

Psychological Well-Being,
School Adjustment, and Problem Behavior
among Chinese Adolescent Boys
from Poor Families
Does Family Functioning Matter?

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A common theme in family theories is that there is a strong association between family interaction patterns at the dyadic (e.g., parent-child relationships) and systemic (e.g., family cohesion) levels and the adjustment of individual family members (e.g., Beavers & Hampson, 1990). These theories typically assert that positive family interaction patterns will lead to the positive adjustment of family members and vice versa. However, several limitations exist in this literature (Shek, 1997b, 1998). First, there are few empirical studies that assess the association between family patterns and individual adjustment. Second, because indicators of psychiatric morbidity and distress are commonly used to assess adolescent adjustment, studies rarely focus on the association between family functioning and positive mental health. Third, studies have typically employed one or two rather than multiple indicators of adjustment, and therefore a complete picture of the association between family functioning and individual adjustment is not available. Fourth, few studies of family functioning and adjustment have been conducted with poor families. According to the family ecological models (e.g., Ge et al., 1992; McLoyd, 1998), economic stress exerts a negative impact on the psychological well-being of parents, which in turn disrupts dyadic family processes, including spousal and parent-child relationships. It is conceivable that disruptions of these

dyadic family processes could negatively influence systemic family functioning as well, which could both, in turn, influence adolescent adjustment.

Another limitation of existing studies is that research has been conducted mainly in Western cultures. Few studies have examined the role of family functioning on adjustment with individuals from non-Western societies such as China (Shek, 2002). According to Yang (1981), familialism and collectivism are basic attributes of the traditional Chinese culture. The importance of the family is reflected in the popular saying of “*zai jia qian ri hao, chu wai ban chao nan*” (there is no place like home). Hsu (1971) similarly argued that Chinese people are “much more tied psychologically to their kinship base [than are Western people]” (p. 39). Given that families play a particularly important role in Chinese culture, one would expect family functioning to contribute to adjustment in Chinese families.

Furthermore, we know little about the differential effect of family functioning on boys and girls. Given that boys and girls are regarded and treated very differently in traditional Chinese culture, the link between family functioning and adjustment may differ for boys and girls. For instance, there are some beliefs that might lead girls’ adjustment to be particularly susceptible to the influence of family interactions. In traditional Chinese culture, girls and women are socialized to have strong attachments to their families. This is reflected in the saying of “*zai jia cong fu, chu jia cong fu, lao lai cong zi*” (obey the father before getting married, obey the husband after getting married, and obey the son when getting old). Chinese girls and women are also socialized to take care of their families, as is reflected in the saying “*nan zhu wai, nu zhu nei*” (men are in charge of things outside the family whereas women are in charge of things inside the family). Girls’ adjustment may be particularly affected by family processes because the family is considered their “core business” and is often the place where they derive their identity status.

However, there are also beliefs within Chinese culture that might make boys’ adjustment particularly susceptible to the influence of the family. In traditional Chinese culture, husbands are regarded as “*yi jia zhi zhu*” (master of the family) and wives and children are taught to obey the male head of the household. In addition, men are held responsible for maintaining the order of the family. In fact, an ideal family, according to Confucian thought, is one that is characterized by “*fu ci zi xiao, xiong you di*

gong” (the father is affectionate and the son is dutiful, the elder brother is friendly and the younger brother shows respect). As boys are expected to help their fathers regulate the order within the family, one might expect that their adjustment would be heavily influenced by family dysfunction, such as pervasive family conflict and lack of family order (see Shek, 1999).

Some research findings show that male adolescents from Western societies, however, are less susceptible than females to the influences of the family (e.g., Eisenberg et al., 1992; Jaycox & Repetti, 1993). For example, Grossman et al. (1992) found that while family cohesion predicted mood, deviance, self-esteem, and grades in adolescent girls, it only predicted deviance and self-esteem in adolescent boys. Family functioning appeared to be more protective for girls than for boys. Ohannessian et al. (1995) also showed that discrepancies in perceptions of family functioning were more related to depressive symptoms in girls than in boys. It is important to consider whether the association between family functioning and adjustment varies by gender in non-Western societies as well.

This chapter reports findings from a study of perceived family functioning and psychological well-being (i.e., psychiatric morbidity and positive mental health), school adjustment (i.e., perceived academic performance, satisfaction with academic performance, and conduct), and problem behavior (i.e., delinquency and substance abuse) among Chinese adolescent boys from poor families. Specifically, the following questions were addressed: (1) What is the association between perceived family functioning (i.e., Mutuality, Communication, Conflict and Harmony, Parental Concern, and Parental Control) and psychological, academic, and behavioral adjustment in Chinese adolescent boys from poor families?; (2) Are there gender differences in these associations?; (3) Is perceived family functioning in poor adolescent boys different from the perceptions of adolescent boys drawn from a broader community sample? For the latter question, the findings reported in Shek (in press a) will be used as the basis of comparison.

It was hypothesized that those with more positive perceptions of family functioning would report better mental health and school adjustment, and lower levels of problem behavior. It was also hypothesized that adolescent boys from poor families would report poorer family functioning than adolescent boys from a broader community sample. There were no hypotheses regarding gender differences due to the lack of research with Chinese populations.

Method

Measures

ASSESSMENT OF FAMILY FUNCTIONING

Chinese Family Assessment Instrument (FAI): In light of possible cross-cultural variations in the application of Western family measures to non-Western contexts (Morris, 1990), an indigenous measure of family functioning was used. Based on an extensive review of measures of family functioning from Western countries and qualitative analyses of findings based on 412 Chinese adolescents' perceptions of the attributes of happy families (Shek, 2001), an indigenous 33-item Chinese Family Assessment Instrument (FAI) was developed. Shek (in press a) examined the reliability, validity, and factor structure of the FAI in three studies ($N = 361, 732$, and $3,649$, respectively). These studies revealed that the FAI possesses high reliability and validity. Factor analysis suggested five stable dimensions (Mutuality, Communication, Conflict and Harmony, Parental Concern, and Parental Control) of the FAI that served as subscales. The FAI scale and its subscales were found to be internally consistent in this study ($\alpha = .93, .92, .86, .60, .84$, and $.63$ for the total scale, Mutuality subscale, Communication subscale, Conflict and Harmony subscale, Parental Concern subscale, and Parental Control subscale, respectively). Higher scores on the FAI indicate higher levels of family dysfunction.

ASSESSMENT OF PSYCHOLOGICAL WELL-BEING

Existential Well-Being Scale (EXIST). The Existential Well-Being Scale, which is a part of the Spiritual Well-Being Scale, was constructed by Paloutzian and Ellison (1982) to assess life direction and satisfaction. The scale was found to be internally consistent in the present study ($\alpha = .80$).

Life Satisfaction Scale (LIFE). The Satisfaction with Life Scale was designed by Diener, Emmons, Larsen, and Griffin (1985) to assess an individual's global judgment of his or her quality of life. The Chinese version of this scale was translated by the author and adequate reliability of this scale has been reported (Shek, 1992). The scale was found to be internally consistent in the present study ($\alpha = .56$).

Mastery Scale (MAS). Modeled after the Mastery Scale of Pearlin and Schooler (1978), the seven-item Chinese Mastery Scale was constructed by

the author. The scale measures a person's sense of control of his or her life. This scale was found to be internally consistent in this study ($\alpha = .69$).

Chinese Self-Esteem Scale (ESTEEM). The Rosenberg Self-Esteem Scale was designed to assess the self-esteem of high school students (Rosenberg, 1979). The Chinese Rosenberg Self-Esteem Scale was developed by the author and has acceptable reliability (Shek, 1992).

The Chinese Version of the General Health Questionnaire (GHQ). The General Health Questionnaire was developed to measure current nonpsychotic disturbances (Goldberg, 1972). Chan (1985) found that the Chinese GHQ compared favorably with the English version of the scale. There is also evidence suggesting that the GHQ possesses acceptable psychometric properties (Shek, 1989, 1993). Based on Shek's findings (1993), 15 items of the 30-item GHQ that were related to anxiety and depression were used for the present study. Reliability analyses suggested that this abridged version of the GHQ was reliable ($\alpha = .90$). While the GHQ can be regarded as assessing manifested psychiatric symptoms, the other scales can be regarded as tools assessing coping resources (i.e., personal attributes that help individuals to cope with stress: Folkman, Schaefer & Lazarus, 1979) or positive mental health characteristics (Diener, 1984).

ASSESSMENT OF SCHOOL ADJUSTMENT

Three items were constructed to assess school adjustment. The first assesses a respondent's perception of his or her academic performance as compared with schoolmates in the same grade (APC); respondents were asked to give a rating of "Best," "Better than usual," "Ordinary," "Worse than usual," or "Worst" in response to this item. The second item assessed the respondent's satisfaction with his or her academic performance (APS); respondents were asked to give a rating of "Very satisfied," "Satisfied," "Average," "Dissatisfied," or "Very dissatisfied" in response to this item. Finally, the third item was constructed to assess the respondent's perception of his or her conduct in school (CONDUCT); respondents were asked to give a rating of "Very good," "Good," "Average," "Poor," or "Very poor" in response to this item. Shek (1997a) showed that these three items were temporally stable.

ASSESSMENT OF PROBLEM BEHAVIOR

1. Substance Abuse (DRUG1 and DRUG2): Based on a review of the literature, eight items were developed to examine frequency of use

with respect to alcohol, tobacco, ice (methylamphetamine), cannabis, cough mixture, organic solvent, tranquilizers, and narcotics. The items assessing consumption of alcohol and cigarettes (i.e., gateway drugs: DRUG1) and other drugs (DRUG2) were found to be reliable ($\alpha = .69$ and $\alpha = .65$, respectively; in Shek, 2002).

2. Delinquency (DELIN): Based on a review of the literature (e.g., Shek & Ma, 1997), 12 items were developed to examine the frequency of a respondent's engagement in antisocial behaviors, including stealing, cheating, being truant, running away from home, damaging others' property, assaulting others, having sexual relationships with others, gang fighting, using foul language, staying away from home without parental consent, strong-arming others, and breaking into others' places. This scale has been found to have adequate reliability ($\alpha = .60$).

Participants and Procedures

Data were derived from Time 1 of a longitudinal study of the adjustment of adolescents from poor families, in which there were two waves of data collection. Two hundred and twenty-eight Chinese adolescents (106 adolescent boys and 122 adolescent girls) participated at Time 1. The participants were recruited from families receiving Comprehensive Social Security Assistance (CSSA sample, $N = 167$) or full Textbook Allowance from the Government (TBA sample = 62). In Hong Kong, families receiving CSSA or full TBA are regarded as families with financial difficulties.

During home visits, the participants completed an Adolescent Questionnaire, which contains all the instruments described in the previous section. To ensure confidentiality, each participant completed the questionnaire separately. For those who had problems with comprehension, the questions or items were asked in an interview format by a trained interviewer.

Results

Correlation coefficients for the association between family functioning, as indexed by the total scores of the Family Assessment Instrument, and adjustment among the adolescent boys in this study are presented in Table

TABLE 6.1

Correlation Coefficients between the Family Assessment Inventory and Individual Measures of Adolescent Psychological Well-Being, School Adjustment, and Problem Behavior in Adolescent Boys with Economic Disadvantage (N = 106)

Variables	FAI
EXIST	-.42*
LIFE	-.13ns
MAS	-.25*
ESTEEM	-.42*
GHQ	.24*
APS	.13ns
APC	.18ns
CONDUCT	.30*
DELIN	.38*
DRUG1	.33*
DRUG2	.11ns

Note: FAI: Family Assessment Instrument. EXIST: Existential Well-Being Scale. LIFE: Life Satisfaction Scale. MAS: Mastery Scale. ESTEEM: Self-Esteem Scale. GHQ: General Health Questionnaire. APS: Perceived academic performance. APC: Academic performance compared with others. CONDUCT: School conduct. DELIN: Delinquent behavior. DRUG1: Smoking and alcohol consumption. DRUG2: Use of narcotics and psychotropic substances.

A two-tailed multistage Bonferroni procedure was used to obtain the data. *pFW* is based on the familywise Type 1 error rate; *pT* is based on the Type 1 error rate per test.

* $pFW < .10$ $pT > .025$

ns not significant

6.1. Because several correlation analyses were performed, the multistage Bonferroni procedure was carried out to guard against inflated Type 1 error (Larzelere & Mulaik, 1977). In this procedure, a familywise Type 1 error was determined for a family of tests, and the significance of individual tests were then evaluated.

The data revealed that more positive perceptions of family functioning were related to better mental health, better school conduct, and fewer problem behaviors. However, perceived family functioning was not related to life satisfaction, academic performance, or illegal drug use.

Because many adjustment variables were assessed, factor analysis was performed to reduce the data volume. Specifically a principal component analysis followed by a varimax rotation suggested three dimensions or factors that could be meaningfully identified from the large set of adjustment variables. The first factor was labeled Mental Health (MH), and included ex-istential well-being (EXIST), sense of mastery (MAS), life satisfaction (LIFE), self-esteem (ESTEEM), and general psychological health (GHQ) variables. The second factor was labeled School Adjustment (SA), and included perceived academic performance (APS), perceived relative academic performance (APC), and school conduct (CONDUCT) variables. The

final factor was a Problem Behavior (PB) factor that included smoking and drinking (DRUG1), psychotropic substance abuse (DRUG2), and delinquency (DELIN). Shek (2002) showed that these factors were highly stable in different samples. Correlations between different dimensions of family functioning and these three factors are presented in Table 6.2.

Correlational analysis suggested that systemic family functioning (i.e., Mutuality, Communication, Conflict, and Harmony) was associated with adjustment for the adolescent boys, while the dyadic parent-child relational qualities (i.e., Parental Concern and Parental Control) were not associated with adjustment (see Table 6.2).

Furthermore, there were no gender differences in the association between the family functioning and mental health (MH) (see Table 6.2). However, a significant association between family functioning and school adjustment (SA) was detected among the girls and not the boys. Finally, there was a significant association between family functioning and problem behavior (PB) for the boys but not for the girls.

Table 6.3 shows that there were no significant differences in most of the dimensions of perceived family functioning between adolescent boys from poor families and adolescent boys from a diverse community sample ($N = 3,649$; Shek, in press a). However, compared with boys in the broader community sample, poor adolescent boys perceived their families to have more conflict.

TABLE 6.2
Correlation Coefficients between Perceived Systemic and Dyadic Family Functioning and the Composite Scores for Adolescent Adjustment

	MH		SA		PB	
	Male	Female	Male	Female	Male	Female
Total	-.31*	-.26*	.23 ^a	.30*	.34*	.18ns
Mutuality	-.31*	-.24*	.21 ^a	.25*	.26*	.16ns
Communication	-.29*	-.30*	.25 ^a	.22 ^a	.40*	.17ns
Conflict and Harmony	-.18ns	-.20 ^a	.15ns	.31*	.30*	.13ns
Parental Concern	-.21 ^a	-.09ns	.16ns	.24*	.09ns	.21 ^a
Parental Control	-.01ns	-.11ns	.05ns	.32*	-.01ns	.05ns

Note: MH: Index of mental health. SA: Index of school adjustment. PB: Index of problem behavior. Total: Total scores of the FAI. Mutuality: Mutuality subscale of the Family Assessment Instrument (FAI). Communication: Communication subscale of the FAI. Conflict and Harmony: Conflict and Harmony subscale of the FAI. Parental Concern: Parental Concern subscale of the FAI. Parental Control: Parental Control subscale of the FAI.

A two-tailed multistage Bonferroni procedure was used to obtain the data. *pFW* is based on the familywise Type 1 error rate; *pT* is based on the Type 1 error rate per test.

* *pFW* > .10 *pT* > .009 in the male sample; *pFW* [less than] .10 *pT* [less than] .01 in the female sample

^a Border significance; *pT* > .05

ns not significant

TABLE 6.3
*Differences between Poor Adolescent Boys and Adolescent Boys in the
 Broader Community Sample on Subscales of the Family Assessment Instrument*

	Present Sample		Mean	Norm SD	t-value
	Mean	SD			
Total	83.05	18.98	79.77	22.49	-1.46ns
Mutuality	30.14	8.63	29.42	9.07	-0.80ns
Communication	25.38	6.57	25.16	7.55	-0.30ns
Conflict and Harmony	14.99	3.43	12.87	4.33	-4.93*
Parental Concern	5.61	2.36	5.36	2.35	-1.05ns
Parental Control	7.3	2.37	7.07	2.83	-0.81ns

Source: Shek, in press a.

Note: Total: Total scores of the FAI. Mutuality: Mutuality subscale of the Family Assessment Instrument (FAI). Communication: Communication subscale of the FAI. Conflict and Harmony: Conflict and Harmony subscale of the FAI. Parental Concern: Parental Concern subscale of the FAI. Parental Control: Parental Control subscale of the FAI. Norm: findings based on male adolescents reported by Shek (in press a). A conservative alpha level ($p > .0083$) was adopted to evaluate the differences between the two groups.

* $p > .001$

ns not significant

Discussion

This study found that adolescent boys who reported better family functioning generally reported better psychological and behavioral health than adolescent boys who reported poorer family functioning. This observation is consistent with previous studies in which a lower level of family competence was related to a higher level of adolescent psychopathology (Martin et al., 1995; McFarlane, Bellissimo & Norman, 1995; Summerville et al., 1994) or a higher level of family dysfunction was positively related to adolescent conduct problems (Frick et al., 1992) and substance abuse (Dohererty & Allen, 1994). Academic performance, however, was unrelated to perceived family functioning for the adolescent boys in this study (see Table 6.1). This finding may be explained by the fact that Chinese parents place a very strong emphasis on academic excellence for their children, particularly for their boys. This emphasis is reflected in the cultural saying “wang zi cheng long” (wishing the son to become a dragon). Therefore, the demand for academic excellence may not decrease even though family functioning is poor. In short, the emphasis in Chinese culture on academic excellence in adolescent boys may compensate for the generally negative influence of poor family functioning on academic adjustment.

The findings also suggested that different dimensions of family functioning are differentially related to the adjustment of adolescent boys. While the mental health and levels of problem behavior among adolescent

boys were significantly related to the systemic family functioning, none of the psychological, academic, or behavioral adjustment outcomes were related to the dyadic parent-child relational qualities for the adolescent boys. Additional studies are needed to understand the reasons for these findings, and the processes by which different dimensions of family functioning influence adolescent adjustment.

The findings also indicated no gender differences in the association between perceived family functioning and adolescent mental health (see Table 6.2). This observation is not consistent with literature that suggests female adolescents are more susceptible to the influence of family functioning than are male adolescents or that family functioning is more protective for girls than for boys (e.g., Eisenberg et al., 1992; Grossman et al., 1992; Jaycox & Repetti, 1993). This discrepancy between the literature and the current findings may reflect differences in the participants' socioeconomic status and culture. Previous studies have focused almost exclusively on middle-class adolescents. Unlike in middle-class families, healthy family functioning may act as a protective factor in poor families regardless of the gender of the individual family member. Furthermore, healthy family functioning may be particularly protective in cultures such as in China, in which the importance of the family is emphasized. Finally, while there are some beliefs in Chinese culture that may lead girls' mental health to be strongly influenced by the family, there are other beliefs that may make boys' mental health particularly susceptible to the influence of the family. As a result, gender differences in the relationship between family functioning and psychological well-being may not be evident in youth growing up in China.

Gender differences, however, were detected in the association between family functioning and school adjustment, with the association being significant for girls but not for boys. This finding may be explained by the fact that Chinese parents place less emphasis on the importance of academic excellence for girls. This cultural practice is reflected in the saying "nu zi wu cai bian shi de" (it is a virtue for a woman to have no knowledge). Because girls in China are not expected to attain academic excellence, parents tend to support the academic work of girls less than boys. As a result, the negative influence of family dysfunction may spill over to the academic domain for girls but not for boys.

There was also a gender difference in the association between family functioning and problem behavior, which was significant for boys and not for girls. Moreover, the mean value of the correlation coefficients for ado-

lescent boys was nearly three times that of adolescent girls. This finding may be explained by the socialization practices of Chinese parents. Because Chinese parents are very concerned about the chastity of girls, parental control of girls' behavior is generally greater than of boys' behavior (Shek, 2000). Consequently, the opportunity for girls to engage in problem behavior would be less than for boys.

The present findings suggest that the association between family functioning and adolescent adjustment varies across different indicators of adolescent adjustment. For boys, family functioning may influence problem behaviors but that finding may be more the consequence of parental control than of family functioning more generally. For girls, family functioning may influence school adjustment but, once again, the process underlying this finding may have more to do with the value of education for girls than with the level of family functioning *per se*.

The present study also found that while there were generally no differences between the reported levels of family functioning for boys from poor families and those from a broader community sample, poor adolescent boys did perceive their families to have more family conflict. Low socioeconomic status and the stress associated with that experience may be the primary cause of this latter finding. However, the fact that there were no other differences in family functioning between the two groups may be due to the fact that parents receiving Comprehensive Social Security Assistance (many of the parents in the present study) have been given a longer time to stay at home with their children. This opportunity may enhance family functioning and compensate for some of the more negative effects of the stress of poverty.

Given the correlational nature of the data, one cannot make a causal link between family functioning and adolescent adjustment. Those with mental health problems might perceive one's family in a more negative manner (i.e., perceptual distortion hypothesis). In addition, adolescent adjustment (e.g., distress and lack of life meaning) may be a precursor of poor family functioning rather than vice versa. Longitudinal research, consequently, is needed to assess the direction of effect between family functioning and adolescent adjustment.

Despite limitations of the data, several conclusions can be drawn from the study. First, the findings suggest that positive family functioning is an important correlate of mental and behavioral outcomes for Chinese adolescent boys from poor families. Second, systemic family functioning (i.e., mutuality, communication, conflict and harmony) appears to be a more

important correlate of adjustment for adolescent boys than are dyadic parent-child relational qualities (i.e., parental concern and parental control). Third, gender differences in the association between family functioning and adolescent adjustment appear to exist only for academic and behavioral adjustment outcomes and not for mental health outcomes. These latter findings underscore the importance of examining multiple dimensions of adjustment in any study of adjustment. Finally, there were few differences in perceived family functioning between poor adolescent boys and a broader community sample. These findings challenge the common belief that the functioning of poor families is worse than that of non-poor families. Clearly we need to know more about the family functioning of poor adolescents from Western and non-Western cultures and how different aspects of family functioning help adolescents thrive. Longitudinal research with Chinese and non-Chinese populations are needed to address these critical questions.

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