rise to depressed moods, these characteristics include coping, self esteem, negative thoughts, and self-consciousness. They further note that the negative thoughts may be a very unsafe factor. Communities should be aware of this even where low levels of depression are no evidence. In addition, Corey and Corey (2003) have found

> The process of separating from parents can be a distressing part of the struggle toward individuation. Although adolescents may adopt many of their parent's values, to individuate they must choose these values freely as opposed to accepting them without thought (p. 97).

On the other hand, Pham (1999) notes that the Vietnamese traditional concept in is that an individual successful of life can be obtained through their ancestors' blessing and inheritance; it is not through personal endeavour. Moreover, a person who achieves in the family is seen as the family's own success. This is indicated in Thomas (1999) "Individual success…is often useful only for the benefit and pride of the family…These normative prescriptions for familial relations are often at odds with personal independence, thus creating many tensions and frictions within migrated Vietnamese families" (p. 70). He also mentions the best family members in family should be sacrificed their own yearning for whole family's benefits (Thomas, 1999; Kaplan & Huynh, 2008). The family's harmony and happiness are more imperative than individual happiness "each person had to discipline him or herself, and hold back his or her personal desire and ambition if those ran counter to the communal standards" (p. 18). They also emphasis the collectivism by taught their children again and again that '*Individual excellence is not as good as group success*' (Thomas, 1999).

So that, individuals should act according to other expectation by keeping their family's good name. The term of '*social disgrace*' and '*loss face*' is usually so much effect on their behaviours. For example, the Vietnamese adolescent explained that she should do well in her study, if not, her family may be laughed by people around them (Latham, 1997). Thus, it can be deduced that because of Vietnamese cultural values which put pressure on adolescent and can contribute to depression, making difficult of adjustment in Australia society. It also has negative impact on their psychological and behaviours outcome because of families and community's expectations.

Low self-esteem

First, the low levels of self-esteem in adolescents are the consequence of the changing family construction in which the psychological distress might occur in the adaptation process of members of families to the new environment in Australia. Studies (e.g., Georgas et al., 2002; Miranda et al., 2000) have indicated that the negative impact of the acculturation gap can affect family relationships and the psychological adjustment of adolescent. Adolescents reports lower self-esteem and higher anxiety in family is not dealing well with acculturation (Farver et al., 2002, as cited in Birman et al., 2007) This is similar to the results have found by Ross, Mararinan,

Schattner, and Gullone (1999) which demonstrate that low self-esteem and high depression for adolescents are the results of family environments described as being high in control and conflict but low in cohesion.

Secondly, parents' depression and self-esteem can directly impact on adolescent depression. In several of studies (e.g., Allen, Hauser, & Eickholt et al., 1994; Oliver & Paul, 1995; Ross et al., 1999) also reported a significant negative association between depression and self-esteem among adolescents and parents, it means the depressive and self esteem of parents related to depression and self esteem among adolescents. The research about depressive moods by Panayiotou and Papageorgiou (2007) concludes that the feeling of helplessness, low self-esteem, and negative cognition about self in women is the effect of depressing mood which are results from the factors of having less decision-making power, facing more adverse life events, and having limited access to resources. In addition, the significant positive relationship between self-esteem of mothers with depression and self-esteem of adolescents were reported. Also, a link between adolescent depression and self-esteem to father's self-esteem and depression was found (Ross et al., 1999)

A study by Schrodt, Ledbetter, and Ohrt (2007) confirm that children might not only have higher levels of self-esteem, but also have less perception stress if parents show their supportive of affection. In particular, Vietnamese culture in study by Tran (1998) shows that most of Vietnamese adolescent do not openly discuss or express their ideas in the group because they are afraid their ideas may not be right which can lead to 'losing face' (p. 27). Otherwise, according to Schrodt, Ledbetter, and Ohrt (2007), freely expressing ideas may enhance their children's self-esteem, but it also may lead to children's depression. Hence, communicating to children in ways that acknowledge, value, and support them as sense of self-worth are needed to find by their parents (Schrodt et al., 2007). Since people who are depressive which can lead to isolation from their friends and emotional supporters, they feel invaluable or incompetent to deal with their insufficiency (Herbert, 2006). In all, it general argued that either because of acculturation distress, nor parents' depression and self-esteem having the strong impact on adolescent's self-esteem. Whereas, how parents' communicate with children is extremely significant and can promote adolescents' self esteem.

Withdrawn behaviours

According to the researches in the past (e.g., Kobak et al., 1994; Kobak & Ferenz-Gillies, 1995, as cited in McCauley et al, 2001) the family interaction characterized by high levels of maternal dominance, and low levels of adolescent communicative hostility can impact on adolescent depressive symptoms. An example is case of Tran (1998), an adolescent who not only never discusses or shares his ideas with his parents, but also did not get along with his siblings, and had no interest in joining any mainstream or Vietnamese activities. Evans and Andrews (2005) explain that, conversation between parents and adolescent is very significant in reducing depression of adolescent which bent to withdraw. For example, one Vietnamese mother talked about her daughter had been creamed for hours after days or weeks without talking at all. In addition, "Good parent-adolescent communication improves adolescents' social skills that lead to closeness in the parent-adolescent relationship and positive psychological outcomes such as high self-esteem, and social support network" (Bijstra et al., 1994, as cited in Xia et al., 2005).

Moreover, Schrodt, Ledbetter, and Ohrt (2007) consider for the equal structure of family might built up the basis on parental agreement and warmth (parents need to hold back their own demand and conflict patterns) in which the children's psychological strength might be enhanced by the direct or indirect communication behaviours. Furthermore, Parke et al., (2001) mention that the levels of social acceptance and competence are impacted by the way the child withdraws from social interaction, through which children may exhibit their adjustment problems. On the whole, it can be said that withdrawal behaviours in Vietnamese adolescents are the consequence of the communication style of Vietnamese traditional values, in which the children might not be allowed to freely communicate with their parents in some ways.

Conclusion

Finally, the confirmation high level of depression within Vietnamese adolescents is the consequence of several factors which increase the rate of depression in Vietnamese adolescence. Since Vietnamese cultural contains a lot of different values which can isolate children from Australian culture or included from their own culture, Vietnamese adolescents are having social problems and psychological distress which results in adolescent depression. For this reason, adolescents are alienated from their own family's member or from people around them (e.g.,

peer, classes' mates) those can contribute to depression in adolescent. As an alternative, the problem of parent-child relationships can be worked out by spending more time to communicate with others in the family, just at that time parents and children can understand what their needs really are. The next chapter discuss the implications of Vietnamese family expectations on their youth.

Chapter Four

Implications of cultural and family reactions in Vietnamese adolescent depression

As Vietnamese values are based on spirituality, hard work, sharing, extended kin, and focus on the family benefits which are the opposite of individualism's values, individual independence may be less acceptable to Vietnamese (Thomas, 1999). Nevertheless, Thomas (1999) also notes that

> Being part of a minority group in Australia has meant that Vietnamese have been forced to encounter subordination to a dominant cultural and historical practice. Where in Vietnam ethnic Vietnamese had a proud and confident history of repelling foreigners; in Australia they have experienced cultural limitation as a result of the effects of cultural displacement (p. 20).

In addition, Birman, and Taylor-Ritzler (2007) mention that acculturative processes may give Vietnamese immigrants the skills necessary to develop relationships and negotiate various life tasks in their new country, and this way help with psychological distress. Ollendick and Barrett (2004) also note that positive adjustment of immigrant adolescents can be improved through keeping their original culture in prominence. However, most Vietnamese parents in Australia hope that their children will be involved in the mainstream cultural context. For instance, a Vietnamese parent said that "I want my child to have higher education, to be more successful so she can mix into Australian society easily and be more confident" (Kolar & Soriano, 2000, p. 23).

Moreover, Kolar and Soriano (2000) suggest for some Vietnamese parents, although they have experienced strict discipline in their lives, can feel comfortable in changing the way they bring up children. This way, it can reflect the influence of the mainstream culture when they are living in different country with a new cultural context. In addition, Tran et al., (1999); and studies (e.g., Nguyen at al., 1999; Zhou & Bankson, 1998) also have found that Vietnamese parents have strongly encouraged their children in both maintain their own culture at home and develop links into the larger society's culture outside the family (as citied in Berry et al, 2006).

However, it is hard for Vietnamese Australian adolescents, for example, one Vietnamese adolescent stated that "It is very hard for me to get back Vietnamese culture, because all of my friends are Australian…and, parent are very strict on me as the girl" (Cowden & Paine, 1997). Hence, adolescents' physical and emotional difficulties should be supported and understood by parents while children have to adjust themselves into both Vietnamese and Australian cultures at the same time; even though adjustments do occur in families there remains a tension for Vietnamese children.

Communication problems

In the area of communication, the language fluency factor was the main problem; most migrants from Asian countries have language difficulty, even though they can cope with other issues (e.g., weather, financial, lifestyles). One Vietnamese parent in a study by Kolar and Soriano (2000) claimed that "My English is not good enough to communicate with my children and my children's Vietnamese is not good enough to communicate" (p. 27). A past study also notes that, "The parent-child relationship can be further strained where parents lack English-language skills and knowledge of the new country" (Nguyen & Ho, 1996, as cited in Kolar & Soriano, 2000). This is also mentioned in Frederico, Cooper, and Picton, (1997); Latham (1997), since the parents know a little English, talking in Vietnamese can make children uncomfortable, but if children speak in English, the parents can not understand, and sometimes they need their children to translate, which makes them feel very stressed. They also feel they have less authority with their children. As a result, maintaining their culture and language is required for the younger generation; Vietnamese parents feel that is the only way that can help to communicate with their children, because most of Vietnamese parents are not good in English (Tran, 1998). Moreover, the different of communication styles of the parent and adolescents between the two cultures can impact on the parent-child relationships (Webber, 2002), and young people can be restricted by their own Vietnamese cultural values.

Lay and Nguyen (1998) have examined major theme including communication problems and feeling a lack of closeness, for example "Uncomfortable from speaking with my parents in Vietnamese because I'm not entirely fluent in the language" and "My ideals being rejects by my family members because they are seen as too Western"(p. 176). Consequently, when parents in

such families have a low level of communication, family cohesion, commitment and support for their children, this can causes stress, and result in evidence of depressive symptoms among children (Cox & Brooks-Gunn, 1999, as cited in Goodyer, 2001; Friedrich et al., 1982; Harter et al., 1992).

Parental personal characteristics

Cummings, DeArth-Pendley, Schudlich, and Smith (2001) propose that children's depression is influenced by the consequences of their own parents who are having problems with emotional distress, who are overwhelmed, and have other difficulties which they can not overcome alone. Thus, the parents also can not solve the problems in their family (as cited in Bell et al., 2005). In addition, McCauley et al., (2001) state that "A depressed parent may serve as a model for depressive thinking and coping or may contribute to an overall home environment which increases risk for depression" (p. 48). As pointed out by Marmorstein and Lacono (2004), adolescent depression and conduct disorder were connected with family's conflicts these are include both parental psychopathology and family interactions. Evans and Andrews (2005) present children as probable to have the depression's episodes at the early age if their parents are suffering with depression. As Bradford, Barber, Olsen, Maughan, Erickson, Ward, and Stolz (2005) further comment "ratings of parental psychological control were significantly associated with higher youth depression and antisocial behaviour" (p. 113).

Marital relationship

Parental conflict has negative effects on adolescent depression. As study by Unger, Brown, Tressell, and Mcleod (2000) reveal the family cohesive environment can be distorted by parental conflict which may also impact on adolescence over time. A study of interparental conflict, parenting, and adolescent functioning by Bradford et al., (2005) also reports that "covert conflict was directly related to increasing depression and antisocial behaviour" (p. 113). Furthermore, Unger et al., (2000) have found the availability of parental resources for the youth and the functioning of family can be dislocated by parent's arguments which lead to distressed adolescents. This study also identifies the depressive mood among adolescence is contributed to by interparental conflict. Beside, Thompson (2006) notes that parental absence; parental conflicts, poor communication, and family break-up are family risk factors which affects children from

abusive families, a single parent (Black, 1984; Daroff, Marks, & Friedman, 1986; Harbach & Jones, 1995).

Parental divorce can also impact on adolescent depression, which results from conflicts in reconstituting the family with their parents' new partner (Frederico, Cooper, & Picton, 1997). In addition, earlier study (e.g., Aseltine, 1996, as cited in Bell, et al, 2005) also described:

> Parent divorce can influence the development of depression in the adolescences through increased family conflict, financial difficulties, unavailability of parents, and changes in the family. Divorce is associated with less parental warmth and involvement, which can also contribute to depression in adolescents (p. 39).

An example of one Vietnamese male at the age of 14 years old in study by Frederico, Cooper, and Picton (1997) claimed that: 'My mum and dad divorced not long after they arrived to Australia. I was 10 years old…I was caught smoking cigarettes and she hit me…My mum did not let me do things that I wanted to do, so we had lots of fights and arguments' (p. 26). According to Unger et al., (2000); Bell, Foster, and Mash (2005) the parent – child relationship problems can be increased by both divorce and remarriage. In case where the relationship between father-child are distanced, and the mother- child relationships are conflicted, especially when the children become adolescences depression can occur.

Discipline difficulties

Since Vietnamese cultural values are patriarchal family structure, which lead to "the majority of married Vietnamese women continue to refer to their husbands in the number of matters such as the discipline and education of children" Kolar, and Soriano (2000). For instance, one Vietnamese father said "It is a father role in my family; I must to be strict on my children. My children have to obey me by anyway, but sometime I do not know how to do is good" (Latham, 1997). Since many of the first generation of Vietnamese in Australia are worried about the changing of their young children's traditional values toward more Western values, because the young children are not obedient which makes parents feel very dissatisfied (Tran, 1998). As a result, the tension between father and children can be increased. Vietnamese parents also

recognized their own ability while their families live in the Western country, as in study by Kolar and Soriano (2000), One Vietnamese parent said that:

> Sometimes I really feel lost and do not know how to handle my children, especially the older, they are disobedient and uncooperative. I have tried to be friendly and close to them but it do not seem to work. It is difficult to bring up the children here in Western country (p. 29).

When the father never plays or smiles with his children, and is extremely strict, this can maintain his authority, but may fail in creating a good relationship with children (Kolar & Soriano, 2000, p. 22). Although Vietnamese parents have significant role in the family, they are also trying to do their best for children always, as one Vietnamese mother said: "Despite I am a very open-minded parent, I try to rear my children in the democratic way, yet sometimes I feel still rather dictatorial towards my children" (Kolar & Soriano, 2000).

Past studies (e.g., Armsden et al., 1990; Barrera & Garrison-Jones, 1992; Stak et al., 1990) present that perceptions of low parental warmth, support and family cohesion may be more strongly associates with depressive in adolescence (as cited in McCauley et al, 2001, p. 49) It can also see in study by Shek (2002) states that "father-adolescent conflict would decrease parental responsiveness and concern (i.e., parental warmth)" because of the family dysfunction is correlated with the emotional closeness is more important than physical closeness which can lead to depression (Hovey, 2000). In addition, Lim, and Lim (2005) report that "warmth is associated with positive child outcome"(p. 21); Crockett, Iturbide, Torres Sones, McGinley, Raffaelli, and Carlo (2007) also exams students who report low levels of parent, and peer support was having a detrimental effect of acculturative stress.

The availability of parents and peer support may give the benefit for students during the period of high levels of stress. The increasing in acculturative stress were associates with the high levels of depression within students with low levels of parents support. From these reasons, in study by Parke et al., (2001) presents recent research suggest that children's ability to manage their emotions in a beneficial is the effect of parental support and acceptance of children's emotions. Also in study by Tran (1998) shows the majority of Vietnamese adolescent (98%)

agreed that Co-operation of parents and children can solve the problems in different between Vietnamese and Australian cultures. Hence, it is widely believed that parents support is competent to reduce Vietnamese adolescent psychological distress which leads to depression in adolescent.

Substance abuse

Development of adolescent alcohol misuse is high risk and a serious growing problem among Australian adolescent by the age of 14-15 years. The risk factors for development of adolescent alcohol using are influenced by rages of individual, family, peer, school and community's characteristics (Hayes, Smart, Toumbourou, & Sanson, 2004). Moreover, a study by Le and Stockdale (2005) concludes that the family cohesion stressed in collectivist cultures as Vietnamese culture is the effect of the process of individuation and adopting a more individualistic orientation. For this reason, adolescents may change their values, beliefs, and norm from their own traditional culture to become more individual and part of mainstream society, in which adolescents may also need some support from their peers, and this, may include the drug using peers. Webber (2002) mentions that Vietnamese children's drug use problem can be reduced if the parents can isolate their children from their peer groups. The results of a study by Webber (2002) shows that the common reasons giving by Vietnamese parents and young people about Vietnamese drug use problems include: cultural and intergeneration conflict, peer group influence, poor communication between parents and youth, idealistic expectations from parents and pressures of family and society. Frederico, Cooper and Picton (1997) suggest the conflict in the marriage between parents can also impact on adolescents drug use. As analysed earlier, those problems can bring about depression within adolescent immigrants especially in Vietnamese groups in Australia. Evans and Andrews (2005) demonstrate that "substance abuse of alcohol and other drugs is common in adolescent with depression" (p. 29). Furthermore, the lack of the expression love from parents can result in Vietnamese adolescents turning to drugs (Webber, 2002).

Furthermore, researchers have revealed that the parent's attitudes and values toward alcohol use have an important impact on the rates of adolescent alcohol use. Adolescents may use less if their parents disapprove of adolescent drinking (Hayes et al., 2004). Likewise,

adolescents within a good parent-child relationship may be less likely to drink alcohol because they want to maintain the parent's goals and values. The parent - child relationship can be worsen because the high levels of conflict between parent and adolescent alcohol users, and the influence of parent's authorities was reduced (Hayes et al., 2004). Moreover, Newcomb and Bentler (1990) also suggest that through family disruption, dissatisfaction with traditional values and expectation which can convince to the source of substance use (as cited in Thompson, 2006). This can also be seen in Frederico, Cooper and Picton (1997) "often use of tobacco or alcohol was indicative of a rejection of parental values". For example, one 15 year old Vietnamese male had begun taking drugs which led to arguments with his parents, and his father did allow him back home at the end (p. 26). It can be concluded that anxiety, anger, depression, school misconduct, and substance use abuse can result from parent-adolescent conflict which impacts on adolescent psychological well- being (Pasch, Deardorff, Tschann, Flores, & Pantoja, 2006).

Suicide attempts

Suicide thoughts in adolescents is a sign of depression, these are including: withdrawal from friends, family, and activities; drug and alcohol abuse (Evans & Andrews, 2005). Several studies in the past (e.g., Chen, 1996; Triandis et al., 1988; Diener & Suh, 1999; Durkheim, 2000) demonstrate that, when the quality of society's social foundation are refused, may be related to cultural values of individualism in which the rates of depression and suicide can be increased (as cited in Scott, Ciarrochi, & Deane, 2004). Depression can result in substance use and suicide (Herbert, 2006). Furthermore, the research in Canada has found having 50% of suicidal attempted is caused by was not used mental health services among adolescent aged from 15 to 18 years with depression (Cheung & Dewa, 2007). Rangarajan and Kelly (2006) also conclude that parental alcoholism can impact on children's self-esteem. The family environment like family stressors, family function, and family communication can result from parental behaviours which are caused by alcoholism, while alcoholism can impact on parent's negative behaviours which may cause children to lose self-esteem. As noted earlier, low self-esteem in adolescents is can be the reason for adolescent depression which may lead to suicidal thoughts. It also is mentioned in Davies (2000), around 25% suicides are due to the influence of alcohol and depression.

In addition, Thompson (2006) suggests that adolescence who has experienced a budding of this stress may commit them to suicidal ideation; and "depression is a serious disorder of children and adolescents and perhaps the most common impetus to suicide" (p. 210). Palazidou and Tiffin (2002) have reported significant of depression can measured 10-15% of people commit suicide which is caused by depression. Allen (2000) states that there are elements can results in self destructive thoughts which may lead to suicidal impulse by living under chronic stress such as people who are suffering associated hopelessness, lonely, and alienated from their culture, low sense of self worth feeling, their cultural values are distorted, and lack of social support offering. Therefore, any intervention must concentrate on three main factors such as depression, and suicidal which connect with each others (Cheung & Dewa, 2007).

Although Greenfield, Rousseau, Slatkoff, Lewkowski, Davis, Dube at al., (2006) suggest that there are no difference between the suicidal immigrant and non-immigrant adolescents based on family functioning, it can not be denied that the stresses immigrant families experience during cultural transition to mainstream society environment may be related to family functioning. Frederico, Cooper, and Picton (1997) confirm that the impracticable expectations of Vietnamese parents can put children in an extremely tension situation which make children feel rejected by both parents and host culture when they failure to achieve according to their parent's expectations. In this case, Vietnamese adolescents may be involved in drug use because of an unhappy personal and family life or because they failed parental, family expectations, or they feel nothing is remarkable in their lives; those feeling and thoughts can lead to suicide in adolescents (Webber, 2002).

Moreover, Thompson (2006) shows that "Adolescents and young adults often experience stress, confusion, and depression from situations occurring within their families, schools, and communities. Such feelings can overwhelm young people and lead them to consider suicide as a "solution" (p. 209). Study by Lazaear, Roggenbaum, and Blasé (2003) shows the individuals may feel isolated and vulnerable and experience distress caused by change in expectations, traditional values and integration in the mainstream society (as cited in Thompson, 2006, p. 214). "Ineffective social support, high levels of acculturative stress, and high levels of depression were also significantly correlated with high levels of suicidal ideation" (Hovey, 2000). For example,

one 16 year old Vietnamese male said that he never shares his feeling to him parents, and feel alienated from his family and culture. In other words, Vietnamese young people try to become more likely Australian as much as possible when they are in situations of discrimination because of their cultural background (Frederico, Cooper, & Picton, 1997).

The possibility for the dynamics of suicide to occur within the home include a lack of cohesion, parental support, communication, alienation, a failure of parent's hope, and high level of conflict (Butler, Novy, Kagan, & Gates, 1994; Glover, Burns, Butler, & Patton, 1998; Portes, Sandhu, & Longwell-Grice, 2002; Poland & Lieberman, 2003, as cited in Thompson, 2006, p. 213) those hostile environment factors need a support system which can benefit adolescents. As Lay et al., (1998) note a traditional characteristic of Vietnamese family's culture is to provide the emotional support for its members in family: "Knowing that I can rely on my family makes me happy" (as cited in Scott, Ciarrochi, & Deane, 2004).

However, Webber (2002) points out telling children that they love them can not be observed in Vietnamese culture, because Vietnamese parents may lose respect from children if they express their love directly to children. However, that is the sign of lack of love within family in Australian mainstream society. It can be seen that there is great difficulty for most Vietnamese adolescents and parents to adapt in Australian society. Webber (2002) demonstrates that Vietnamese families struggle between the Vietnamese cultural and Australian cultural values, which leads to conflict between parents and adolescents. In consequence, children may search for love outside to provide loving feelings which are not expressed within the family. The lack of love from parents can results in adolescents turning to drugs (Webber, 2002), and may result in suicide among immigrant adolescents (Greenfield at al, 2006).

Conclusion

In brief, Vietnamese traditional values can have a negative impact on the adolescents within the families when their whole families have settled in Australia. Tran (1998) states that the process of adapting to the traditional culture into Western cultural values can create for young children, a feeling of confuse and difficulty in coping with cultural conflicted. Family function and parent-child conflicts have a significant stress and effects on adolescents.

Misconducts in drugs abuse among Vietnamese adolescent are results from depression. Similarly, the source of drug abuse and suicidal thought can also be caused by stress, which puts them in the difficult situation of maintaining their own cultural values which conflict with the mainstream society values. Besides this, the parents' unrealistic expectations on children (e.g., success in their study or job or time with family) can lead to conflict, tension and depression for adolescents, which gives rise to drug use and suicidal attempt in Vietnamese adolescents when they fail to fulfil those expectations. The following chapter discusses the need for health professionals to understand the influence of Vietnamese culture in counselling sessions with depressed adolescents.

Chapter Five

Influence of Vietnamese culture related to professional services

The previous two chapters have overviewed the structure Vietnamese culture and family expectations and how this impacts depression on Vietnamese adolescents. This chapter presents an overview of the counselling intervention that is necessary to prevent this depression, which impacts on Vietnamese adolescents psychological well being and social performance during their acculturation process. In this context, ways of preventing or healing such issues will be considered. Crouch and Webb (2003) discuss a lot of different points of view for understanding depression in adolescence, including that it is the effect of the response in development and in the social factors which impact on adolescents.

Therefore, treatment used maybe dependent on each case's background. In this case, Vietnamese parents and young people like to search for help within their own family, even where there are existing failures of the family structure (Frederico, Cooper, & Picton, 1997). Avenevoli, Knight, Kessler, and Merikangas, (2008) state, "The predictors of progression, and resolution of child and adolescent depression in adulthood may help to refine our ability to predict which youngsters are at risk of serious adult disorders and which factors may be modulated to minimize depressive outcomes" (p. 23). For example, "Both the cognitive-behaviour therapy and relaxation training were found to be effective in the treatment of the depression adolescents; The cognitive-behaviour programme stressed training in self-control skills including self-monitoring, self- evaluation, and self-reinforcement" (Herbert, 2006, p. 212).

Reinecke and Ginsburg (2008) also add "Early onset depression is a serious condition that can severely damage the lives of children and their families, fortunately, effective treatments, including CBT, are available" (p. 200). Therefore, early treatment is necessary related to high risk of onset depression. There is significant harm related to young people who are suffering with major depression.

Starling, Rey, and Simpson (2004) indicate that there is a significant increase of younger people with mental health problems presenting to hospital. This has been stated by many

clinicians in Sydney in recent years. Furthermore, one study from New Zealand has found that a higher rate of unemployment and early parenthood problems of adult can be related to the fact of adolescent mood disorder that was not treated properly or untreated (Evans & Andrews, 2005). In addition, Starling, Rey, and Simpson (2004) note that there is 98th percentile in the depressed narrow-band scale increase in young people self-reports which is clearly of accurate information about their emotional problems (depression and suicidal thoughts) compared with lack of awareness of parents to recognize the depressive symptoms in their children.

According to Avenevoli, Knight, Kessler, and Merikangas (2008), "With evidence that depression often has its roots in childhood and adolescence and shows continuity into adulthood, there is an increasing need to focus on early intervention to reduce the burden of this disease" (p. 21). Hence, the development of treatment services for young people needs to be enhanced (Starling, Rey, & Simpson, 2004), and psychotherapy can directly help with mood disorder, re-establishing communication skills in the first step of the treatment (Evans & Andrews, 2005). An individual may seldom claim that they have 'acculturative problems' or 'psychological problems caused by migration' because each individual who seeks treatment has a unique history that defends the limitations of his or her specific problems (Hovey, 2000). However, most of Asian groups do not go to a professional psychologist, they instead turn to people who are in their community, family, and relatives or friends to gain support from them (Corey, Corey, & Callanan, 2007).

Indirectness and hierarchical communication styles

The children who have higher family efficacy beliefs can have the best ability to cope well with their psychological problems such as lower depression and delinquency, higher optimism, life satisfaction, and pre-social behaviour (Pajares & Urdan, 2006). Authors also state the competence of adolescent in the way they manage their relationship with parents can help to against depression, positive conversations with parents also can advance adolescents psychological resources. On this basis, "Specially, cultural values may influence the formation of self-efficacy through its influence on the proximal context and on the psychological processes of efficacy appraisal" (p. 250). Adolescent's self-efficacy is stronger when adolescents had more open communication with their parents, and accept how their parents monitor the adolescent's

outside activities. "A strong sense of efficacy promotes cognitive and self-regulatory learning skills. It also reduces fear of failure, raises aspirations, and fosters effortful action and successful behaviour" (p. 257).

A study by Davies and Lindsay (2004) suggests that cognitive restructuring programs can be used to improve communication and problem solving skills in family conflict situations, in which family members can learn how to deal with family distress, reduce the distance gap between each other by supporting and developing their family relationships. However, Rangarajan and Kelly (2006) mention that adolescents feel free to express their views is not allowed by Vietnamese parents, this style of conversation does not occur within the Vietnamese family.

Vietnamese cultural values hold that the true feelings of a person should be hidden or be expressed by indirect ways such as talking about around the main matters. People seem rude, or self-centred or selfish if they disclose their feelings too early in the conversation (Rutledge, 1992, as cited in Kaplan & Huynh, 2008). Since Vietnamese communication style is undirected, this style of communication can make it difficult for practitioners to understand clients, and may risk serious misinterpretation. If practitioners do not take time for sensitive understanding of clients' inner world, they maybe assume that Vietnamese clients are not co-operative or resistant or forthcoming in providing information (Kaplan & Huynh, 2008).

In addition, "Counsellors might also pay attention to their own inner state to understand the source of their discomfort and to avoid making their problem the client's problem" (Corey, Corey, & Callanan, 2007). Kaplanand Huynh further note that indirect communication can lead Vietnamese clients to withdraw from services when they feel very uncomfortable with some sensitive issues which may be raised before a tolerable connection has occurred. Therefore, the practitioners need be aware of Vietnamese cultural values, because they may not act straightforward way (Kaplan & Huynh, 2008). Even though clients from other cultures can accept some of Western culture values, but they may not want to deal with their problem directly. This impressive should be aware of this exposure when working with clients who have their own culture values (Corey et al., 2007).

As expressed in earlier, the Vietnamese family structure is hierarchical, an individual may respond according to their family moral values such as interpersonal harmony, respecting elders, and age hierarchies. Hence, the young people may not be able to express their feelings or thoughts to a mental health worker in front of their older siblings or parents (Kaplan & Huynh, 2008). Moreover, criticizing their parents or elders is not acceptable among Vietnamese clients, they may feel less appreciated or uncomfortable if a worker suggests the client directly complain or talk to their parents or elders (Corey et al., 2007; Kaplan & Huynh, 2008).

Non- verbal communication such as eye contact in counselling might not suit Vietnamese clients, because "avoidance of eye contact is often a sign of respect in Vietnamese culture" (Kaplan & Huynh, 2008, p. 341). This is the same in Corey et al., (2007) "The counsellor whose confrontational style involves direct eye contact, physical gestures, and probing personal question s may be seem as offensively intrusive by clients from another culture" (p. 126). On this basis, misunderstanding is possible if a clients' lack of eye contact is seen as 'resistive' or 'avoidance' that is misinterpreted by counsellors (Corey et al., 2007). Hence, different meaning can be expressed with different messages which appear on a person's face in Non-verbal communication. This kind of communication is an important means of expressing Vietnamese values (Kaplan & Huynh, 2008).

Disgrace of mental illness

Among Vietnamese refugees, having a lot of Vietnamese trauma survivors are openly revealing and discussing their own traumatic experience, psychological and emotional distress to psychologists, who can help them recover those problems (Kaplan & Huynh, 2008). A study by Silove et al., (1997) indicate there is in one geographic area of southwest Sydney, the largest population of Vietnamese refugees is using in both a public mental health services, and a specialized public mental health service for refugees comparing with different service styles on the satisfaction of parents and relatives.

However, "Many survivors may avoid disclosing their trauma histories because they do not wish to re-experience the trauma; Vietnamese refugees may also not disclose because of

feeling of shame and guilt around the stigma associated with mental illness" (Tran, 1993, as cited in Kaplan & Huynh, 2008, p. 333). In western values, mental illness is seen as a kind of emotional disturbance, whereas in Vietnamese understandings it is understood as a kind of 'crazy' that has resulted from bad behaviour in a past life, which brings shame on the whole family – and therefore either denied or hidden from others. According to Kaplan (2000), there are many difficulties in discussing sensitive mental health issues with Vietnamese people, because of shame. The concepts of mental illness in Western values are psychological and emotional distress, whereas in Vietnamese traditional values it translates as "brain disease" or "organic brain dysfunction". These concepts cause people to think negatively of the problem, and people avoid seeking healing from "counsellors or psychologists", labels them as "mental doctor" (as cited in Kaplan & Huynh, 2008).

Barriers in accessing mental health services

As mentioned previously, Vietnamese refugees may have difficulties in adapting to new values, language, weather, work, housing, cultural customs, financial uncertainties, discrimination, stress, and conflicts with their children. In addition, Vietnamese culture values emphasize how important for Vietnamese to respond or seek help from their own family, friends, and religious association within their communities (Kaplan & Huynh, 2008). These factors may impact on their adaptation capability in the everyday life, which lead to the few costumers of Western practices are found to be Vietnamese immigrants. Lack of adjustment strategies may lead refugees to avoid accessing health and social services due to barriers of social isolation and alienation from the new host society (Kaplan & Huynh, 2008). Kaplan and Huynh also state that Western practitioners feeling frustrated with Vietnamese clients if they seem to be resistant or reluctant to involve the treatment process.

A part from the cultural barriers to access professional services, the health professionals' themselves have little understanding about Vietnamese cultural family values, and the migration process (Kaplan & Huynh, 2008). They may misinterpret Vietnamese clients who show their appreciation and trust by bringing food or small gift. These kinds of misunderstandings may be unhelpful, because a good relationship with helper is very important to Vietnamese people (Ashwill & Diep, 2005), it can help to ease feelings of tension between the practitioner and

Vietnamese client to feel safe and comfortable when sharing their feelings and thoughts (Tran, 2003). Sue and Sue (2008) also point out that:

> It is highly likely that many Vietnamese refugees suffer from serious posttraumatic stress disorder and other forms of major effective disorders. These symptoms, along with a reluctance to disclose to strangers and discomfort with the social worker, should be placed in the context of the stressors that they experienced and their culture background (p. 218).

Given this, it can be seen that practitioner awareness of clients' different cultural values and beliefs can contribute to achieving effective therapeutic relationships (Tran, 2003).

Culturally appropriate professional services

Hoshmand (2006) notes "A cultural perspective invites counsellors and psychotherapists to be curious about the actual cultural worlds of the people who consult them" (p. 52). Migrant parents may alter traditional beliefs about the rate of child development to accord with the prevailing attitudes of mainstream Australian culture (Wise & Silva, 2007). Segall et al., (1999) conclude that when Vietnamese families settle into the independence principles of Australia society, many parents try to alter their traditional values concerning discipline, even though such characteristics are less respected in Vietnamese society (cited in Wise & Silva, 2007, p. 17).

Given the differences in expectations for obedience between the collective Vietnamese and individualistic Australian culture, there are also disparate beliefs about the development of self-control (Wise & Silva, 2007). Therefore, respect for appropriate boundaries of family hierarchy should be understood by clinicians. Treatment of Vietnamese clients can be accessed more readily thought getting to know the family elders to obtain their permission for working with younger family members (Kaplan & Huynh, 2008; Tran, 2003). Another point that clinicians also need to be aware of when working with Vietnamese adolescents (victims of family violence for example), they need to consider that values of independent behaviours are not accepted in the Vietnamese family culture (Kaplan & Huynh, 2008). Furthermore, Sue and Sue (2008) indicate that language and cultural barriers need to be considered when mental health professionals are working with Vietnamese refugees. Capuzzi and Stauffer (2008) suggest that

making assessment, judgment, and planning treatments for people from diverse cultures, should give consideration to their clients' understandings. Helping models should therefore adjusts to clients' cultural values, and not expect clients to change their values to fit the counselling model. Since partitioners may misunderstand Vietnamese phrases and their limitations in effective communication, an interpreter may be requited during the session. A study by Sue and Sue (2008) confirm that:

> The Western worldview is individualistic and stresses the importance of autonomy, mastery, and control of the environment. Mental health systems that value independence over interdependence, separate mental functioning from physical functioning, attribute causation as internally located, and seek explain events from a Western empiricist approach can be at odds with the cultural belief systems of immigrants. For example, certain Asian groups believe and the influence of spirits in the causes of emotional problems (p. 218).

Provision of support structures is necessary to assist young people in understanding their own common emotional reactions to social situations (Glover, Burns, Butler, & Patton, 1998). Preventive action and support for families, schools, and youth and community organizations in the reaction of supportive social environments can improve adolescents' mental health (Glover et al, 1998).Therefore, as Kaplan and Huynh (2008) point out:

> Because of barriers to accessing and utilize mental health services, clinicians and social services agencies should make special efforts to reach Vietnamese victims of disaster. The following are suggestions for improving access and utilization of services: Outreach to Vietnamese community organizations, such as churches and temples, through respected leaders in the community. Build rapport by acknowledging and involving family members where possible (While respecting age and gender hierarchies). Improve treatment compliance by educating patients about the purpose of diagnostic and treatment procedures (p. 338).

According to Sue and Sue (2008) in counselling the culturally diverse, It is important to consider their belief systems, values, and healing practices prior to assessmenting, diagnosing, and treating them. They say that mental health providers culturally relevant should consider

offering services within the community itself. These services should be partially by members of relevant the community being served. They also need to be up to date with what is happening at the local, state and federal levels in regard to immigration issues, these an impact on their life experience. Furthermore, In the course of assessing and diagnosing mental health disorders, serious need to take into account environment factors, language barriers and potential exposure to discrimination and hostility. Clients need to have a clear understanding of mental health services and counselling, so they need a description of what counselling is and the role of the therapist in the process. The following chapter is summarised the thesis findings and providing some suggestions for inclusion in counselling sessions with Vietnamese adolescents who are experiencing depression.

Chapter Six

Summary

This thesis has described how depression of adolescents within Vietnamese migrant families is connected to the levels of maintaining Vietnamese traditional cultural values while living in the Australian society. Among many factors related to depression in Vietnamese adolescents, reactions to family conflict play a significant role in the psychological well being outcomes in adolescents. The functioning of Vietnamese families can be impacted by transition processes in which many Vietnamese people experience high levels of stress. Parents who are living under these stressful situations, caused by conflicts in cultural values, can experience depression in Vietnamese families. However, reactions of family members can vary as they are based on individual family values which link to the high levels of depression found among Vietnamese adolescents in Australia.

During the process of cultural transition into Australian society, Vietnamese parents find the process of adjustment difficult. This adjustment is even more difficult for Vietnamese adolescents who feel the need to assist in the acculturation of their parents so that they can function productively in their new country. Living in their new culture, Vietnamese people are in the process of changing their cultural values of family and their emotional support needs, causing the role of parents and children in society to be under stress (Hovey, 2000). Although Australian support systems for immigrants offer high quality interventions which can reduce the level of stress and depression in Vietnamese families, traditional family sociocultural expectations have contributed to undue pressure on children, especially adolescents.

Since sociocultural backgrounds impact on parents in Vietnamese families, parent -child relationships and adolescent's friendships need to adjust within the family and outside society as well. An adolescent may feel lonely because of his or her parent's over-controlling reactions, seen as an acceptable part of filial piety, and a lack of an obvious expression of love toward children. However, Vietnamese adolescents prefer to spend their time with friends more than with their parents or family members because the friendships for them are most important (Bell et al., 2005). These friends have mainstream social values which are often not accepted in

Vietnamese families. At the same time Vietnamese adolescents have to satisfy their parents' expectations, which may presents difficulties for them as they want to be accepted by their peers. In these circumstances, Vietnamese adolescents' depression is the consequence of several factors which increase the rate of depression such as individual personal adaptation in transition processes, socialising with friends, and conflict between parent-child values.

Vietnamese children absorb Western values which can also impact on changing parent-child relationships because of differences between traditional values and individualistic Western values which result in intergenerational conflict (Lay & Nguyen, 1998). The first generation of Vietnamese in Australia are worried about the changing of their young children's traditional values toward more Western values, because the young children are not obedient which makes parents feel very dissatisfied. In addition, adolescent depression is influenced by the consequences of parents who are having problems with emotional distress (Unger et al., 2000). The parents also can not solve the problems in their family such as parental relationships problems (e.g., parental divorce, single parent), changes in discipline within the family can lead to more difficulties, and there can be problems with the communication because of lack of English capability. These conflicts and difficulties can lead to a reduction of conversation between parents and adolescents. For this reason, adolescents tent to withdraw, have low self esteem, and social isolation problems which directly result in the depression of Vietnamese adolescents.

Depressive Vietnamese adolescents are struggling to balance two different cultural values, and the resulting conflicts impact on their individual development and ability to adapt to a new life in Australian society. They necessitate emotional support from their family members, but Vietnamese parents may not be aware of what is needed for their children. When Vietnamese adolescents can not obtain support or an expression of love from their parents, they search for attention and encouragement from outside with their friends (this may include some drug use) (Webber, 2002). Therefore, lack of approval, understanding, and lack of the expression of love from parents can create or contribute to substance abuse among Vietnamese adolescents. Using drugs may be the effect of depression, anxiety, anger, school misconduct, failure in parent's expectation, family conflicts; Vietnamese adolescents can be withdrawal from family, friends,

and activities often linked to having suicide thoughts. Living with major depression such as feelings of hopelessness, loneliness, low self worth, alienation from their culture or with cultural values distorted, and lack of family and social support can cause suicidal impulses in Vietnamese adolescents. Therefore, professional's interventions in relation to depression are considered necessary.

This thesis has shown that Vietnamese adolescent drug use and suicide attempts are due to depression resulting from the negative impacts of Vietnamese traditional collectivist cultural values within families that have settled into Australian society. These families are living under the stress of adjustment and transition conflicts which disadvantage them due to many conflicting challenges as they learn to cope with a new language and an individualistic culture. These difficulties give rise to damage within family functions, strongly impacting on adolescents who are torn between the expectations of the two diverse cultures, and understood neither by their family nor the wider society - resulting in depression. Furthermore, despite their need to gain professional help from either school or professional psychologist, due to cultural values and family loyalty, they try to resolve their problems by gaining support from family members, friends, or relatives among the Vietnamese community.

Barriers to Vietnamese accessing mental health services are not only due to the cultural expectations of families to manage their own problems, but are also caused by their cultural interpretations of the meaning of mental illness itself as being a shame to the family (Kaplan, 2000; Tran, 1993). Apart from these understandings that cause Vietnamese people to be reticent about sharing their problems, the indirectness and hierarchical communication styles accepted as part of Vietnamese cultural values can interfere with the professional services process. In assisting young Vietnamese people who are suffering high levels of depression, several suitable interventions have been considered. These include cognitive-behaviour therapy, relaxation training, stress training to develop self-control skills, and social skills training, all of which have been generally found effective in the treatment of adolescent depression, but need to be modified in treating Vietnamese who may not readily open to share their inner feelings and thoughts with the health professionals in the beginning of counselling process. This is because they seldom directly express their feelings to parents or elders due to their need to show respect. As a result,

counsellors may need understanding, patience and encouragement throughout the treatment process in order to bring about efficient therapeutic relationships.

References

Ashwill, M., & Diep, T. N. (2005). *Vienam Today: A guide to a Nation at a Crossroads.* USA: Nicholas Brealey. Interculture Press.

Avenevoli, S., Knight, E., Kessler, R. C., & Merikangas, K. R. (2008). Epidemiology of Depression in Children and Adolescents. In J. R. Z. Abela, & B. L. Hankin. (Eds.), *Handbook of Depression in Children and Adolescents.* (Vol. 2, pp. 6-32). New York: The Guilford Press.

Baumeister, R. F., & Vohs, K. D (Eds.). (2007). *Encyclopedia of Social Psychology.* Thousand Oaks, California: Sage Publications.

Berry, J. W., Westin, C., Virta, E., Vedder,P. , Rooney,R., & Sang,D. (2006). Design of the study: Selecting Societies of Settlement and Immigrant Groups. In J. W. Berry, J. S. Phinney, D. L. Sam, & P. Vedder (Eds.), *Immigrant Youth in Cultural Transition: Acculturation, Identity, and Adaptation Across National Contexts.* (Vol. 2, pp. 15-45). London, Mahwah, New Jersey: Lawrence Erlbaum Associates.

Birman, D., & Taylor-Ritzler, T. (2007). Accultration and Psychological Distress among Adolescent Immigrants from the Former Soviet Union: Exploring the Mediating Effect of Family Relationships. *Cultural Diversity and Ethnic Minority Psychology, 13 (4),* 337-346.

Blyth, A. E., Bamberg, J., Toumbourou, J. W. (2000). *Behaviour exchange systems training : a program for parents stressed by adolescent substance abuse.* Camberwell, Vic.: ACER Press.

Bradford, K., Barber, B. K., Olsen, J. A., Maughan, S. L., Erickson, L. D., Ward, D., & Stolz, H. E. (2005). A Multi-National Study of Interparental Conflict, Parenting, and Adolescent Funtioning: South Africa, Bangladesh, China, India, Bosnia, Germany, Palestine, Colombia, and the United States. In G. W. Peterson, S. K. Steinmetz, & S. M.

Brake, P. (2005). *Values for Your Life: decisions, values, destiny.* Australia Training Initiatives.

Brooks-Gunn, J., Auth, J. J., Petersen, A. C., & Compas, B. E. (2001). Physiological processes and the development of childhood and adolescent depression. In I. M. Gooder (Ed.), *The depressed child and adolescent.* (2nd ed.). Cambridge, U.K; New York: Cambridge University Press.

Capuzzi, D., Stauffer, M. D. (Eds.). (2008). *Foundations of Addictions Counseling.* United States of America: Pearson Education.

Carr, A. (2004). *Depression and attempted suicide in adolescence.* Camberwell, Victoria Australia: ACER Press.

Centrie, C. (2004). Identity Formation of Vietnamese Immigrant Youth in an American High School. In S. J. Gold, & R. G. Rumbaut, (Eds.), *The New Americans: Recent immigration and American Society.* New York: LFB Scholarly Publishing LLC.

Cheung, A. H., & Dewa, C. S. (2007). Mental Health Service Use Among Adolescents and Young Adults With Major Depressive Disorder and Suicidality. *La Revue Canadienne de Psychiatrie, 52 (4),* 228-232.

Cheung, M., & Nguyen, S. M. (2007). Pilot-testing the Vietnamese parental Attitude Scale:

 Three major factors. *International Social Work, 50(2),* 213-227. Retrieved February 4,

 2008, at Victoria Uni of Technology, from

 http://isw.sagepub.com/cgi/contant/abstract/50/2/213.

Chikritzhs, T., & Pascal, R. (2004). *Trends in Youth Alcohol Consumption and Related Harms in*

 Australians Jurisdictions, 1993-2002. (N0.6). National Drug Research Institute, Perth,

 Western Australia: Curtin University, WA.

Colman, A. M. (2006). *A Dictionary of Psychology*. New York: Oxford University Press.

Corey, G., Corey, M. S. & Callanan, P. (2007). *Issues and ethics in the helping professions.*

 Brooks/ Cole: Pacific Grove, California.

Corey, G., Corey, M. S. & Callanan, P. (2007). *Issues and ethics in the helping professions.*

 California: Brooks/ Cole: Pacific Grove.

Corey, M. S., Corey, G. (2003), *Becoming a Helper*. (4th Ed.). Belmont, CA: Thomson Learning

 Academic Resource Center.

Cowden, A., & Paine, G. (1997). *Migrants in Australia: a Vietnamese experience*

 [Videorecording]. Drysdale, Vic.: Equality Videos. Australia. Dept. of Immigration and

 Ethnic Affairs. Victorian School of Languages.

Crockett, L. J., Iturbide, M. I., Torres Stone, R. A., McGinley, M., Raffaelli, M., & Carlo, G.

 (2007). Acculturative Stress, Social Support, and Copping: Relation to Psychological

Adjustment among Mexican American College Students. *Cultural Diversity and Ethnic Minority Psychology, 13(4)*, 347-355.

Crouch, W., & Webb, R. (2003). Adolescents and Depression - The Moody Blues or Endless Black? In S. Lancaster. (Ed.), *Psychologists Working with Depression Across the Lifecycle* (Vol. 6, pp. 87-108). Sydney, NSW: Australian Academic Press.

Davies, J. (2000). *A manual of Mental Health Care in General Practice.* Canberra: Commonwealth Department of Health & Aged Care.

Davies, P. T., Jenkins, J. M. & et.al. (2002). *Child emotional security and interparental conflict.* Mass: Blackwell, Boston.

Davies, P. T., & Lindsay, L. L. (2004). Interparental Conflict and Adolescent Adjustment: Why Does Gender Modeerate Early Adolescent Vulnerability? *Journal of Family Psychology, 18(1)*, 160-170.

Diller, J. V. (Ed.). (2007). Cultural Diversity: A Primer for the Human Services. USA: Thomson Brooks/Cole.

Dinh, K. T., Sarason, B. R., & Sarason I. G. (1994). Parent-Child Relationships in Vietnamese Immigrant Families. *Journal of Family Psychology, 8 (4)*, 471-488.

Evans, D. L., & Andrews, L. W. (2005). *If your adolescent has depression or bipolar disorder: an essential resource for parents.* New York: Oxford University Press.

Fincham, F., & Grych, J. H. (2001). *Interparental conflict and child development: theory, research, and applications.* Cambridge: Cambridge University Press.

Folkman, S. (1997). Positive psychological state and coping with severe stress. *Social Science and medicine. 45 (8)*, 1027-1221.

Frederico, M., Cooper, B., & Picton, C. (1997). *The Experience of Homelessness among young people from Cambodia, Laos and Vietnam*. Canberra: Commonwealth of Australia.

Garralda, M. E., & Flament, M. (2006). *Working with children and adolescents: an evidence-based approach to risk and resilience*. Lanham., Md.: Jason Aronson.

Glover, S., Burns, J., Butler, H., & Patton, G. (1998). *Social Environments and the Emotional Wellbeing of Young People*. Melbourne: Australian Institute of Family Studies. Family Matters, No. 49.

Greenfield, B., Rousseau, C., Slatkoff, J., Lewkowski, M., Davis, M., Dube, S., at al. (2006). Profile of a Metropolitan North American Immigrant Suicidal Adolescent Population. *The Canadian Journal of Psychiatry, 51(3),* 155-159.

Hafen, B. Q., & Frandsen, K. J. (1986). *Youth suicide: depression and loneliness*. (2nd ed.). Evergreen, CO: Cordillera Press.

Hayes, L., Smart, D., Toumbourou, J. W., & Sanson, A. (2004). *Parenting influences on adolescent alcohol use*. Melbourne: Australian Institute of Family Studies.

Hayes, N., & Stratton, P. (2003). *A student's Dictionary of Psychology*. (4th ed.). Madison Avenue, New York: Oxford University Press.

Herbert, M. (2006). *Clinical child and adolescent psychology: from theory to practice*. (3th ed.). Chichester: Wiley.

Hogan-Garcia, M. (2007). *The four skills of cultural diversity competence : a process for understanding and practice.* (3rd ed.). Belmont, CA; Australia: Thomson/Brooks/Cole.

Hoshmand, L. T. (Ed.). (2006). *Culture, Psychotherapy, and Counseling: Critical and Integrative Perspectives.* America: Sage Publications.

Hovey, J. D. (2000). Acculturative Stress, Depression, and Suicidal Ideation in Mexican Immigrants. *Cultural Diversity and Ethnic Minority Psychology, 6 (2),* 134-151.

Kaplan, A. S., & Huynh, U. K. (2008). Working with Vietnamese Americans in Disasters. In A. J. Marsella., J. L. Johnson., P. Watson., & J. Gryczynski (Eds.), *Ethnocultural Perspectives on Disaster and Trauma: Foundations, Issues, and Applications (321-350).* USA: Springer Science.

Kitchener, B., & Jorm, A. (2002). *Mental Health first Aid Manual.* Melbourne, Australia: ORYGEN Research Centre.

Kolar, V., & Soriano, G. (2000). *Parenting in Australian families: a comparative study of Anglo, Torres Strait Islander, and Vietnamese communities.* Melbourne: Australian Institute of Family Studies. No. 5.

Kwak, K., & Berry, J. W. (2001). Generational differences in acculturation among Asian Families in Canada: A comparison of Vietnamese, Korean, and East-Indian Groups. *International Journal of Psychology, 36(3),* 152-162.

Lancaster, S. (Ed.). (2003). Psychologists working with Depression Across the Lifecycle. Victoria: Australia Academic Press.

Latham, M. (1997). *Vietnamese Parents and Teenagers Seeking Harmony* [Videorecording]. Footscray, Vic.: Catholic Family Welfare Bureau.

Lay, C., & Nguyen, T. (1998). The Role of Acculturation-Related and acculturation Non-Specific Daily Hassles: Vietnamese Students and Psychological Distress. *Canadian Journal of Behavioural Science, 30 (3),* 172-181.

Le, T. N., & Stockdale, G. D. (2005). Individualism, Collectivism, and Delinquency in Asian American Adolescents. *Journal of Clinical Child and Adolescent Psychology, 34(4),* 681-691.

Leung, C. (2001). The sociocultural and psychological adaptation of Chinese migrant adolescents in Australia and Canada. *International Journal of psychology, 36 (1)*, 8-19.

Lim. S-L., Lim, B. K. (2005). Parenting Style and Child Outcomes in Chinese and Immigrant Chinese Families - Current Findings and Cross – Cultural Considerations in Conceptualization and Research. In G. W. Peterson, S. K. Steinmetz, & S. M. Wilson (Eds.), *Parent-Youth Relations: Cultural and Cross-Cultural Perspectives* (Vol. 3, pp. 21-42). United States of America: The Haworth Press.

Marmorstein, N. R., & Iacono, W. G. (2004). Major depression and conduct disorder in youth: associated with parental psychopathology and parent-child conflict. *Journal of Child psychology and Psychiatry, 45(2)*, 377-386.

Martin, G. (Ed.). (2006). On suicide and subcultures. *Australian e-Journal for the Advancement of Mental Health, 5(3),* Brisbane, Australia: University of Queensland. www.auseinet.com/journal/vol5iss3/martin.pdf

McCauley, E., Karen, P. , & Kendall, K. (2001) Developmental precursors of depression: the child and the social environment. In I. M. Goodyer (Ed.). (2001). *The depressed child and adolescent.* (2nd ed.). Cambridge, U.K; New York: Cambridge University Press.

McClellan, C. L., Heaton, T. B., Forste. R., & Barber, B. K. (2005). Familial Impacts on Adolescent Aggression and Depression in Colombia. In G. W. Peterson, S. K. Steinmetz, & S. M. Wilson (Eds.), *Parent-Youth Relations: Cultural and Cross-Cultural Perspectives* (Vol. 14, pp. 261- 286). United States of America: The Haworth Press.

McWhirter, J. J., McWhirter, B. T., Mcwhirter, E. H., & Mcwhirter, R.J. (2004). *At-risk youth: a comprehensive response: for counselors, teachers, psychologists, and human service professionals.* Belmont, CA: Brooks/Cole.

Neville, D., King, L., Beak, D., & Centre for fun and Families. (1998). *Promoting positive parenting of teenagers.* Aldershot, Hampshire, England; Brookfield: Arena.

Nicolson, D., & Ayers, H. (2004). *Adolescent Problem. A Practical Guide for Parents, Teachers and Counsellors.* Revised Edition: David Fulton.

Novick, K. K., & Novic, J. (2005). *Working with parents makes therapy work.* Lanham, Md.: Jason Aronson.

Ollendick, T. H., Barrett, P. M. (2004). *Handbook of interventions that work with children and adolescents: prevention and treatment.* Chichester, England; Hoboken, NJ, USA: John Wiley.

Pajares, F., & Urdan, T. (2006). *Self- Efficacy Beliefs of Adolescents.* Emory University and Santa Clara University: Information Age Publishing.

Pakenham, K. (1998). *Making Connections.* Cambridge University Press. Cambridge.

Palazidou, E., & Tiffin, E. (2002). *Depression.* London: Elsevier Science Limited.

Panayiotou, G., & Papageorgiou, M. (2007). Depressed mood: The role of negative thoughts, self-consciousness, and sex role stereotypes. *International Journal of Psychology, 42(5),* 289-296.

Parke, R. D. Kim, M., Flyr, M., McDowell, D. J., Simpkins, S. D., Killian, C. M., & Wild, M. (2001). Managing Marital Conflict: links with Children's Peer Relationship. In J. H. Grych, & F. D. Fincham (Eds.*), Interparental Conflict and Child Development: Theory, Research, and Application.* (Vol. 11, pp. 291-314). New York: Cambridge University Press.

Pasch, L. A., Deardorff, J., Tschann, J. M., Flores, E., Penilla, C., & Pantoja, P. (2006). Acculturation, Parent-Adolescent Conflict, and Adolescent Adjustment in Mexican American Families. *Family Process, 45(1),* 75-86.

Peterson, G. W., Steinmetz, S. K., & Wilson, S. M. (Eds.). (2005). *Parent-youth relations : cultural and cross-cultural perspectives.* New York: Haworth Press.

Pham, V. B. (1999). *The Vietnamese family in change: The case of the Red River Delta.* The Quadrant, Richmond: Curzon Press.

Phinney, J. S., & Vedder, P. (2006). Family Relationship Values of Adolescents and Parents: Intergenerational Discrepancies and Adaptation. In J. W. Berry, J. S. Phinney, D. L. Sam, & P. Vedder (Eds.), *Immigrant Youth in Cultural Transition: Acculturation, Identity, and Adaptation Across National Contexts.* (Vol. 7, pp. 167-184). London, Mahwah, New Jersey: Lawrence Erlbaum Associates.

Rangarajan, S., & Kelly, L. (2006). Family communication patterns, family environment, and the impact of parental alcoholism on offspring self-esteem. *Journal of Social and Personal Relationships, 23(4),* 655-671.

Reinecke, M. A., & Ginsburg, G. S. (2008). Cognitive-Behavioral Treatment of Depression during Childhood and Adolescence. . In J. R. Z. Abela, & B. L. Hankin. (Eds.), *Handbook of Depression in Children and Adolescents.* (Vol. 8, pp. 179-206). New York: The Guilford Press.

Rosenthal, D., Ranieri, N., & Klimidis, S. (1996). Vietnamese Adolescents in Australia: Relationships between Perceptions of Self and Parental Values, Intergenerational Conflict, and Gender Dissatisfaction. *International Union of Psychological Science, 31 (2),* 81-91.

Ross, R. D., Mararinan, S., Schattner, S., & Gullone, E. (1999). The relationship Between Perceived Family Environment and Psychological Wellbeing: Mother, Father, and Adolescent Reports. *Australian Psychologist, 34(1),* 58-63.

Rudolph, K. D., Flynn, M., & Abaied, J. L. (2008). A Developmental Perspective on Interpersonal Theories of Youth Depression. In J. R. Z. Abela, & B. L. Hankin. (Eds.), *Handbook of Depression in Children and Adolescents.* (Vol. 4, pp. 79-102). New York: The Guilford Press.

Sanson, A. (2002). *Children's health and development: new research directions for Australia.* Melbourne: Australian Institute of Family Studies. No. 8.

Schrodt, P. , Ledbetter, A. M., & Ohrt, J. K. (2007). Parental Confirmation and Affection as Mediators of Family Communication Patterns and Children's Mental Well-Being. *The Journal of fFamily Communication, 7(1),* 23-46.

Scott, G., Ciarrochi, J., & Deane, F, P. (2004).Disadvantages of being an individualist in an individualistic culture: idiocentrism, emotional competence, stress, and mental heath. *The Australia Psychological Society Ltd, 39(2),* 143-153.

Shek, D. T. L. (2002). Parental Characteristic and Parent-Adolescent Conflict: A Longitudinal Study in the Chinese Culture. *Journal of Family Issues, 23(2),* 189-208.

Silove, D., Manicavasagar, V., Beltran, R., Le, G., Nguyen, H., Phan, T., & Blaszczynski, A. (1997). Satisfaction of Vietnamese Patients and Their Families with Refugee and Mainstream Mental Health Services. *Psychiatric Services, 48(8),* 1064-1069.

Slesnick, N. (2004). *Our runaway and homeless youth: a guide to understanding.* Westport, Conn: Praeger.

Starling, J., Rey, J. M., & Simpson, J. M. (2004). Depressive symptoms and suicidal behaviours: changes with time in an adolescent clinic cohort. *Australian and New Zealand Journal of Psychiatry, 38,* 732-737.

Sue, D. W., & Sue, D. (2008). Counseling the Culturally Diverse: Theory and Practice. (5th ed.). John Wiley & Sons, Hoboken, New Jersey, Canada.

The Australia Psychological Society Ltd. (2008). *How is depression treated?* From http://www.psychology.org.au/community/effectiveness/

The Australia Psychological Society Ltd. (2008). *What is depression?* From.http://www.psychology.org.au/community/depression/

Thomas, M. (1999). *Dream in the Shadows: Vietnamese-Australian lives in transition.* Atchison, St Leonards, Australia: Allen & Unwin.

Thompson, R. A. (2006). *Nuturing Future Generations Promoting Resilience in Children and Adolescents through Social, Emotional and Cognitive Skills.* New York: Routledge Taylor and Francis Group, LLC.

Tomazin, F., & Smith, B. (2008, March 26). Pocket money link to drug use. *The Age,* pp. 1 & 4.

Tran, D. (2003). *Factors to consider in working with Vietnamese drug users.* Unpublished Thesis, Department of Psychology, Victoria University, Melbourne, Australia.

Tran, Q. A. (1999). *Reflecting on "Face It", An Evaluation of a Drug Education and Prevention Initiative.* Vietnamese Students Association of Victoria: Vietnamese Community in Australia -Victorian Chapter (VCA).

Tran, T. N. (1998). *The Life of Young Vietnamese Students in a Multicultural Environment: the case of Year 9 Students in Victoria.* Unpublished Fourth Year Honours Thesis, Victoria University, Melbourne, Australia.

Tran, T. X. M. (2003). *Parent and Teenager Conflicts in Vietnamese Refugee Families.* Unpublished Honours Thesis, Social Work Unit, Victoria University, Melbourne: Australia.

Unger, D. G., Brown, M. B., Tressell, P. A., & Mcleod, L. E. (2000). Interparental Conflict and Adolescent Depressed Mood: The Role of Family Functioning. Child *Psychiatry and Human Development, 31(1),* 24-41.

Van Beek, Y., Van Dolderen, M. S. M., & Demon Dubas, J. J. S. (2006). Gender-specific development of nonverbal behaviours and mild depression in adolescence. *Journal of Child Psychology and Psychiatry, 47 (12),* 1272-1283.

Vedder, P. , Sam, D. L., Vande Vijver, F. J. R., & Phinney, J. S. (2006). Vietnamese and Turkish Immigrant Youth: Acculturation and Adaptation in Two Ethnocultural Groups. In J. W. Berry, J. S. Phinney, D. L. Sam, & P. Vedder (Eds.), *Immigrant Youth in Cultural Transition: Acculturation, Identity, and Adaptation Across National Contexts.* (Vol. 8, pp. 185- 209). London, Mahwah, New Jersey: Lawrence Erlbaum Associates.

Vu, B. N. (2006). Pathways to Depression among Vietnamese Australian Adolescents. PhD thesis, Griffith University, Australia. Retrieved July 25, 2007, from http://www4.gu.edu.au:8080/adt-root/public/adt-QGU20070725.082732/index.html

Webber, R. (2002). Generation Gaps and Fault Lines: Vietnamese Young People, Family Life and Illicit Drug Use. *Youth Studies Australia, 21(3),* 11-18.

Whithear, D. (2001). *Australian Institute of Family Studies: collected works 1980-2001.* Melbourne: Australian Institute of Family Studies. Melbourne: Commonwealth of Australia.

Wilson (Eds.), *Parent-Youth Relations: Cultural and Cross-Cultural Perspectives* (Vol. 35, pp. 99-129). United States of America: The Haworth Press.

Wise, S., & Silva, L. D. (2007). *Differential parenting of children from diverse cultural backgrounds attending child care.* Australian Institute of Family Studies. Melbourne: Commonwealth of Australia.

Xia, Y. R., Xie, X., Zhou, Z., DeFrain, J., Meredith, W. H., & Combs, R. (2005). Chinese Adolescents' Decision-Making, Parent-Adolescent Communication and Relationships. In G. W. Peterson, S. K. Steinmetz, & S. M. Wilson (Eds.), *Parent-Youth Relations: Cultural and Cross-Cultural Perspectives* (Vol. 36, pp. 287-311). United States of America: The Haworth Press.

Yalcin, Z. (2006). *Counselling Refugee Women.* Unpublished master's dissertation, Faculty of Arts Department of Psychology, Victoria University, Melbourne, Australia.