

ĐỜI CHA ẲN MẶN, ĐỜI CON KHÁT NƯỚC: PERCEPTIONS OF INTERGENERATIONAL
TRAUMA AND PARENTING STYLES ON SELF-COMPASSION IN
ADULT CHILDREN OF VIETNAMESE REFUGEES

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DEDICATION

This study is dedicated to my Ba and Má, Vung and Lan, whose sacrifices, ingenuity, and perseverance have inspired me and nurtured my interest in history and social justice.

Lastly, this study is dedicated with warmth and compassion to all
the children of Vietnamese refugees.

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ABSTRACT

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ĐỜI CHA ẲN MẶN, ĐỜI CON KHÁT NƯỚC: PERCEPTIONS OF INTERGENERATIONAL TRAUMA AND PARENTING STYLES ON SELF-COMPASSION IN ADULT CHILDREN OF VIETNAMESE REFUGEES

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Intergenerational trauma originates from distressing experiences that negatively impact survivors and their descendants (O'Neill et al., 2016). Research on intergenerational trauma in Vietnamese refugee families suggests that parent-child relationships can be a path for trauma transmission. Although self-compassion has served as a protective buffer against traumatic symptoms and racial trauma (Chopra, 2021; Germer & Neff, 2015; Neff, 2011), there are no studies that examine the link between both intergenerational trauma and parenting styles on adult children's self-compassion. The researcher sought to determine if intergenerational trauma and parenting style in Vietnamese refugee families impact their offspring's ability to engage in self-compassion. Using convenience sampling, the researcher recruited 275 adult participants in the United States who had Vietnamese refugee parents. Participants completed an online self-report questionnaire containing demographic questions, a modified Harvard Trauma Questionnaire (HTQ; Han, 2005; Mollica et al., 1992) for each of their parents, the Parental Authority Questionnaire (PAQ; Buri, 1991), and the Self-Compassion Scale (SCS; Neff, 2003a). Descriptive statistics were used to analyze demographic data. Bivariate correlations and multiple regressions were used to test hypotheses. Hypothesis 1, which suggested a negative relationship between intergenerational trauma and self-compassion, was partially supported. No significant relationship was found between perceived fathers' or mothers' trauma and self-compassion, but fathers' trauma had a positive relationship with self-judgment, isolation, and over-identification

within the self-compassion construct. Hypothesis 2 proposed that higher intergenerational trauma and authoritarian parenting would lead to lower self-compassion; this prediction was not supported. None of the parenting styles moderated intergenerational trauma's relationship with self-compassion. However, permissive fathering showed a positive association with self-compassion. Authoritarian parenting had a positive association with self-judgment and isolation. Authoritative and permissive parenting in fathers resulted in less self-judgment and isolation. Hypothesis 3 predicted that fathers' trauma will be more predictive of self-compassion; this was partially supported. Adult children of Vietnamese refugees reported greater levels of self-judgment, isolation, and over-identification when their fathers experienced more trauma. Authoritarian parenting's positive relationship with children's self-judgment and sense of isolation were more pronounced when it came from fathers versus mothers. Implications for theory, practice, training, and future research were discussed.

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CHAPTER I

INTRODUCTION

A Vietnamese proverb states, “*Đời cha ăn mặn, đời con khát nước*” (Minh, 2005, p. 118), meaning that when the father’s generation eats salt, the child’s generation thirsts for water. This proverb illuminates how descendants can be affected by the adverse events in their ancestors’ lifetimes, which researchers have explored through the concept of intergenerational trauma. Also referred to as transgenerational trauma, intergenerational trauma is a survivor’s experience of overwhelming, upsetting, and lasting psychological harm that is transmitted from generation to generation in different manifestations (Briere & Scott, 2015; Sangalang & Vang, 2017).

Intergenerational trauma often originates from experiences of war, genocide, disease, famine, imprisonment, forced displacement, concentration camps, residential schools, sexual assault, neglect, and other human rights abuses (Sangalang & Vang, 2017). First documented in studies of Holocaust survivors (Rakoff, 1966; Sigal & Rakoff, 1971), scholarship on intergenerational trauma expanded to refugee populations because of the adversity the group has experienced as they sought international protection from civil unrest, violence from sociopolitical instability, and persecution for their race, religion, ethnicity, political group, nationality, or social group (United Nation High Commission for Refugees [UNHCR], 2021). The arduous and lengthy resettlement process can be the origin of intergenerational trauma, as refugees have commonly experienced legal, economic, social, and health challenges before, during, and after their migration to host countries that can affect their mental health (Browne et al., 2021; Mollica et al., 1987; Tonsing & Vungkhanching, 2020; Torr & Walsh, 2018; Wycoff et al., 2011).

Researchers have routinely documented mental health issues in the refugee population (Bith-Melander et al., 2017; Kim et al., 2019; Nguyen & Goel, 2015; Utržan & Wieling, 2020). Specific focus on the mental health of Vietnamese refugees increased when the Vietnam War led to an unprecedented number of Vietnamese migrations in the United States (Maffini & Pham, 2016; Worldwide Refugee Admissions Processing System, n.d.), increasing the number of Vietnamese and their descendants from 603 people in 1965 (Takaki, 1998) to 2.2 million people in 2019. As part of the fourth largest Asian ethnic group in the U.S. (Budiman & Ruiz, 2021), children born to Vietnamese refugees constitute a significant portion of the American Asian population (Kula et al., 2021) who may be at risk of experiencing intergenerational trauma. However, the extant literature on adult children of Vietnamese refugees is limited. Exploring the transmission of intergenerational trauma in the children of refugees can help equip social workers, educators, and medical providers with ways to support Vietnamese Americans and other refugee groups of similar cultural backgrounds.

The nature of trauma transmission can take multiple paths. Individuals who have experienced adverse events can transmit their trauma biologically and socially. Oftentimes, trauma transmission happens unintentionally and “without awareness of the contribution of the original traumatic event” (O’Neill et al., 2016 p. 173). For example, parents’ posttraumatic stress disorder (PTSD) and substance abuse can affect children’s prenatal development and alter their brain development, leaving them at risk for health issues that can impact the next generation (O’Neill et al., 2016). To cope with extreme hardship, trauma survivors may employ strategies of emotional avoidance or adjust their framework of relating to other people, places, and things (Bezo & Maggi, 2015; Wiseman et al., 2006), which creates patterns of behavior that can influence their children’s adaptive functioning. Descendants of Holocaust survivors who did not

experience World War II firsthand have reported patterns of emotional suppression, conflicts in parent-child communications, parental emotional neglect, rebelliousness, excessive sibling rivalry, and perceived pressures to be responsible for their parents' pain that can be traced back to the survivors' Holocaust experiences (Sangalang & Vang, 2017; Sherwood, 2014; Sigal & Rakoff, 1971; Wiseman et al., 2006). Children and grandchildren of famine survivors have reported tendencies to hoard and revere food (Bezo & Maggi, 2015). In Aboriginal populations, ancestors' experiences of abuse and cultural erasure caused by residential schools, colonization, and genocide have left a devastating impact on some descendants, who reported struggles with substance abuse and lost cultural knowledge to inform their parenting skills (O'Neill et al., 2016). Across different racial and cultural groups, survivors' desire to avoid some of the most painful traumatic moments in their lives has contributed to a pattern of silence in communication and mistrust in relationships within and beyond the household (Bui, 2018; Evans-Campbell, 2008; Sherwood, 2014). When there is parental reticence about discussing distress or trauma reactions, attachment bonds can suffer because offspring have less context with which to understand their parents' behaviors (Chou et al., 2023). Enactments of trauma can take many forms and have the capacity to leave behind various consequences affecting groups' cultural values, customs, and ways of life (Bezo & Maggi, 2015; Evans-Campbell, 2008; Graff, 2014).

Intergenerational trauma has been documented in Vietnamese refugee communities. For Vietnamese refugees in the United States, the experience of establishing new lives abroad has differed depending on their period of arrival. Refugees fled to the United States in three main waves that presented unique challenges and advantages. Generally, the first wave of Vietnamese refugees consisted of mostly educated people with higher socioeconomic statuses than members of the later waves (Kula et al., 2021). Their professional collaborations with the U.S. military,

Christian background, and English knowledge were among the factors that helped them adjust to U.S. culture. The second wave of Vietnamese refugees consisted of poorer farmers and their families, many of whom were undereducated and lacked English skills. Second-wave refugees fled Vietnam under more dangerous and risky conditions and may have spent time in resettlement camps. They experienced the most distress during the resettlement process compared to people who arrived in other waves (Chung et al., 2000). In contrast, third-wave refugees had access to social support and cultural community resources established by the previous Vietnamese refugees. Regardless of the period when Vietnamese refugees arrived, as a group they have contended with a variety of obstacles such as language barriers, racism, isolation from their communities, mental health distress, economic hardship, and intergenerational conflict with their children (Bith-Melander et al., 2017; Huynh, 2022; Kim et al., 2019; Kula et al., 2021, Nguyen, 1982). Refugees and their U.S.-born children have reported conflictual parent-child relationships due to differences in acculturation, the extent to which a minority group engages in the dominant culture's customs and traditions (Birman & Tran, 2008). Longitudinal data reveal that perceived discrepancies in acculturation between Vietnamese immigrant parents and their early adolescent children positively correlated with children's depressive symptoms in late adolescence (Ying & Han, 2007).

Despite the myriad of documented consequences related to intergenerational trauma, historical trauma in a family's lineage does not guarantee that offspring will inevitably experience lasting disruptions in health and interpersonal functioning (Rousseau, 2005). In fact, researchers have documented the resiliency of ensuing Vietnamese generations as evidence (Mai, 2010; Vaage et al., 2009; Vaage et al., 2011; Xu, 2017).

Researchers have shown that interpersonal relationships are common vehicles of trauma transmission, which suggests that parent-child relationships and parenting styles may impact how trauma manifests in children when they become adults. Parenting is a set of practices that caregivers use to socialize their children and cultivate the emotional climate in which their children grow (Steinberg, 2001). Baumrind (1971) and Maccoby and Martin (1983) identified four parenting styles: authoritative, authoritarian, permissive, and uninvolved. This model has been widely studied and researched globally (Sahithya et al., 2019; Steinberg, 2001). Each parenting style exhibits varying combinations of parental responsiveness and demandingness (Baumrind, 1971; Maccoby & Martin, 1983). The uninvolved parenting style is characterized by low demandingness and low responsiveness. Uninvolved parents are typically not attuned to their children's emotional needs and can be neglectful. Children of uninvolved parents are likely to have the worst outcomes compared to children whose parents use other parenting approaches. The permissive parenting profile features a style that is low in demandingness and high in responsiveness. Caregivers who practice permissive parenting can be warm and nurturing. They are emotionally supportive yet indulgent, tending to enforce relatively fewer rules and boundaries in their childrearing. Children socialized by permissive parents have mixed outcomes in life. The authoritarian parenting style has high levels of demandingness and low levels of responsiveness. Children who were raised with authoritarian parents may experience emotionally distant, inflexible caregivers who emphasize authority and high expectations. This style has been associated with worse mental health outcomes in children. Finally, the authoritative parenting style describes a caregiving approach that is warm, structured, and open to democratic decision-making in disciplining. Children who were raised with authoritative parents have been shown to

produce the best outcomes. However, Western parenting expectations and styles can differ from Eastern approaches to parenting.

Asian parenting has been commonly characterized as authoritarian, although more researchers have noted that authoritarian parenting may overlap and be confused with culture-specific tiger parenting, an emergent style mostly identified in East Asian populations. Authoritarian parenting has been linked to a number of issues in children such as poor academic achievement, impaired social skills, increased stress, anxiety, depression, delinquent behaviors, eating disorders, and cyberbullying (Hadjicharalambous & Dimitriou, 2020; Kuppens & Ceulemans, 2019; Sahithya et al., 2019). Parents who have struggled with trauma can be more likely to use authoritarian parenting. However, the assumption that authoritarian parenting results from trauma and is inherently harmful to children fails to consider important cultural tenets. In Vietnamese and Chinese parenting, for example, the Confucian principles of filial piety and other traditional cultural norms—such as a hierarchical family structure, clearly defined gender roles, obedience and deference to elders, and reserved attitudes about outward displays of affection—may be reasons why the authoritarian parenting style is commonly adapted and accepted in some Asian families (Juang et al., 2013; Kim et al., 2013; Nguyen et al., 2014; Supple & Small, 2006; Wu & Chao, 2011). Existing literature exploring intergenerational trauma and its relationship with parenting styles among Vietnamese American adult children of refugees is limited, and little to no research examines these variables together with self-compassion.

Whereas adversity foments difficulties with guilt, shame, and unworthiness, self-compassion is related to coping and improved mental health and resilience (Neff, 2003b). Self-compassion entails treating oneself with kindness and respect, being aware of the shared humanity of individual hardships, and engaging in mindfulness awareness when painful feelings

arise (Neff, 2003b). Studies of self-compassion credit Buddhist teachings as the originating contributor of the construct, but self-compassion has been used in different areas of the Western and Eastern world, regardless of religious majority and across individualistic and collectivistic cultures (Neff et al., 2008). Self-compassionate people tend to avoid harsh self-appraisals and adopt mental habits that balance perspectives, which can foster gentler self-attitudes that allow them to cope with adversity across personal and professional contexts (Andel et al., 2021; Gu & Hyun, 2021).

Self-compassion has been studied extensively in the context of attachment anxiety (Wei et al., 2011), self-esteem (Neff, 2011), mood symptoms (Fauvel et al., 2021), PTSD (Germer & Neff, 2015; Warner et al., 2021), romantic relationships (Suppes, 2021), competitive performances (Adam et al., 2021), societal stigma (Pullmer et al., 2021), workplace loneliness (Andel et al., 2021), and academic performances (Neff et al., 2005) to reveal beneficial outcomes. Although some researchers have found inconclusive results regarding self-compassion's effect on emotional regulation (Himmerich & Orcutt, 2021), robust evidence supports self-compassion as a tool for trauma symptom and mood management (Chopra, 2021; Germer & Neff, 2015; Neff, 2011).

To the author's knowledge, no previous scholarship has examined the impact of intergenerational trauma, parenting style, and self-compassion among adults with Vietnamese refugee parents. Although there is growing information about the adult children of Vietnamese refugees who have grown up in the United States, there is nothing on the impact of intergenerational trauma and parenting styles on their self-compassion. Enhancing the understanding of intergenerational trauma and parenting styles on the engagement of self-compassion can lead to a greater understanding of how to support Vietnamese American

individuals in culturally sensitive ways. Therefore, the purpose of this study was to determine if intergenerational trauma and parenting style in Vietnamese refugee families are associated with their children's ability to engage in the healing coping strategy of self-compassion. As the United States continues to welcome refugees in response to global crises, potential findings from this study may be expanded to support other refugee groups with similar cultural backgrounds.

CHAPTER II

LITERATURE REVIEW

Intergenerational Trauma

Beyond the physical resemblances genetically-related family members typically share, descendants can be impacted by the vestiges of emotional or physical pain experienced by an ancestor years or decades after the original traumatic event has occurred. Psychologists began exploring intergenerational trauma when they noticed how some children of Holocaust survivors suffered from poor mental health and relational functioning compared to other peers of their group, despite never experiencing the direct terrors inflicted by the Nazi dictatorship (Sangalang & Vang, 2017; Trossman, 1968). For instance, adults whose parents survived the Holocaust reported a lower capacity for trust and intimacy in romantic relationships compared to adults whose parents sought refuge before World War II (Mazor & Tal, 1996). They have higher prevalence rates than control subjects for trauma symptoms, mood disorders, loneliness, and neglect (Sangalang & Vang, 2017). They reported difficulties expressing emotions and receiving validation for their emotions, especially when their parents can be emotionally avoidant and restrictive after surviving war atrocities (Wiseman et al., 2006). These offspring have shared a common perception of responsibility to manage their parents' pain and sadness and can struggle with sadness, anger, and guilt in their relationships with their parents (Sangalang & Vang, 2017; Sherwood, 2014; Wiseman et al., 2006). Frequently, second- and third-generation descendants of Holocaust survivors reported a pattern of overprotectiveness, dependency, and strong emotional ties with parents and grandparents (Lev-Wiesel, 2007; Wiseman et al., 2006).

The ability of the Holocaust to create intergenerational impacts on family relationships, communication styles, and emotional health was further supported by a study examining the

impacts of mass starvation during the Holodomor genocide in Ukraine. Through their interviews with survivors' families, Bezo and Maggi (2015) discovered a theme of self-preservation that was transmitted down the generations although the second and third generations never witnessed or experienced forced starvation like the first generation. Survivors of the genocide, their children, and their grandchildren reported experiencing issues with food such as stockpiling, overeating, and having an extreme reverence for food. In addition, across generations, there were reports of alcohol abuse, indifference to others, increased social hostility and community mistrust, hoarding behaviors, horror about past and future harm, fear to take action, anxiety, and decreased self-worth (Bezo & Maggi, 2015). These results were reportedly rooted in the original mass starvation that happened during the Holodomor genocide. Researchers have revealed similar trends among the children of combat veterans (Bachem et al., 2020; Rosenheck & Fontana, 1998), enslaved people (Graff, 2014), colonized Indigenous people (O'Neill et al., 2016), refugees (Sangalang & Vang, 2017), domestic violence survivors (Lünnemann et al., 2019), and people living in poverty (Lafavor et al., 2020). Though the original experiences of traumatic events recede from living memory as people die, the intergenerational transmission of trauma may cascade down ensuing generations in different forms.

Biological Pathway of Transmission

A biological pathway of intergenerational trauma is suggested through epigenetics, the study of how environmental and biological factors can influence gene expression without changing organisms' existing genomes. Dias and Ressler (2014) demonstrated the possibility of epigenetic influences on trauma transmission when they discovered a link between fear and functioning across multiple generations of mice. They conditioned a set of male mice to associate the scent of cherry blossoms with electrical shocks. After the mice developed a fear

response to the cherry blossom scent, their sperm was used to produce pups. The pups were raised by surrogate mice who were not exposed to the scent conditioning. Pups and grandpups with ancestors exposed to the scent training exhibited a heightened sensitivity to the scent of cherry blossoms compared to pups whose ancestors have never been conditioned to fear the cherry blossom scent, suggesting that adaptations to trauma can be passed on biologically.

In studies with human subjects, patterns of DNA methylation, a mechanism that regulates gene expression and the level of gene activity within a DNA sequence that are associated with heightened psychiatric risk, have been observed in newborns of mothers with childhood trauma histories (Pilkay et al., 2020). In parents who survived the Holocaust, maternal PTSD is associated with the likelihood that their non-exposed offspring may be at risk for PTSD (Lehrner et al., 2014). Compared to control groups, non-exposed children whose parents were exposed to the Holocaust had different levels of DNA methylation of genes that play a role in modulating the human stress response (Lehrner et al., 2014; Yehuda et al., 2016), positioning them at greater risk for psychopathology. Beyond data from Holocaust survivors, neuroscientists demonstrate growing evidence that traumatic episodes can lead to epigenetic changes in areas of the genome that affect how glucocorticoid receptors, adipose tissue, the hypothalamic-pituitary-adrenal axis, the hippocampus, and the amygdala respond to stressors (Tang et al., 2021; Zannas et al., 2016). Environmental strain may trigger biological adaptations that have the capacity to perpetuate adverse effects of trauma down family lines.

Social Pathway of Transmission

The body of research on intergenerational trauma illustrates how trauma may disrupt relational attachment patterns, altering the ways that people cope in response to stressors (Mazor & Tal, 1996; O'Neill et al., 2016). As these coping mechanisms are modeled to the next

generation, they may lose their adaptive function in new contexts and lead to further disruptions in ways of relating to others, to the point where the “cumulative effects of multiple traumas [build] through the generations and eventually [spread] to culture and society” (O’Neill et al., 2016, p. 173).

Evidence shows that intergenerational trauma has psychological effects on trauma survivors and their successors. In refugee families, parents' issues with PTSD, silence, and other factors can negatively impact their children and those impacts can reach far into adulthood (Rosenheck & Fontana, 1998; Mai, 2010). Adolescents and adults with refugee parents may grow up to overcompensate, feel guilty, have low self-esteem, or experience pressure to succeed academically as a way to overcompensate for the trauma and difficulties that their parents experienced (Sherwood, 2014; Wiseman et al., 2006).

Intergenerational trauma can present as conflict in parent-child relationships, which has been linked to acculturative differences between generations (Dinh et al., 1994; Nguyen, 2008). This conflict is commonly observed in families from collectivistic cultures who seek refuge in nations where the dominant culture is individualistic (Muruthi & Lewis, 2017). There are several considerations to note about the acculturative differences within families. Freedom of choice to relocate impacts how quickly individuals may adjust to their new environment (Kula et al., 2021). Unlike immigrants who voluntarily emigrate to a new country for work or education, refugees have less preparation and may leave as a necessity for survival with as little as a single day’s notice. Refugees may stay at foreign resettlement camps for anywhere between months to years before being resettled in a new land that may be unfamiliar to them and where their job credentials may not be recognized by the new government (Maffini & Pham, 2016). In one study, the outcomes of three separate Cambodian refugee groups were compared (Wycoff et al.,

2011). The first wave consisted of wealthy, highly educated professionals who received early assistance to leave the country due to their associations with the United States. The second wave consisted of refugees who left as they suspected a civil war was imminent. The third wave of refugees consisted of individuals, mostly from impoverished and agrarian backgrounds, fleeing from direct persecution by the Khmer Rouge regime. Compared to the first wave, members in the third wave experienced more acculturative stress and economic hardship once they resettled in the U.S. Choice, transferable skills, and familiarity with the host culture appear to impact the pace of acculturation individuals experience.

Presumptions that refugees can acculturate over time and experience less conflict with their children may be unrealistic and inaccurate. Patterns in the literature reveal that Vietnamese refugees who have spent a longer time in their homeland may show limited acculturation years after resettling. Notably, Vietnamese adolescents perceived that their fathers' acculturation to Western culture did not change with time (Nguyen, 2008). Nguyen (2008) examined the responses of 290 Vietnamese participants and did not find a significant relationship between acculturation level and perceived parenting styles in Vietnamese parents. In another study, Vietnamese refugee parents showed a tendency to endorse traditional Vietnamese values regardless of their length of stay in the U.S., which conflicted with their children's rejection of traditional cultural values (Nguyen & Williams, 1989). Losses in socioeconomic status, language barriers, disconnection from friends and family, and competing cultural values with the majority culture may lead to conflict and overprotection within the household (Dinh et al., 1994; Khoa & van Deusen, 1981; Rosenthal et al., 1996) along with mental health issues (Sangalang & Vang, 2017). Children born in the host country of their parents have more opportunities to adopt the Western values of the majority culture through education and social interactions, which can

lead to intergenerational conflict in parent-child relationships (Dinh et al., 1994). As they become acculturated to individualistic values in the United States, Vietnamese-born male adolescents were more likely than Vietnamese female adolescents to report strained father-child relationships (Dinh et al., 1994), although other researchers have shown that it was daughters rather than sons who experienced more intergenerational conflict with their parents (Rosenthal et al., 1996). Negative emotional impacts and intergenerational conflict appear to be pronounced in girls rather than boys, possibly due to differing attitudes about women's gender roles between Eastern and Western societies (Nguyen et al., 2020; Rosenthal et al., 1996).

Despite extensive evidence that supports the concept of intergenerational trauma, not all children are impacted negatively. In a longitudinal study spanning 23 years, researchers discovered that high psychological distress and traumatic experiences of Vietnamese people who sought refuge in Norway were not as predictive of psychopathology in their children (Vaage et al. 2011). As a whole, Norwegian Vietnamese children reported better well-being than their Norwegian peers despite having fathers with PTSD symptoms (Vaage et al., 2009). Consistent with these findings, other research (Mai, 2010) discovered no significant relationship between parental trauma and adult children's trauma in a study examining Californian Vietnamese refugee families, although parental depression was identified as a positive predictor of children's depression.

Refugees

About 26.4 million refugees exist worldwide (UNHCR, 2021). For the first half of the 20th century, the United States' motivation to preserve the existing racial and ethnic majority limited the number of refugee admissions from Africa, Asia, and Eastern Europe (Americans and the Holocaust, 2021) By contrast, many refugees from central and western Europe were able to

resettle in the U.S. with few or no admission limits (Americans and the Holocaust, 2021).

Admission rates in the U.S. soared to a historic high after the establishment of the Refugee Act of 1980. During that year, a total of 207,116 refugees entered the country with approximately 79% of refugees hailing from Southeast Asian countries (Worldwide Refugee Admissions Processing System, n.d.). As the Cold War ended, the 1980s also introduced an increase in people seeking refuge from the former Soviet Union. Later in the 2000s, the U.S. government accepted more Latin Americans into the country, although the majority of refugees continued to be from Asia and Africa. In the last two decades, the U.S. government admitted more Christian than Muslim refugees (Krogstad, 2019). The majority of the most recent groups of refugees originated from The Democratic Republic of Congo, Ukraine, and Afghanistan. In stark contrast to the early 1980s, U.S. refugee admission rates plunged to a historic low by July 2021 when officials resettled only 6,274 refugees. Notably, bureaucratic complications from the COVID-19 pandemic, border restrictions, and shifting immigration policies contributed to the change in the refugee admission ceiling (Krogstad, 2019; UNHCR, 2021).

Legal, Economic, Social, and Health Challenges

Refugees may be encumbered by a number of legal issues. Compared to immigrants and regular travelers, refugees endure the most extensive and rigorous vetting process that may take years to complete (Pope, 2015). Family separation is common, as individual members of a family unit may have no choice but to apply for asylum and visas separately (Utržan & Wieling, 2020). Refugee survival is dependent on the cooperation of international and domestic governments, humanitarian agencies, and nongovernmental organizations, which can be complicated by discriminatory traveler bans, misconceptions about refugees' threat to public safety, and bureaucratic and health complications from the pandemic (UNHCR, 2020). Such

obstacles were evidenced by former President Trump's Muslim ban (Executive Office of the President, 2017), closures of refugee resettlement offices, reduction in refugee admission caps, green card limits, stringent deportation policies, border wall installation, and xenophobic attitudes against people from certain ethnic and racial groups, particularly those from Black and Brown communities (Mohammadi, 2020; Pierce & Bolter, 2020).

For people able to seek refuge, it is common for them to experience social, cultural, economic, and health issues in their new host country. In the U.S., news coverage about refugee issues tends to be limited, transient, and lacking depth (Brandle & Reilly, 2019), which can prevent people from mainstream U.S. society from accurately understanding refugees' concerns. Refugees are the targets of prejudice and may be viewed as economic threats by locals, politicians, and domestic hate groups (Kula et al., 2021; Southern Poverty Law Center, n.d.a; Takaki, 1998), even though evidence collected from local arrests and offense rates have failed to link refugee resettlement to increased crime rates (Amuedo-Dorantes et al., 2021). Language barriers, dependence on others for simple tasks, loss of independence, loss of status, loss of social support networks, conflict in regular family dynamics, lack of knowledge about resources, obstacles to healthcare and social services, lack of transportation, and a lack of cultural and linguistically appropriate services present challenges for refugee communities (Browne et al., 2021; Mollica et al., 1987; Tonsing & Vungkhanching, 2020; Wycoff et al., 2011).

Refugee youth with access to family social support, parents with high education levels, and more years lived in the United States are more likely to experience academic success (Moinolmolki, 2019). Child refugees may grow up to be more financially secure than refugees who arrived as adults, yet they still tend to have lower economic status compared to U.S. citizens. Within-group examinations showed further intersectional differences along racial and

cultural lines. Compared to their Southeast Asian, Haitian, and Nicaraguan counterparts, Soviet/East Europeans and Cubans who came from countries that were relatively more White, Westernized, and developed were better able to adjust to U.S. culture, experienced less racism, and enjoyed higher economic status (Potocky, 1996).

Researchers have identified emotional disturbances as commonplace during and after the resettlement process. Refugees can suffer from PTSD, mood disorders, and chronic physical health disorders (Bith-Melander et al., 2017; Shaw & Starr, 2019). They have reported feeling a sense of helplessness, discomfort, instability, uncertainty, loneliness, and isolation (Utržan & Wieling, 2020). If family separations occurred prior to host country admissions, refugees may harbor guilt and self-blame for their beliefs about abandoning their families (Utržan & Wieling, 2020). It is evident that the path of refugee resettlement is arduous, filled with various levels of danger, risk, and uncertainty that can expose people to harm on both individual and collective levels.

Researchers have documented how refugees have coped with their lack of formal schooling and limited English skills by relying on their adolescent children to mediate and interpret, make decisions about education for younger siblings, balance school and work to support the family, and in some cases, serve as the primary wage earner (Marvit, 2003; Roxas, 2008; Wycoff et al., 2011). Role reversal can occur when the tasks the parents would normally do if they were not burdened by cultural and language barriers are imposed on their children, which can disrupt traditional family hierarchies. Children of refugees may be exposed to parental PTSD and depression along with the challenges of many responsibilities early in life, and they can come to rely on their peers instead of their parents as they deal with acculturation differences and intergenerational conflict (Spencer & Dornbush, 1990; Wycoff et al., 2011).

Vietnamese Refugees

Beginning when the Refugee Act of 1980 was signed into law, Asian refugees comprised over half of all admitted refugee groups (Krogstad, 2019; Worldwide Refugee Admissions Processing System, n.d.) One of the largest ethnic groups of refugees in U.S. history was the Vietnamese, who entered the nation in three main waves (Kula et al., 2021).

First Wave

The first wave began in the mid-1970s as the Vietnam War ended. This wave mostly consisted of members of the elite and well-educated people who aided the U.S. military. They were proficient in English, lived with economic stability before migrating, and possessed specialized professional skills. Many of them identified with the Roman Catholic faith (Matthews, 1992). They were airlifted to safety from Vietnam with the help of the U.S. military (Kula et al., 2021). In many ways, members of the first wave were more familiar with U.S. culture and, because they had similar religious backgrounds to the U.S. majority, their commonalities may have helped them assimilate to U.S. culture. Vietnamese refugees from the first wave are more likely to identify as bicultural than refugees from the second wave (Chung et al., 2000).

Second Wave

More than half of the Vietnamese refugees in the U.S. were admitted during the second wave of resettlement. Second-wave refugees arrived at U.S. shores beginning from 1978 through the 1980s. People from this period were largely from agrarian backgrounds with low socioeconomic status, had little to no English proficiency, and few specialized skills that were transferable to the U.S. job markets (Chung et al., 2000). Second-wave Vietnamese refugees predominantly identified with the Buddhist faith and practiced folk religions (Matthews, 1992).

Many of them were known colloquially as “boat people,” because they escaped in dangerous conditions by makeshift boats. The second-wave refugees left due to both political persecution and/or economic hardship and have spent time in foreign encampments. Many of them experienced torture, starvation, physical assault, rape, robbery, exposure to chemical weapons, and/or time in re-education camps (Bith-Melander et al., 2017; Chung et al., 2000; Torr & Walsh, 2018). The U.S. government placed second-wave refugees across different states in attempts to prevent refugees from forming ethnic enclaves and help states absorb the refugee population with limited strain on local resources. As a result, the Vietnamese diaspora faced additional barriers to social, economic, and cultural support established by the first wave (Kula et al., 2021). The United States did not have existing structures of support for the refugees’ minority religions, so the refugees had to take extra efforts to purchase and convert residential buildings into temples for their community (Do & Khuc, 2009). Members of the second wave showed resilience during their migration and resettlement, but they generally experienced more distress (Chung et al., 2000), higher rates of PTSD (Bith-Melander et al., 2017), and more difficulties assimilating into U.S. culture compared to members of the first wave (Chung et al., 2000, Nguyen, 1982).

Third Wave

The United States’ efforts to reunify families ushered in a third wave of refugees from the mid-80s through the 90s. This wave was characterized by a mix of refugees and immigrants who were undereducated and had limited professional training for U.S. careers. At this point in time, refugees from the previous two waves had migrated and established ethnic enclaves primarily in the coastal areas of California, Texas, Washington, Virginia, and Florida (Kula et al., 2021),

which provided important cultural community support for the third wave of Vietnamese refugees.

Issues Faced by Vietnamese Refugees

The legacy of war atrocities, displacement, and economic hardships can perpetuate intergenerational trauma in Vietnamese refugee families. The risk for intergenerational trauma is enhanced because Asian refugees have been susceptible to secondary trauma from being resettled in violent or financially disadvantaged neighborhoods (Bith-Melander et al., 2017; Kula et al., 2021). They may experience isolation from local and cultural communities; poor working conditions with low wages and long hours; a lack of benefits like health insurance, retirement savings, and vacation pay; racially motivated attacks; difficulties finding housing; and a scarcity of Vietnamese healthcare practitioners who can provide culturally and linguistically sensitive medical care (Bith-Melander et al., 2017; Gover et al., 2020; Vo & Hom, 2018). Researchers discovered that elderly Vietnamese refugees were more than twice as likely to report poor health and poor functional health compared to their White counterparts (Torr & Walsh, 2018).

Like other refugee groups, Vietnamese refugees and their children have been the target of stereotypes and racial discrimination (Kim et al., 2019; Kula et al., 2021; Ossipow et al., 2019). Early refugees who found work as fishers in Texas faced intimidation, death threats, and property destruction by the Ku Klux Klan (Southern Poverty Law Center, n.d.b). The refugees' children, referred to as second-generation Vietnamese, may choose to cope with racism in the workplace by changing their Vietnamese names to White American names, eliminating signs of Vietnamese culture at their workplaces, and hiring White people to represent their businesses for perceived customer confidence (Huynh, 2022). In some cases, Vietnamese people internalize the racism to which they are exposed in the U.S. and begin to identify with other ethnic and racial

groups' racist views about the Vietnamese (Huynh, 2022). People who experience internalized racism may feel ashamed about their Vietnamese identity, negatively evaluate Vietnamese people who are less acculturated to U.S. society, distance themselves from their ethnic community, cease using their family's native language, and engage in other activities to become as Americanized as possible (Huynh, 2022). Of particular relevance, Vietnamese people either experienced violent injuries and harassment (Stop AAPI Hate, 2021; Yin, 2021) or were at risk of harm, as anti-Asian hate crimes rose exponentially by 145% during the COVID-19 pandemic (Center for the Study of Hate and Extremism, 2020; Gover et al., 2020).

While Vietnamese refugees and their family members may be negatively stereotyped as economic or biological threats, they are also vulnerable to the model minority myth that paints all Asians as hardworking and successful overachievers (Huynh, 2022; Ngo & Lee, 2007). Such ideas appear to be supported by data comparing Asians to White, Black, and Hispanic racial groups (Pew Research Center, 2013). Presented in aggregate form, data showing Asians' relatively high income and educational attainment can appear promising, but these statistics overlook the diverse needs and strengths of different Asian ethnic populations. In fact, when Vietnamese people are considered separately from statistics that combine all Asian groups in the U.S. together, Vietnamese people actually live with relatively higher average rates of poverty and lower median annual household incomes compared to other Asians (Budiman, 2021; United States Census Bureau, 2021). While Vietnamese people are more likely to perform better in schools and be more educated than people from Cambodia and Laos (Swartz et al., 2003), they tend to obtain less education and have fewer highly skilled careers than immigrants from East Asian countries like China, India, Korea, and the Philippines (Landale et al., 2011). Such academic evidence seems to contradict Vietnamese communities' efforts to prioritize education

(Kula et al., 2021). The overestimation of Asian achievements and assumptions of well-being can lead to Asians like the Vietnamese being overlooked for academic assistance programs (Kagawa-Singer et al., 2011; Kula et al., 2021) and other program funding throughout different levels of government (Kula et al., 2021). Although Vietnamese people have resided in the U.S. for over four decades, they have not reached the socioeconomic status attained by East Asians. Prejudice and discrimination in the forms of racism, internalized racism, microaggressions, and the model minority myth have hindered Vietnamese people's efforts to maintain their mental health, advance in education, and build wealth.

Vietnamese refugees' ability to relate to others can be strained as a result of their acculturation levels and lived experiences under a Communist regime. Those who were tortured at re-education camps or confined at resettlement encampments for prolonged periods can develop a fear of guards and authority figures (Bith-Melander et al., 2017). Many survivors have exhibited patterns of silence whereby they cope by withholding their trauma history from their children, which can contribute to a loss of context and understanding about family behaviors and cultural legacies in the ensuing generations (Bui, 2018; Sherwood, 2014). Researchers have discovered that Asian refugees and immigrants tend to have a lack of knowledge and understanding about mental health and experience shame, fear, and stigma about psychological conditions, which can negatively impact their ability to express emotions and seek mental health help (Bith-Melander et al., 2017).

In Vietnamese communities, older age at immigration and resettlement has been linked with psychological distress and depression (Kim et al., 2019; Nguyen & Goel, 2015). Men from the second wave have been more likely to identify as monocultural compared to the women who were more likely to identify themselves as bicultural (Chung et al., 2000), which suggests a

potential for more intergenerational conflict between fathers and their children than mothers and their children. Because education is highly valued as a tool for social mobility, Vietnamese refugees commonly place high academic expectations on their children and may recount stories of their sacrifices and migration struggles to motivate their children to study (Kula et al., 2021; Ngo & Lee, 2007). Although behavioral acculturation has been associated with increased life satisfaction and resilience, it has also been associated with increased anxiety in Vietnamese refugees (Birman & Tran, 2008). This discovery suggests that the acculturation process comes with negative and positive impacts for Vietnamese who try to adapt to a land so different from their country of origin.

More than 40 years after the Vietnam War, the Vietnamese population has become the fourth largest Asian ethnic group in the U.S. (Budiman & Ruiz, 2021; United States Census Bureau, 2021). Children born to refugees constitute a significant portion of the Asian American population (Kula et al., 2021). Researchers have conducted studies on Vietnamese people across the lifespan (Bith-Melander et al., 2017; Huynh, 2022; Kim, 2002; Kim et al., 2019; Maffini & Pham, 2016; Ngo & Lee, 2007; Nguyen, 2008; Ossipow et al., 2019; Torr & Walsh, 2018; Vaage et al., 2011), but there is a limited amount of information about adults with Vietnamese refugee parents who have grown up in the United States (Han, 2005; Maffini & Pham, 2016; Mai, 2010). Therefore, more research is needed to understand this population in the context of intergenerational trauma.

Parenting Styles

Because intergenerational trauma can be inherited through socialization and interpersonal relationships, parenting styles may be a vehicle for intergenerational trauma transmission (Hadjicharalambous & Dimitriou, 2020; Shaw & Starr, 2019). However, some researchers

caution against assuming a single causal relationship between parenting styles and child outcomes since environmental and biological factors such as genetics, school, peers, and siblings can and do shape behavior in spite of parental influence (Avinun & Knafo, 2014). Researchers have also identified the bidirectional relationship between parenting behaviors and child outcomes (Avinun & Knafo, 2014; Hannigan et al., 2018), suggesting that children's personalities and age can influence how parents develop and implement their caregiving behaviors (Avinun & Knafo, 2014). Accordingly, parenting styles may not be a direct source of trauma. However, caregiving behaviors are associated with how children develop schemas about the world, regulate emotions, and relate to peers (Lindblom et al., 2017), and these caregiving behaviors are informed by parents' life experiences. Thus, examining how types of parenting behaviors can moderate child outcomes in the context of intergenerational trauma may be beneficial to our understanding of trauma transmission.

The idea that caregiving practices can directly influence children's development and behavior has led researchers to conceptualize various combinations of parenting strategies into four distinct styles: authoritative, authoritarian, permissive, and uninvolved (Baumrind, 1971; Baumrind, 1991; Maccoby & Martin, 1983). Each style reflects the interaction between the dimensions of demandingness and responsiveness (Maccoby & Martin, 1983) and is indicative of how parents exert control and extend support to their children. Demandingness reflects the degree that a caregiver attempts to govern their child's behavior. Parents with high demandingness socialize their children by enforcing rules, setting limitations, monitoring behavior, and controlling children's attitudes and behaviors (Maccoby & Martin, 1983). The second dimension, responsiveness, references the degree to which caregivers respond to their

child's emotional and behavioral needs with warmth, clear communication, and reciprocity (Maccoby & Martin, 1983).

In the past two decades, researchers have begun highlighting the possibility of additional parenting styles that account for cross-cultural differences (Chao & Tseng, 2002; Kim et al., 2013; Moua, 2010; Power, 2013). In contrast to the two parenting dimensions, demandingness and responsiveness, identified by Maccoby and Martin (1983), Asian researchers proposed eight positive and negative parenting dimensions that include “parental warmth, inductive reasoning, parental monitoring, democratic parenting, parental hostility, psychological control, shaming, and punitive punishment” (Kim et al., 2013, p. 10). Using a longitudinal sample of Chinese children and their parents, Kim and colleagues (2013) subsequently identified four distinct parenting profiles: supportive parenting, easygoing parenting, tiger parenting, and harsh parenting. It is evident that a variety of parenting models exist, yet for the purposes of this dissertation, the researcher focused primarily on the parenting styles established by Baumrind (1971) and Maccoby and Martin (1983) due to the considerable research base that undergirds them.

Uninvolved Parenting Style

Of the four identified parenting styles, the uninvolved style is characterized by low demandingness and low responsiveness. Uninvolved or neglectful caregivers are often preoccupied with their own needs and thus exert minimal or no effort to discipline, communicate, encourage, or show interest in their children's social, emotional, and behavioral needs (Baumrind, 1971). Documented outcomes for children who grew up with unresponsive parents show children being vulnerable to anti-social behavior, poor family relationships, self-control issues, delinquent behavior, issues with internalization, suicide attempts, and substance

use problems (Hadjicharalambous & Dimitriou, 2020; Pappa, 2006; Sahithya et al., 2019).

Recipients of the uninvolved parenting style have the poorest outcomes in life relative to children who grew up with other parenting styles.

Permissive Parenting Style

Permissive parenting is characterized by low demandingness and high responsiveness. Caregivers who use permissive strategies are attuned to their children's needs and respond with warmth and acceptance. Relative to other parents, adults using this type of parenting style tend to nurture their children's bids for psychological and behavioral autonomy. Permissive parents typically interact with their children in affirming and non-punitive ways (Baumrind, 1971). While the permissive parenting style is known for its high responsiveness, it is also marked by indulgent or lenient attitudes, low expectations, and a lack of rules and discipline (Baumrind, 1971; Kuppens & Cuelmans, 2019). Children reared with the permissive parenting style are likely to exhibit active problem coping, avoid substance use, and behave well in school (Sahithya et al., 2019). However, researchers have also found associations between permissive parenting and problems such as anxiety, depression, poor social and emotional functioning, school misconduct, internalizing problems (Kuppens & Cuelmans, 2019; Sahithya et al., 2019), egocentric tendencies, and lack of impulse control (Vlachogianni & Aggeli, 2014).

Authoritarian Parenting Style

Authoritarian parenting exhibits high levels of demandingness and low levels of responsiveness. Parents can impose rigid standards on their children with few opportunities for compromise. Referred to in some instances as *harsh parenting* (Kim et al., 2013), this style is common in parents who exhibit low warmth, use punitive actions, and limit their children from forming their own opinions and beliefs outside of the parent's belief system (Steinberg, 2001).

Parents who rely on an authoritarian parenting style impose a household environment of high expectations, emotional distance, and rigid structure and traditional order. They can use absolute standards as measures of assessment and wield overt authority to control their children's behavior (Baumrind, 1971; Kuppens & Cuelmans, 2019). In environments of high chronic stress, mothers who struggle with emotional dysregulation tend to resort to the authoritarian parenting style, which has predicted higher levels of adolescent emotional dysregulation (Shaw & Starr, 2019). This finding supports the concept that parenting has a role in the intergenerational transmission of trauma. The outcomes for people who grew up with authoritarian parents can include relatively poor academic achievement, impaired social skills, increased stress, anxiety, depression, delinquent behaviors, eating disorders, and cyberbullying (Hadjicharalambous & Dimitriou, 2020; Kuppens & Ceulemans, 2019; Sahithya et al., 2019).

Authoritative Parenting Style

By contrast, childrearing strategies associated with the most well-adjusted children are ones in which parents exhibit high demands in conjunction with high responsiveness. This firm yet warm style is labeled as authoritative parenting. Falling somewhere between permissive parents and authoritarian parents, authoritative parents set and enforce rules consistently as much as they are willing to consider their children's point of view, affirm their children's qualities, adapt different techniques to shape their children's behaviors, and demonstrate acceptance toward their children's efforts to establish psychological autonomy (Baumrind, 1971; Kuppens & Ceulemans, 2019; Steinberg, 2001). Authoritative parents foster more kindness in adolescents than permissive parents, and more actions align with the virtues of wisdom, courage, humanity, justice, temperance, and transcendence in adolescents compared to the uninvolved parents (Mo, 2019). Children who were socialized with authoritative parents have experienced the best

outcomes in social skills, interpersonal functioning, family relationships, emotional coping, and academic performance (Hadjicharalambous & Dimitriou, 2020).

Researchers have also found support for the advantageous role of authoritative parenting style on children's mental health (Kuppens & Cuelmans, 2019). Among 600 Flemish families, cluster analyses revealed that children with two authoritative parents exhibited the least amount of conduct problems while children with two authoritarian parents exhibited the most internalizing and externalizing behaviors (Kuppens & Cuelmans, 2019).

Cultural Considerations Regarding Authoritarian Parenting

The democratic authoritative parenting style has been advocated as the ideal mode over other types of parenting styles (Steinberg, 2001). In spite of growing diversity in data, much of the established knowledge about parenting styles has been predominantly based on the results of White middle-class families (Baumrind, 1971; Steinberg, 2001) and those in Western countries (Power, 2013; Sahithya et al., 2019). In response, cross-cultural researchers have pointed to a need for culturally sensitive interpretations of parenting styles on children in addition to proposing alternatives to the four traditional parenting profiles.

Authoritarian Parenting in Asian and Black Communities

Cultural differences in how people view parenting styles are important to consider when interpreting the effects of authoritarian parenting on children. With sensitivity to racial group differences, some researchers have highlighted that Asian American and African American adolescents have benefited from authoritarian parenting styles (Brody & Flor, 1998; Dalimonte-Merckling & Williams, 2020; Nauck & Schnoor, 2015; Steinberg, 2001). Under authoritarian households, researchers have demonstrated that Hmong and Chinese children excel academically relative to White European children (Chao, 1994; Chao, 2001; Moua, 2010). Similarly,

Vietnamese adolescents with authoritarian migrant parents have demonstrated better academic performance relative to their German and Turkish counterparts (Nauck & Schnoor, 2015).

Authoritarian parenting predicted more self-regulatory behaviors in Black toddlers than in White toddlers (LeCuyer et al., 2011). Black adolescents who were raised in authoritative households did not perform significantly differently in their education compared to students raised by non-authoritative parents (Steinberg, 2001). In these cases, an alternative to authoritative parenting did not appear to harm children.

In addition to authoritarian parenting's apparent role in fostering academic excellence, some researchers have proposed that restrictive parenting techniques may be linked to ensuring survival for people of color who live in unsafe and hostile environments (Brody & Flor, 1998; Dalimonte-Merckling & Williams, 2020). After all, Asian and Black Americans were most likely to report experiences of racism, discrimination, social injustice, poverty, and violence (Do et al., 2019; Ruiz et al., 2020; Stop APPI Hate, 2021). In this context, aspects of authoritarian parenting such as high psychological and behavioral control, parental monitoring, and strict discipline were interpreted as caregiver affection, dedication, support, and concern in Black and Asian communities (Chao, 1994; Dalimonte-Merckling & Williams, 2020). Features of authoritarian parenting have overlapped with the concept of the training parenting style in Chinese families, where controlling behavior is used to foster self-reliance, hard work, and family cohesion and harmony, rather than to satisfy parental desires to dominate children (Chao, 1994). For Asians who endorse the cultural view of parenting as training, authoritarian techniques may be seen as beneficial tools for children's development into resilient and conscientious adults (Chao, 1994).

In the United States, Steinberg (2001) proposed that Black and Asian children do not completely benefit from authoritarian parenting even though the authoritarian style can be less

detrimental to Black and Asian children than it has been to White children. A recent literature review of 35 studies on Black youth showed that Black adolescents were overall less likely to develop behavioral problems when they have warm, accepting, and emotionally supportive parents instead of harsh parents (Washington et al., 2015). Furthermore, researchers discovered that Asian youth raised with authoritarian parenting had the worst developmental and academic outcomes (Fu & Markus, 2014; Juang et al., 2013; Kim et al., 2013; Xie & Li, 2018), followed by children who were raised with tiger parenting in mainland China and the United States (Kim et al., 2013; Juang et al., 2013). Parenting with high levels of psychological and behavioral control is associated with increased cortisol stress hormones in both Chinese and non-Asian American children. Within that group, Chinese children exhibited higher amounts of cortisol in their physiology than American children (Doan et al., 2017).

Distinguishing Between Tiger Parenting and Authoritarian Parenting

Parenting styles that do not fit with the established results of the literature or Western cultural expectations may be met with suspicion and debate (Juang et al., 2013), as reflected by Western media critics when Chinese American professor, Amy Chua, first described the idea of *tiger parenting* (Chua, 2011), a style used by Asian parents that encompasses many strategies consistent with authoritarian parenting. Some researchers posited that tiger parenting is distinct for its use of shaming to control children's behavior (Juang et al., 2013). Others theorized the difference between tiger parenting and authoritarian parenting is that tiger parenting is a style that is high in warmth and hostility, while authoritarian or harsh parenting is low in warmth and high in hostility (Kim et al., 2013). Vietnamese tiger mothers in Australia, for example, have reported a style of childrearing that enforces "immutable" academic standards and emphasizes respect for elders, while allowing for democratic negotiations about non-academic matters in

their children's lives (Nguyen et al., 2014, p. 60). For some Vietnamese, tiger mothers can demonstrate controlling behavioral expectations, but they buffer their expectations with care and emotional support for their children (Nguyen et al., 2014).

Overall Outcomes of Authoritarian Parenting Across Cultures

Ever since developmental psychologists began studying parenting styles, the ways in which parents socialized their children have been explored extensively in diverse areas of the globe such as China (Pilgrim et al., 1999), the Czech Republic (Dmitrieva et al., 2004), Palestine (Punamaki et al., 1997), India (Carson et al., 1999), and Israel (Mayseless et al., 2003). In individualistic countries that value independence, parents commonly favor the authoritative style because it uses a democratic approach between parents and children and places more emphasis on considering children's autonomy (Sahithya et al., 2019). In collectivistic countries that value interdependence, parents often rely on the authoritarian style to help enforce shared family goals over children's individual desires (Sahithya et al., 2019). While all four parenting styles are present across countries and cultures, cross-cultural literature reviews have revealed that authoritative parenting consistently produces positive outcomes for children's well-being (Sahithya et al., 2019; Steinberg, 2001).

As Asian-heritage families become acculturated to mainstream Western culture, authoritarian parenting and tiger parenting have become less common than authoritative parenting methods (Juang et al., 2013; Kim et al., 2013). Contemporary parents in China and Korea have shown signs of adapting their authoritarian styles to be more flexible about their children's autonomy and emotions (Juang et al., 2013; Kim et al., 2013; Lieber et al., 2006), similar to contemporary Vietnamese parents who emigrated to Western countries (Dao, 2003; Nguyen et al., 2014). In spite of the shifts towards authoritative childrearing, some immigrant

families may continue to hold on to traditional ways of authoritarian parenting compared to their counterparts in their country of origin (Way et al., 2013).

Vietnamese Parenting Styles

From the few studies on Southeast Asian parenting, researchers have found that the reported parenting style of Vietnamese families is predominantly authoritarian. Mothers and fathers in Vietnam reportedly engage in authoritarian parenting more than mothers and fathers in Germany (Rindermann et al., 2013). Children of Vietnamese immigrants have reported that their parents used an authoritarian parenting style (Dao, 2003; Nauck & Schnoor, 2015; Nguyen, 2008). The effects of this parenting style on youth reflect the themes addressed above.

Vietnamese respondents who experienced authoritarian parenting styles were more likely to exhibit depressive symptoms and low self-esteem than adolescents who live in authoritative households (Nguyen, 2008). For adolescents in Vietnam, authoritarian parenting negatively impacted their emotional intelligence and social skills (Nguyen et al., 2020). Interestingly, when the authoritarian style was applied in academic settings, Vietnamese adolescents showed more academic interest and more achievement gains amid high expectations and low levels of teacher caring (Dever & Karabenick, 2011).

For Vietnamese families who have resettled in the United States and Australia, despite reports of the prevalence of authoritarian parenting in the household (Dao, 2003; Nguyen et al., 2014), both parents and their children have indicated experiencing a gradual shift towards the authoritative style. Under authoritative treatment, Vietnamese children have reported relatively better well-being, emotional intelligence, self-control, and social skills (Nguyen et al., 2020). This change over time occurs as parents nurture their children's bicultural identities and adapt to Western parenting norms.

Self-Compassion

Self-compassion is the ability to accept and heal from suffering by being attuned to one's feelings and reacting with self-kindness and non-judgmental understanding (Neff, 2023). The construct of self-compassion has three domains that depict how individuals emotionally respond, understand, and attend to their suffering. Six elements comprise the three domains. Individuals may respond to hardship with self-kindness or self-judgment. They may conceptualize their difficulties with a shared sense of common humanity or isolation. They can attend to their difficulties through the lens of mindfulness or over-identification (Neff, 2023). These six elements of self-compassion are mutually interactive and “work together to alleviate suffering” (Neff, 2023, p. 73) on a bipolar continuum. Individuals who are most self-compassionate tend to heal from hardships by reacting to themselves with warmth and care, being attuned to their feelings without distorting the magnitude or permanency of their pain, and remembering that other humans share similar experiences to help them feel less isolated and disconnected. This construct has roots in Buddhist philosophy and holds similarities to the responsive qualities of the authoritative parenting style. In the face of hardship, self-compassion encourages people to embrace their uncomfortable thoughts and feelings with awareness and gentle acceptance before employing self-talk that is warm, caring, and understanding instead of critical and harsh (Neff, 2011).

Scholars have identified how self-compassion can benefit society in educational, professional, interpersonal, and clinical contexts (Andel et al., 2021; Germer & Neff, 2015; Kaurin et al., 2018; Neff et al., 2005; Neff, 2011; Suppes, 2021; Wei et al., 2011). In Asian populations, self-compassion has helped individuals cope with parenting stress (Mazumdar et al., 2021), parental overprotectiveness (Chen et al., 2020), body covert narcissism and shame (Gu &

Hyun, 2021), racial trauma, and internalized racism (Chopra, 2021). For some Asian American university students, the presence of self-compassionate thought was positively associated with a sense of personal meaning in life (Yu & Chang, 2020). In the Vietnamese community particularly, adolescents in Vietnam who reported use of self-warmth also reported less perceived stress (Bui et al., 2021; Nguyen Phuoc & Ngoc Nguyen, 2020), more life satisfaction (Nguyen Phuoc & Ngoc Nguyen, 2020), and increased psychological well-being during the COVID-19 pandemic (Nguyen & Le, 2021) compared to peers who used more self-critical coping skills. Self-compassion appears to be a healing coping strategy that helps many Asian people manage adversities in life.

As academic interest in self-compassion grew, researchers have found that self-compassion can have a pivotal role in buffering trauma symptoms and increasing stress resilience (Forkus et al., 2019; Kaurin et al., 2018). In hostile environments that expose male firefighters to potential harm and death, male firefighters who use more self-compassion than other firefighters reported fewer depressive symptoms and self-critical thoughts (Kaurin et al., 2018). For some military veterans who struggled with high internal moral conflicts as a result of troubling experiences during deployment, high self-compassion predicted lower PTSD and depressive symptom severity levels (Forkus et al., 2019). Individuals who work outside of high adversity environments have also benefited from self-compassion. During the COVID-19 pandemic, U.S. employees struggled with work loneliness and a poor sense of belongingness at work amid job insecurity and telecommuting shifts that isolated them from their social networks (Andel et al., 2021). Workers who reported high engagement in self-kindness and activation of their sense of common humanity experienced less work loneliness that resulted from nationwide changes in how and where they worked. Finally, in a study with university students from North

America, Europe, and Oceania, researchers discovered that self-compassion decreased the link in “relationships between stress and depression, negative affect and depression, burnout and depression, and aggregate distress and aggregate well-being” (Fong & Loi, 2016, p. 8). When social support and other resources are scarce, self-compassion can be a free, convenient, and compelling antidote to human distress.

Rationale for the Study

Although some researchers have explored the associations between intergenerational trauma on Southeast Asian young adults’ academic functioning and mental health, results have been conflicting. Some children of refugees have reported being adversely impacted by intergenerational trauma (Han, 2005; Muruthi & Lewis, 2017; Shaw & Starr, 2019; Ying & Han, 2006, 2007) while others appeared less affected or unaffected by their parents’ history of harm (Muhtz et al., 2016; Vaage et al., 2011). There are no studies that examine the link between both intergenerational trauma and parenting styles on children and adults’ self-compassion. The researcher located only four studies in which researchers have explored the relationship between parenting styles and self-compassion. In those instances, Pepping and colleagues (2015) discovered that adults who reported high levels of parental rejection and overprotection during childhood and low levels of parental warmth were most likely to exhibit low self-compassion. Eker and Kaya (2018) noted that young adults who were exposed to warm and democratic parenting experience less negative self-judgment than children who grew up in authoritarian households. Dakers (2017) discovered that warmth in authoritative parenting and permissive parenting correlated positively with self-compassion in South African adolescent respondents. The effect was pronounced in households with two authoritative parents. The authors also discovered that fathers’ responsive parenting style had more predictive power on self-

compassion than mothers' responsive parenting style. These collective findings contradicted the conclusions of Ahmed and Bhutto (2016), who did not find associations between parenting styles and self-compassion in their sample of Pakistani young adults.

Research on self-compassion among Vietnamese people is centered on adolescents in Vietnam. There is a gap in the literature that explores the well-being of adults with Vietnamese refugee parents who are vulnerable to intergenerational trauma. The researcher did not locate any related self-compassion studies focused on adult offspring of refugees or Southeast Asian individuals in this capacity. Enhancing the understanding of intergenerational trauma and parenting styles on the engagement of self-compassion can lead to a greater understanding of how to support Vietnamese American individuals in culturally sensitive ways. As the United States continues to welcome refugees in response to global crises (Keith, 2022; Wang et al., 2022), potential findings from this study may be expanded to support other refugee groups with similar cultural backgrounds.

Hypotheses

The research questions and resultant hypotheses were based on the extant related research.

Research Question 1: What is the relationship between intergenerational trauma and self-compassion?

Hypothesis 1: There will be a negative relationship between perceived parental trauma and self-compassion.

Research Question 2: How do parenting styles moderate the relationship between intergenerational trauma and self-compassion?

Hypothesis 2: Perceived authoritarian parenting style will impact the strength of the relationship between perceived intergenerational trauma and self-compassion.

Research Question 3: How do perceived fathers' and mothers' trauma predict offspring's self-compassion?

Hypothesis 3: Perceived fathers' trauma will be more predictive of self-compassion than perceived mothers' trauma.

CHAPTER III

METHODOLOGY

The purpose of this study was to determine how intergenerational trauma and parenting styles influence the use of self-compassion in adults who have Vietnamese refugee parents. Intergenerational trauma was represented by perceived mothers' and fathers' trauma. Parenting style was represented by participants' perceptions of their parents' authoritarian, authoritative, and permissive parenting styles.

Participants

To limit the sample to participants who did not directly experience the Vietnam War, the researcher determined a maximum age ceiling of 47 years by subtracting 1975, the year that the Vietnam War ended, from 2022, the year of data collection. Eligible participants were ages 18 or older with at least one Vietnamese parent who lived during the Vietnam War and sought refuge in the United States. Participants were born in the United States or arrived in the United States in their childhood by age 9 before the start of early adolescence (Blum et al., 2017).

During recruitment, 443 people accessed the survey. A total of 165 surveys were eliminated for incompleteness in almost all measures, and three surveys were disqualified due to age cutoffs (a 12-year-old, 50-year-old, and 54-year-old). The researcher analyzed the data of the remaining 275 participants with some caveats. Within the sample of 275 people, 187 respondents completed the modified Harvard Trauma Questionnaire (HTQ; Han, 2005; Mollica et al., 1992) for both parents, and fewer completed every item of the survey's three questionnaires after answering questions about both of their parents. In some cases, participants with only one Vietnamese refugee parent consistently answered questions for one parent instead of two parents, or participants did not complete parts of one or two measures although they fully completed the

study's other measures. To account for missing data, pairwise deletion was implemented in bivariate correlations and listwise deletion was used in regressions. For these reasons, the investigator examined results for participants' mothers' and fathers' trauma and parenting styles in separate models. Sample sizes for each analysis differed depending on the combination of parent sex, and parenting style was entered as an interaction term.

Procedure

The researcher obtained Institutional Review Board approval for the study before recruiting participants through convenience and snowball sampling. To advertise the study, the researcher contacted online community groups (e.g., DFW Viets, Subtle Asian Mental Health), social networking websites (e.g., Instagram, Facebook, Reddit), Vietnamese organizations and university student clubs (e.g., VietAID, Vietnamese Student Association at an area university), an academic listserv (e.g., Asian American Psychological Association), and Vietnamese acquaintances from her network. See Appendix A for the recruitment script.

Individuals who agreed to participate provided their informed consent (see Appendix B) about engaging in this study about their perceptions of intergenerational trauma. Participants completed an anonymous, confidential online questionnaire via PsychData. As they provided their demographic information (see Appendix C), participants specified if their parents were refugees. Participants who did not meet the requirements for generation status in the United States and those who did not have at least one parent who was a Vietnamese refugee to the United States during the Vietnam War were directed to a separate link to end their participation (Appendix D). Then, remaining participants completed the study's remaining three instruments. Afterward, the researcher provided participants with a choice to enter a raffle to win one of 50 \$10 Amazon e-gift cards as a sign of appreciation for their participation (Appendix E).

Participants who wished to provide their contact information for the raffle followed a link leading to a separate survey (Appendix F). Participants' contact information was not linked to their responses to the study's measures.

Measures and Instruments

For this study, the researcher created a questionnaire containing measures that captured demographic data along with levels of perceived parental trauma (Appendix G), perceived parenting styles (Appendix H), and self-compassion (Appendix I) in adult children of Vietnamese refugees living in the United States. The measures for each variable are elaborated below.

Demographics

Descriptive information was collected on the participants' age, sex, gender, religion, ethnicity, highest level of education, immigration history, generation status, and home language with parents. Eligible participants were those who identified as 1.5 generation, meaning they were born outside of the U.S. but arrived in the U.S. during their childhood, or as second generation, meaning they were born in the U.S. with at least one foreign-born parent. Participants were asked to indicate if their parents have lived in Vietnam any time throughout the Vietnam War (1954-1975).

Modified HTQ (Han, 2005; Mollica et al., 1992)

As the most widely used trauma questionnaire in the world (Sigvardsdotter, 2016), the HTQ was specifically designed to screen for traumatic symptoms in Southeast Asian refugees, which was appropriate for the study's target population (Mollica et al., 1992). Participants completed a modified version of the HTQ (Han, 2005) to measure their perception of their parents' trauma. As previously modeled by Han (2005) and Mai (2010) in studies examining

parental trauma in Southeast Asian young adults, the modified HTQ contains the 17 items from Part 1 of the HTQ, a checklist of various traumatic experiences that refugees may have faced before and during their flight. Example questions include, “My mother/father has experienced forced separation from family members,” and “My mother/father has experienced lack of food and water.” Participants indicated the degree of their agreement about the occurrence of various traumatic scenarios that their parents faced. Participants completed the checklist for both of their parents using a 3-point Likert scale of 1 (*none*), 2 (*somewhat true*), and 3 (*very true*). Using this method, total scores for both parents were summed and could range from 34 to 102, with high scores reflecting more severe trauma. When the modified HTQ was tested on a sample of 188 adults, Han (2005) discovered good internal consistency for the mother items ($\alpha = .90$), the father items ($\alpha = .93$), and all items overall ($\alpha = .95$). In the current study, there was excellent Cronbach’s alpha for the mother items ($\alpha = .88$), the father items ($\alpha = .90$), and all items overall ($\alpha = .93$).

Modified Parental Authority Questionnaire (Buri, 1991)

The Parental Authority Questionnaire (PAQ) is a 30-item instrument that identifies permissive, authoritarian, and authoritative parenting profiles based on Baumrind’s (1971) model of parenting styles. Buri’s (1991) questionnaire was designed to be used by older adolescents and young adults. Example questions include, “Whenever my father told me to do something as I was growing up, he expected me to do it immediately without asking any questions”; “My mother had clear standards of behavior for the children in our home, but she was willing to adjust those standards to the needs of each of the individual children in the family”; and “As I was growing up, my father seldom gave me expectations and guidelines for my behavior.” Participants answered a set of questions for each of their parents. To reduce survey fatigue

(Porter et al., 2004), the researcher modified the questionnaire based on the format of The Network of Relationships Inventory (Furman & Buhrmester, 1985; Furman & Buhrmester, n.d.) so that participants could answer items about both of their parents after reading each question once. Example modified questions include, “Whenever my parent told me to do something as I was growing up, he/she expected me to do it immediately without asking any questions,” and “My parent had clear standards of behavior for the children in our home, but he/she was willing to adjust those standards to the needs of each of the individual children in the family.”

Participants answer each question by using a 5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). The scores for the parenting style variables can range from 10 to 50. Higher scores indicate participants’ greater perceived experience of the corresponding parenting style. The reported internal consistency of parenting profiles for fathers ranged from .74 to .87, and the internal consistency of parenting profiles for mothers ranged from .75 to .85. The reported test-retest reliability of the PAQ for fathers ranged from .77 to .92. For mothers, reported test-retest reliability ranged from .78 to .86 (Buri, 1991). In the current study, each parenting style subscale yielded very good internal consistency scores for father’s authoritative ($\alpha = .87$), authoritarian ($\alpha = .89$), and permissive ($\alpha = .83$) parenting styles, as well as for mother’s authoritative ($\alpha = .87$), authoritarian ($\alpha = .88$), and permissive ($\alpha = .82$) parenting styles.

Self-Compassion Scale (Neff, 2003a)

The Self-Compassion Scale (SCS) contains 26 items to capture the tenets of self-compassion, which are self-kindness, common humanity, and mindfulness. There are six subscales within this instrument: self-kindness (e.g. “I try to be loving towards myself when I’m feeling emotional pain”), self-judgment (e.g. “I’m disapproving and judgmental about my own

flaws and inadequacies”), common humanity (e.g. “When things are going badly for me, I see the difficulties as part of life that everyone goes through”), isolation (e.g. “When I fail at something that’s important to me I tend to feel alone in my failure”), mindfulness (e.g. “When something painful happens I try to take a balanced view of the situation”), and over-identification (e.g. “When something painful happens I tend to blow the incident out of proportion”). Participants used a Likert scale between 1 (*almost never*) to 5 (*almost always*) to indicate how frequently they engaged in the presented scenarios. Following the scoring directions, the researcher computed the self-compassion score by reverse scoring items belonging in the isolation, over-identification, and self-judgment subscales because they were negatively worded or negatively keyed. Then, the researcher calculated the individual means for all six subscales and averaged the total scores to create the final self-compassion score. When examining isolation, over-identification, and self-judgment subscales as separate dependent variables, the researcher did not reverse score items within those subscales, which was acceptable according to the instructions for scale interpretation (Neff, 2003a). The overall measure had excellent internal reliability ($\alpha = .92$). In the current study, the reliability for the overall Self-Compassion measure was very good ($\alpha = .84$). The reliability for its subscales ranged between questionable for the common humanity subscale ($\alpha = .68$) to acceptable for the kindness ($\alpha = .81$), self-judgment ($\alpha = .76$), mindfulness ($\alpha = .71$), over-identification ($\alpha = .74$), and isolation ($\alpha = .78$) subscales.

Data Analysis

Using IBM SPSS Statistics 28 software, the researcher tested the hypotheses with a correlation and two regressions using the steps established by Aiken and West (1991). Simple correlations were used to analyze demographic data (see Table 1). After centering the trauma and

parenting style predictor variables, assumptions of multiple regression were examined for normal distribution, linearity, multicollinearity, homoscedasticity, uncorrelated residuals, and outliers. The researcher used descriptive statistics on the continuous predictor variables and the self-compassion dependent variable to examine skewness and kurtosis. Skewness and kurtosis scores were between -1 and +1, indicating that the dataset was normally distributed. Correlations between independent variables are shown in Table 2. A predicted probability plot of regression residuals demonstrated a linear relationship between the independent and dependent variables. The researcher implemented a residual scatterplot and observed randomly and evenly distributed scores, which met the assumption for homoscedasticity. No outliers were present.

Table 1

Descriptive Statistics for Measures Used

Variable	<i>N</i>	<i>M</i>	<i>SD</i>	Min	Max
Self-Compassion Scale (SCS)	191	2.88	.66	1.13	4.80
Self-Kindness	217	3.08	.87	1.20	5.00
Self-Judgment	223	3.48	.83	1.00	5.00
Common Humanity	220	3.20	.79	1.00	5.00
Isolation	220	3.32	.96	1.00	5.00
Mindfulness	219	3.21	.81	1.00	5.00
Over-identification	219	3.44	.90	1.00	5.00
Parental Authority Questionnaire (PAQ)					
Permissive Father	193	23.65	7.88	10	43
Permissive Mother	189	22.91	7.55	10	47
Authoritative Father	189	25.54	8.55	10	45
Authoritative Mother	187	26.03	8.51	10	45
Authoritarian Father	192	34.09	9.46	11	50
Authoritarian Mother	188	35.13	8.87	11	50

Variable	<i>N</i>	<i>M</i>	<i>SD</i>	Min	Max
Modified Harvard Trauma Questionnaire (HTQ)					
Father	205	30.76	8.14	17	50
Mother	203	28.55	7.48	17	50
Both Parents	187	59.25	14.10	34	100
Only father		50	18.2		
Only mother		23	8.4		

Note. Subscales of self-compassion were analyzed individually for correlations. Subscales were analyzed together to form a single self-compassion score.

Table 2

Correlations Between Predictor Variables

Variable	1	2	3	4	5	6	7	8
Father's Trauma	—							
Mother's Trauma	.62**	—						
Permissive Father	-.20	.03	—					
Permissive Mother	-.09	.01	.77**	—				
Authoritative Father	-.19*	-.03	.60**	.50**	—			
Authoritative Mother	-.11	-.03	.42**	.59**	.73**	—		
Authoritarian Father	.13	.05	-.49**	-.33**	-.23**	-.03	—	
Authoritarian Mother	-.01	.02	-.27**	-.49**	-.14	-.32**	.69**	—

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

CHAPTER IV

RESULTS

Demographics

The researcher recruited 443 participants. Data from 168 participants were excluded for reasons identified in the previous chapter, resulting in a final sample of 275 participants (see Table 3).

Table 3

Participants' Demographic Data

Variable	<i>n</i>	%	<i>M</i>	<i>SD</i>
Age			29.3	6.64
18-19	5	1.9		
20-29	151	57.1		
30-39	83	31.2		
40-47	26	9.9		
No response	10	3.6		
Sex				
Female	176	64		
Male	98	35.6		
No response	1	.4		
Gender				
Woman-identified	173	62.9		
Man-identified	93	33.8		
Transgender man	1	.4		
Transgender woman	1	.4		
Nonbinary, genderfluid, gender non-conforming	7	2.6		
No Response	1	.4		

Variable	<i>n</i>	%	<i>M</i>	<i>SD</i>
Generation Status				
1.5 Generation	59	21.5		
2nd Generation	216	78.5		
Highest Level of Education				
Middle School	8	2.9		
Some High School	13	4.7		
High School	15	5.5		
Some College	37	13.5		
Associate's Degree	18	6.5		
Bachelor's Degree	111	40.4		
Advanced Degree	71	25.8		
No response	2			
Language Spoken with Parents				
Primarily or Exclusively Vietnamese	77	28		
Primarily or Exclusively English	63	22.9		
Both English and Vietnamese	125	44.5		
Cantonese and English	4	1.5		
Cantonese, English, and Vietnamese	1	.4		
Broken Vietnamese	1	.4		
Broken English	1	.4		
No response	3			
Which Parent Sought Refuge				
Both	202	73.5		
Only father	50	18.2		
Only mother	23	8.4		

Note. Percentages add up to over 100 due to rounding to the tenth place.

Hypothesis 1

The investigator predicted that there would be a negative relationship between intergenerational trauma and self-compassion. To test this hypothesis, Pearson's product-moment correlations were conducted to examine the bivariate relationship between intergenerational trauma and self-compassion. Perceived mother's trauma and perceived father's trauma represented intergenerational trauma (see Table 4). Results indicated no statistically significant relationship between intergenerational trauma and self-compassion in adult offspring of Vietnamese refugees, $r = -.09, p = .32$. When intergenerational trauma was examined separately by parent, father's trauma did not affect participants' overall self-compassion, $r = -.12, p = .14$. Similarly, mother's trauma did not have a statistically significant relationship with self-compassion, $r = -.04, p = .60$.

Given these findings, the investigator used correlations to examine whether intergenerational trauma was associated with specific components that comprise self-compassion. There was no significance between perceived mother's trauma on participants' self-kindness, $r = -.04, p = .64$; sense of common humanity, $r = .03, p = .68$; and mindfulness, $r = -.03, p = .73$; self-judgment, $r = -.07, p > .37$; sense of isolation, $r = -.05, p = .55$, or over-identification, $r = -.06, p = .46$. By contrast, fathers' trauma had positive relationships with individuals' self-judgment, $r = -.18, p = .02$; sense of isolation, $r = -.15, p = .05$; and over-identification, $r = -.16, p = .04$, as shown in Table 5. Therefore, Hypothesis 1 was partially supported because intergenerational trauma via fathers was negatively associated with select elements of participants' self-compassion.

Table 4*Correlations Between Intergenerational Trauma and Self-Compassion*

Variable	1	2	3	4
1. Fathers' Trauma	—			
2. Mother's Trauma	.62**	—		
3. Intergenerational Trauma	.91**	.89**	—	
4. Self-Compassion	-.12	-.04	-.09	—

Note. The *N* varied for each variable.

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

Table 5*Correlations Between Parental Trauma and Subscales of Self-Compassion*

Variable	1	2	3	4	5	6	7	8
1. Father's Trauma	—							
2. Mother's Trauma	.62**	—						
3. Self-Kindness	-.12	-.04	—					
4. Self-Judgment	.18*	.07	-.49**	—				
5. Common Humanity	-.00	.03	.57**	.24**	—			
6. Isolation	.15*	.05	-.54**	.67**	-.39**	—		
7. Mindfulness	-.00	-.03	.64**	-.27**	.54**	-.39**	—	
8. Over-identification	.16*	.06	-.39**	.67**	-.22**	.55**	-.36**	—

Note. The *N* varied for each variable.

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

Hypothesis 2

The researcher predicted that perceived authoritarian parenting style would impact the strength of the relationship between intergenerational trauma and self-compassion. Hierarchical regressions were used to test for a moderation effect. Three regressions were conducted separately to examine the three parenting styles in fathers, and the procedure was repeated for the mother variables for a total of six regressions. In the first step, the researcher attempted to examine how fathers' or mothers' trauma and one of the three parenting styles predicted self-compassion. In the second step, the researcher added the interaction term between parental trauma and parenting style. No interaction effects were discovered between intergenerational trauma and perceived authoritarian parenting style on the overall self-compassion of adult offspring. This finding applied to fathers, $R^2 = .06$, $F(1, 133) = 2.83$, $p = .78$; and to mothers, $R^2 = .02$, $F(1, 129) = .93$, $p = .47$. Therefore, the data did not support the prediction that authoritarian parenting would moderate the relationship between intergenerational trauma and self-compassion.

The regression representing participants' perception of their fathers and permissive parenting was significant. As shown in Table 6, permissive parenting was a positive predictor of participants' self-compassion. The results suggested that permissive parenting in fathers accounted for 6% of the variance in self-compassion, $R^2 = .06$, $F(2, 133) = 4.15$, $p = .02$. Perceived permissive parenting in fathers ($\beta = .20$, $p = .02$) had a positive relationship on adult children's self-compassion while perceived trauma in fathers ($\beta = -.11$, $p = .19$) was not statistically significant.

Table 6*Summary of Hierarchical Regression Predicting Self-Compassion*

Variable	Step 1			
	R^2	b	SE	β
1. Father's Trauma		-.01	.01	-.11
2. Permissive Father		.02	.01	.20*
	.06*			
	Step 2			
	R^2	b	SE	β
1. Father's Trauma		-.01	.01	-.11
2. Permissive Father		.02	.01	.20*
3. Permissive father x father's trauma		.00	.00	-.04
	.00			

Note. $N = 136$. Dependent variable is self-compassion.

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

To note, even though father's permissive parenting's impact on self-compassion was not statistically significant in model 2, the researcher chose to interpret model 1 because the second model's R^2 change score was statistically insignificant.

Whereas fathers' permissive parenting was a positive predictor of self-compassion, mothers' permissive parenting did not have a significant relationship with self-compassion and no interaction effects were present in the model with mothers' trauma and mothers' permissive parenting on self-compassion, $R^2 = .01$, $F(2, 127) = .90$, $p = .41$.

Predictors' Relationships With Subscales of Self-Compassion

Eighteen additional regressions were conducted separately for the perceived father trauma, mother trauma, and mothers' and fathers' parenting to examine their relationship to the

subscales from the Self-Compassion Scale (Neff, 2003a). In the remaining tests, the investigator only observed significant trends in regressions representing participants' perception of their parents and the elements of self-judgment and isolation.

Self-Judgment

As shown in Table 7, there was a positive relationship between perceived trauma in fathers ($\beta = .15, p = .05$) and Vietnamese offspring's self-judgment. There was a negative relationship between perceived permissive parenting in fathers ($\beta = -.21, p = .01$) and offspring's self-judgment. In comparison to fathers' trauma, fathers' permissive parenting was a stronger predictor of Vietnamese offspring's self-judgment.

Table 7

Summary of Hierarchical Regression Predicting Father's Permissive Parenting on Self-Judgment

Variable	Step 1			
	R^2	b	SE	β
1. Father's Trauma		.02	.01	.15*
2. Permissive Father		-.02	.01	-.21**
	.07*			
Variable	Step 2			
	R^2	b	SE	β
1. Father's Trauma		.02*	.01	.15*
2. Permissive Father		-.02*	.01	-.21*
3. Permissive father x father's trauma		-3.90	.00	.00
	.07			

Note. $N = 161$. Dependent variable is self-judgment.

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

Results suggested that permissive parenting in fathers accounted for 7% of the variance in self-judgment, $R^2 = .07$, $F(2, 158) = 6.12$, $p < .01$. The interaction between father's trauma and father's permissive parenting was not significant. $R^2 = .07$, $F(1, 157) = 4.05$, $p = .97$.

Regarding mothers' results, there was no statistically significant relationship between mothers' trauma and self-judgment, $R^2 = .03$, $F(2, 150) = 2.54$, $p = .08$, nor was there a significant interaction effect between mothers' trauma and mothers' permissive parenting on self-judgment, $R^2 = .04$, $F(1, 149) = 2.11$, $p = .26$.

As shown in Table 8, father's authoritarian parenting was a significant positive predictor on adult children's self-judgment. The results suggested that authoritarian parenting in fathers accounted for 10% of the variance in self-judgment, $R^2 = .10$, $F(2, 158) = 8.75$, $p < .001$. Perceived authoritarian parenting in fathers ($\beta = .27$, $p < .001$) had a positive association with adult offspring's self-judgment while perceived trauma in fathers ($\beta = .14$, $p = .07$) was not statistically significant.

Table 8

Summary of Hierarchical Regression Predicting Father's Authoritarian Parenting on Self-Judgment

Variable	Step 1			
	R^2	b	SE	β
1. Father's Trauma		.01	.01	.14
2. Authoritarian Father		.02	.01	.27***
	.10***			

Step 2				
	Variable	R^2	b	SE
1.	Father's Trauma	.01	.01	.14
2.	Authoritarian Father	.02	.01	.26***
3.	Authoritarian father x father's trauma	.00	.00	.09
		.11		

Note. $N = 161$. Dependent variable is self-judgment.

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

In a similar trend, there was a positive relationship between mother's authoritarian parenting on offspring's self-judgment (see Table 9).

Table 9

Summary of Hierarchical Regression Predicting Mother's Authoritarian Parenting on Self-Judgment

Step 1				
Variable	R^2	b	SE	β
1. Mother's Trauma		.01	.01	.06
2. Authoritarian Mother		.02	.01	.21**
	.05*			

Variable	Step 2			
	R^2	b	SE	β
1. Mother's Trauma		.01	.01	.06
2. Authoritarian Mother		.02	.01	.20*
3. Authoritarian mother x mother's trauma		.00	.00	.10
	.06			

Note. $N = 157$. Dependent variable is self-judgment.

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

The results suggested that authoritarian parenting in mothers accounted for 5% of the variance in self-judgment, $R^2 = .05$, $F(2, 154) = 8.85$, $p = .02$. Perceived authoritarian parenting in mothers ($\beta = .21$, $p = .01$) had a positive relationship with adult offspring's self-judgment while perceived trauma in mothers ($\beta = .06$, $p = .47$) was not statistically significant.

Regarding parental trauma and authoritative parenting on offspring's self-judgment, results for fathers showed no significant interaction effects, $R^2 = .05$, $F(1, 155) = 2.84$, $p = .74$. The relationship between perceived authoritative parenting in fathers ($\beta = .14$, $p = .07$) and self-judgment was not significant and the relationship between perceived trauma in fathers and self-judgment was also not significant ($\beta = -.15$, $p = .06$). Similarly, results about mothers' trauma and authoritative parenting on offspring's self-judgment showed no significant relationships or interaction effects, $R^2 = .02$, $F(1, 150) = 1.14$, $p = .12$.

Isolation

Statistical significance was present in regressions representing participants' perception of their fathers' trauma and authoritarian parenting style on isolation. Fathers' authoritarian parenting was a positive predictor on adult children's sense of isolation (see Table 10).

Table 10

Summary of Hierarchical Regression Predicting Father's Authoritarian Parenting on Isolation

Variable	Step 1			
	R^2	b	SE	β
1. Father's Trauma		.01	.01	.12
2. Authoritarian Father		.02	.01	.23**
	.07**			
Variable	Step 2			
	R^2	b	SE	β
1. Father's Trauma		.01	.01	.12
2. Authoritarian Father		.02	.01	.23**
3. Authoritarian father x father's trauma		.00	.00	.03
	.07			

Note. $N = 156$. Dependent variable is isolation.

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

The results suggested that authoritarian parenting in fathers accounted for 7% of the variance in isolation, $R^2 = .07$, $F(2, 153) = 6.04$, $p = .01$. Perceived authoritarian parenting in fathers ($\beta = .23$, $p < .05$) had a positive relationship with adult offspring's isolation while perceived trauma in fathers ($\beta = .12$, $p = .14$) was not statistically significant. The data show that father's authoritarian parenting is a positive predictor of isolation. By contrast, the results about mothers' trauma and authoritarian parenting on offspring's sense of isolation showed no significant relationships or interaction effects, $R^2 = .03$, $F(2, 149) = 2.12$, $p = .12$.

Next, the investigator discovered statistical significance in one regression representing participants' perception of their fathers and authoritative parenting on isolation (see Table 11). Fathers' authoritative parenting was a negative predictor of participants' isolation. The results

suggested that authoritative parenting in fathers accounted for 6% of the variance in isolation, $R^2 = .06$, $F(2, 151) = 4.41$, $p = .01$. Perceived authoritative parenting in fathers ($\beta = -.20$, $p = .02$) had a negative relationship with adult offspring's isolation while perceived trauma in fathers ($\beta = .10$, $p = .22$) was not statistically significant.

Table 11

Summary of Hierarchical Regression Predicting Father's Authoritative Parenting on Isolation

Variable	Step 1			
	R^2	b	SE	β
1. Father's Trauma		.01	.01	.10
2. Authoritative Father		-.02	.01	-.20*
	.06*			
Variable	Step 2			
	R^2	b	SE	β
1. Father's Trauma		.01	.01	.10
2. Authoritative Father		-.02	.01	-.20*
3. Authoritative father x father's trauma		.00	.01	-.02
	.06			

Note. $N = 154$. Dependent variable is isolation.

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

Lastly, the researcher found no significant relationship or interaction effects of mothers' trauma and authoritative parenting on isolation, $R^2 = .01$, $F(1, 145) = .52$, $p = .66$. Regressions showed no significant effects or interaction effect between fathers' trauma and permissive parenting on offspring's isolation, $R^2 = .03$, $F(1, 152) = 1.58$, $p = .95$. Neither did results uncover

significant effects or an interaction effect between mothers' trauma and permissive parenting, $R^2 = .01$, $F(1, 144) = .27$, $p = .81$.

Hypothesis 3

Hypothesis 3 predicted that intergenerational trauma via fathers rather than mothers would be more predictive of lower self-compassion. This prediction was partially supported in two ways. While the level of trauma that fathers experienced had no significant effect on overall self-compassion, fathers' trauma was significantly positively correlated with self-judgment, sense of isolation, and over-identification—components within the self-compassion scale (see Table 5). As father's trauma increases, for example, so does self-judgment. Though there was no moderation effect between intergenerational trauma and parenting styles, fathers' permissive parenting style was positively associated with self-compassion in adult offspring (see Table 6) while mothers' permissive parenting was not significantly correlated with self-compassion.

The differences in the significance between fathers' and mothers' trauma may be explained in part by examining the trends in participants' descriptions of their fathers' and mothers' traumas. More participants indicated awareness of their fathers' torture experiences, perhaps due to their fathers' likelihood of participating in active combat and becoming prisoners of war (POW). Of the 35 responses provided, adult children's knowledge of their fathers' torture experiences included physical assault and disfigurement, starvation, interrogation, forced consumption of rocks, medical torture, witnessing homicide or torture of others, and imprisonment at labor, reeducation camps, or POW camps. Sixty-nine participants shared their fathers' experiences of frightening events which included examples such as military service, escaping by boat, near-death experiences, witnessing gang violence, robbery, forced separation from family members, refugee camps, bombings, witnessing death, suicidal ideation, or death.

By contrast, participants expressed less knowledge about their mothers' torture experiences and listed more examples of frightening events their mothers experienced. Only six participants shared incidences of torture their mothers experienced. Two participants specified that their mothers were in a POW or reeducation camp, four responded that their mothers witnessed abuse or imprisonment of their partners, and the remaining participants indicated that they did not know or did not specify details. By contrast, 55 participants shared about the frightening events their mothers survived, which included involuntary separation from family members, exposure to bombings and gunfire, escapes by boat, encounters with pirates, property confiscation by Communists, and threats to reproductive health and pregnancy, with one participant specifying that their mother had to climb a ladder while 8.5 months pregnant.

A unifying theme between participants' reports of their parents' trauma was the abuse, murder, and forced separation that mothers and fathers witnessed happening to male relatives such as their grandfathers, fathers, or husbands. Participants also reported that their parents endured hardship at sea. Life on escape boats entailed exposure to deaths, pirate attacks, cannibalism, near drowning, and incidents of being stranded at sea. Reports of parents witnessing violence against female family members were conspicuously absent, although that does not exclude the likelihood that it occurred. According to historical records (Sagan & Denney, 1986), South Vietnamese female veterans experienced malnutrition, hard labor, and murder in North Vietnamese Communist reeducation camps (Nguyen, 2022). Other Vietnamese female refugees and were vulnerable to sexual assault at sea, as they were frequently raped by pirates and abducted for sex trafficking (Crossette, 1982). One participant alluded to this concern, sharing that the desire to elude pirates prompted their mother to shave her head to disguise herself as a boy.

Twenty-six participants shared that their parents were imprisoned at camps, but some classified the experience as a frightening event and not as torture. It was unclear if respondents were unaware of the extent of their parents' experiences, or if some parents were spared from torture at the camps. Historically, former prisoners endured inhumane conditions that were common at North Vietnamese reeducation camps: dangerous physical labor without tools or protective gear, disease and starvation, forced confessions, political indoctrination, physical and psychological abuse, and arbitrary solitary confinement in wells, boxes, or dark underground cells (Sagan & Denney, 1986). One participant confirmed this occurrence when they stated that their father and uncle were forced into a box without food and water, resulting in the death of the uncle. In other responses within the modified HTQ (Han, 2005; Mollica et al., 1992), three participants in the current study specified that their fathers were imprisoned between 10-13 years, which was not unusual for prisoners at North Vietnamese Communist reeducation camps (Sagan & Denney, 1986).

CHAPTER V

DISCUSSION

Summary of Findings

Participants overwhelmingly identified as second-generation, college-educated, American, cisgender women. Focusing on adults raised by Vietnamese refugee parents, the researcher sought to understand whether intergenerational trauma and parenting styles influenced individuals' engagement in self-compassion. In contrast to the researcher's predictions, parental trauma was not predictive of adult children's self-compassion. Although there were no observable associations between intergenerational trauma and self-compassion, intergenerational trauma and parenting style did correlate with the elements of isolation and self-judgment in the construct of self-compassion. Notably, parenting styles appeared to be more influential than parental trauma in shaping offspring's self-compassion.

To illustrate, Vietnamese raised by authoritarian refugee parents tended to experience more self-judgment and isolation. Participants who experienced authoritative and permissive parenting styles appeared to have less critical evaluations of themselves or feel alone. Permissive parenting in fathers correlated with less self-judgment in their children. In particular, the more permissive fathers were, the more their children endorsed having self-compassion. Authoritative parenting in fathers was associated with less feelings of isolation. Individually, refugee fathers' trauma was associated with greater self-judgment and fathers' permissive parenting correlated with less self-judgment in the adult children. The percentage of variance accounted for by elements of self-compassion on parenting styles is small, with father's results ranging between 6-10% and mothers' results ranging between 3-5% of the variance. Among the study's sample, higher levels of trauma experienced by fathers were linked to increased tendencies in their adult

offspring to exhibit self-critical thoughts, feel isolated during life setbacks, and overidentify with their emotions instead of maintaining a balanced perspective. This finding suggests that fathers who have survived traumatic experiences may encounter difficulties in coping afterward, which could adversely affect the quality of their relationship with their children and the range of emotional coping skills they demonstrate.

Interestingly, the association between trauma and parenting styles on children's self-judgment and isolation varied depending on the gender of the parent. The combination of trauma and less permissive parenting style in fathers was associated with heightened self-judgment in adult offspring. However, when considering mothers, this same combination seemed to have no significant relationship on their children's self-judgment. Authoritarian parenting's positive relationship with children's self-judgment and sense of isolation were more pronounced when it came from fathers versus mothers. Fathers' authoritative parenting had a significant negative relationship with participants' isolation, while mothers' authoritative parenting did not significantly associate with elements of adult children's emotional functioning. Among the current sample, fathers appeared to play a distinctive role in shaping self-compassionate behavior in their children.

Integration With Current Scholarship

Previous research has been equivocal with some suggesting that war trauma in parents is positively associated with mental health struggles in their adult children (Mladenović et al., 2021), whereas other research shows children are not necessarily severely affected by parental trauma or intergenerational conflict (Han & Lee, 2011; Muhtz et al., 2016; Vaage et al., 2011). This study's findings are similar to those investigations in which researchers did not find a significant associations between parental trauma on their adult children. While children may be

self-judgmental in cases where there is more intergenerational trauma, participants' overall self-compassion appeared relatively unaffected.

The role of fathers in children's self-compassion is a particular area of interest. Among the current sample, adult children's Vietnamese fathers' trauma was associated with children's self-judgment, isolation, and over-identification, components of self-compassion. The findings of the current investigation are consistent with previous literature showing that trauma in Vietnamese refugee fathers rather than mothers was a negative predictor of their children's mental health (Vaage et al., 2011), although the investigator did not assess participants' nor their parents' PTSD. Adults with PTSD tend to report less cognitive flexibility and more self-judgment, isolation, and over-identification than peers without PTSD (Daneshvar et al., 2022). Therefore, there is a possibility that Vietnamese fathers with trauma may be modeling non-self-compassionate behaviors at home which are then adopted by their children into their repertoire of emotional regulation strategies (Lindblom et al., 2017).

Refugee fathers may experience some of the documented challenges of trauma survivors, such as developing insecure attachment styles, feeling distrustful about social relationships, and engaging in illegal activity (Turner, 2022). Vietnamese fathers can struggle with traumatic experiences that negatively influence the quality of their parent-child bonds. Their children may respond by feeling isolated and overly judgmental in their self-evaluations, although the researcher did not assess for attachment styles for the current investigation.

Unexpectedly, there was a positive correlation between perceived father's permissive parenting and adult children's self-compassion. The same pattern was not observed in mothers' permissive parenting or any other parenting style. An unusual trend emerged when authoritarian parenting, a style characterized by inflexibility, high demandingness, and low warmth, did not

have a statistically significant association on the offspring's self-compassion while permissive parenting did. However, authoritarian parenting was positively associated with self-judgment and isolation.

The results of the current study supported the findings by Dakers (2017), who reported that permissive parenting was a positive predictor for self-compassion due to its high warmth. The significant results about authoritarian parenting supported previous research documenting a negative association between authoritarian parenting and self-compassion (Pepping et al., 2015). Vietnamese adult children's response to the permissive parenting style contradicted existing studies that linked permissive parenting to internalizing problems in children and adolescents (Kuppens & Cuelmans, 2019; Moreno Méndez, 2020; Sahithya et al., 2019).

Authoritarian parenting may contribute to self-criticism and a sense of relational disconnection in Vietnamese offspring. This could be explained by refugee parents' probable stress from resettling in a new country while coping with loneliness, racism, financial scarcity, and the mental and physical health effects of surviving a war. To cope with these challenges, some parents may rely on excessive discipline and structure, driven by exhaustion from the demands of resettlement and providing for the family. Since being hardworking is a core value in U.S. Vietnamese immigrant culture (Tajima & Harachi, 2010), parents may also rely on authoritarian parenting as a way to promote family cohesion and train their children to be self-reliant in the host country. Self-judgment and isolation may arise in Vietnamese children if they struggle to navigate and reconcile the demands of their heritage culture with conflicting desires shaped by the host society.

Implications for Theory

The findings of this study have significant implications for psychological theory in understanding the Vietnamese experience within therapeutic contexts. First, the lack of a significant relationship between intergenerational trauma and self-compassion challenges the assumption that parental trauma may negatively correlate with adult children's self-compassion. Therapists working with Vietnamese individuals should be cautious about assuming a direct negative relationship between intergenerational trauma and self-compassion, recognizing that other factors may play a significant role in shaping self-compassionate attitudes.

Second, the hypothesis linking higher authoritarian parenting to higher self-judgment and isolation suggests that this particular parenting style may have a negative relationship with self-compassion in the context of Vietnamese families. Findings suggest that parenting styles with warmth are conducive to emotional well-being, mirroring a key mechanism of self-compassion. However, it is essential for researchers to be cautious of the generalizations about the detrimental effects of authoritarian parenting on self-compassion among Vietnamese individuals, given previous findings in which researchers found Asian parents employed parenting techniques that were high in control and hostility, yet high in warmth, to promote resilience and facilitate their children's adjustment to harsh social environments (Chao, 1994; Chua, 2011; Dalimonte-Merckling & Williams, 2020; Kim et al., 2013). Considerations of Vietnamese adult children's acculturation within their heritage and American culture along with personality traits that promote resilience can provide insight into bidirectional effects of parenting styles. In sum, a more nuanced theoretical exploration of the interplay between parenting styles and self-compassion is necessary, with attention given to cultural factors and the specific dynamics within Vietnamese families.

Third, the partial confirmation of Hypothesis 3, indicating a positive association between father's trauma and self-judgment, isolation, and over-identification, highlights the importance of the need for further theoretical exploration of the specific impacts of paternal trauma. These findings emphasize the need for further exploration of the specific mechanisms through which paternal trauma influences offspring's emotional experiences. Future research guided by these findings could contribute to the development of more comprehensive theories that integrate the unique effects of paternal trauma within the broader framework of intergenerational trauma and its implications for self-compassion among individuals of Vietnamese heritage.

In summary, these research findings prompt a reevaluation of existing psychological theories and call for more nuanced understandings of the Vietnamese experience in therapeutic contexts. The implications include the need for revised theories regarding the relationship between intergenerational trauma and self-compassion, a deeper exploration of the influence of authoritarian parenting styles within the Vietnamese cultural context, and further research on the specific effects of paternal trauma. Such advancements in psychological theory and research will enhance the effectiveness and cultural sensitivity of therapeutic interventions for individuals of Vietnamese heritage.

Implications for Clinical Practice

The lack of a statistically significant relationship found between intergenerational trauma and overall self-compassion hints at the resilience of Vietnamese adult children of refugees. Yet, the positive relationship between father's trauma and participants' self-judgment, sense of isolation, and over-identification suggests a vulnerability to which clinicians should attend.

To help the adult children of Vietnamese refugees, clinicians should consider extending support to the entire family system starting with the generation that experienced the direct trauma

Mental health experts have established that posttraumatic growth happens when survivors find safety in validating environments, engage in remembrance and mourning, and find commonalities in human connection (Herman, 2015). Self-compassionate people mirror these elements when they validate their feelings with warmth and remind themselves that humans share the experience of imperfection. For Vietnamese refugee communities, this process is more complicated when there are barriers to sharing trauma histories, leaving descendants of refugees unable to integrate the context of their community's historical trauma into their understanding of their lives and social interactions. Clinicians should explore the historical context of Vietnamese veterans and war survivors and tailor psychoeducation and workshops to help them learn about the impact of physical and emotional trauma in their lives. As Winders and colleagues (2020) discovered, veterans and trauma survivors experienced fewer PTSD symptoms the more they practice self-compassion (Winders et al., 2020) and found self-compassion is negatively associated with avoidance symptoms (Thompson & Waltz, 2008). Therefore, learning self-compassion can help parents feel more equipped to share and process negative memories, which may help bridge the communication gap between Vietnamese parents and their children. To this end, clinicians should consider the role of language and its intergenerational use to obtain the appropriate assessments and facilitate culturally competent intervention for clients (Clauss-Ehlers et al., 2019). As demonstrated in the present study, Vietnamese offspring reported that they used various combinations of English, Vietnamese, and/or Cantonese at different proficiency levels to communicate with their parents. Within the first-generation group, refugee parents may have different literacy levels depending on their socioeconomic background prior to their arrival to the United States (Kula et al., 2021). To enhance connection between the generations, clinicians can assist clients by offering language and cultural interpretation when

working with refugee heritage families, and by providing multilingual access to resources and services for survivors and their children.

Vietnamese descendants in the second generation are predominantly adults in their 20s and 30s (Budiman, 2021). As clinicians engage with this young adult population, mindfulness about the needs of their developmental stage (Clauss-Ehlers et al., 2019) can assist with the adaptation of self-compassionate interventions. Based on Erik Erikson's model of psychosocial development (Erikson, 1950), young adults in this age range are in the stage of intimacy and isolation, during which the development of a healthy sense of self and good mental health rests on their ability to successfully form and forge close and loving relationships. Clinicians can help clients cope with feelings of isolation by providing compassion-focused therapy to help improve the sense of common humanity. Developing self-compassionate skills can also assist 1.5 generation Vietnamese-American adults who are approaching middle age, when there is likely a need to contribute to society and family as part of the generativity and stagnation stage (Erikson, 1950). Self-kindness skills could benefit them as they handle the tribulations of rearing children, pursuing career goals, or changing their communities. In addition, clinical work may focus on providing psychoeducation about intergenerational trauma and creating opportunities for clients to explore and make meaning from their family's trauma histories. The process of changing their relationship to trauma may help adult children of Vietnamese refugees experience posttraumatic growth (Herman, 2015), helping them carry out endeavors to contribute to the next generation and accomplish their developmental needs.

Implications for Training and Policy

Trauma can manifest in the individual and their social network in different ways years beyond the initial traumatic event. As a result, educational institutions and organizations that

serve Vietnamese individuals should engage in ongoing efforts to promote awareness of intergenerational trauma to benefit refugees and their descendants. Training centers can expand beyond the parameters established in previous parenting models (Baumrind, 1971; Maccoby & Martin, 1983) and educate new clinicians about emerging types of parenting styles that have been identified in Asian populations. Social service and healthcare providers can implement programs that foster strong parent-child relationships and educate the public about trauma in outreach efforts. When creating parenting workshops and programs to strengthen bonds between parents and their children, care should be taken to provide access to translated resources so that parents and children can meaningfully discuss the concepts together.

To better serve the children of Vietnamese refugees, governments and businesses can highlight the accomplishments and issues affecting Vietnamese refugee families in history, mental health, and heritage awareness campaigns. Governments, in particular, can aim to reduce the effects of intergenerational trauma caused by war and anti-Asian racism by establishing policies that emphasize restorative social justice and increase mental health funding (Timpson, 2021). Last but not least, workplace settings can play a role in reducing isolation by providing opportunities for mentorship.

Implications for Research

In the current sample, respondents' answers on the modified HTQ (Han, 2005; Mollica et al., 1992) highlighted intergenerational trauma through fathers. The torture that participants' fathers experienced appeared to differ in frequency, severity, and duration compared to participants' reports of their mothers' experiences. Combined with the cited violence mothers and fathers witnessed against their male relatives, the role of trauma in male Vietnamese refugees should continue to be studied. Further research with this population can focus on

parental sex differences in trauma, paternal trauma on Vietnamese children's functioning, and the father-daughter relationships in Vietnamese refugee families.

Strikingly, many people who accessed the study's survey skipped items pertaining to the modified HTQ or reported that they did not know the traumas their parents faced, with only 187 of 275 participants completing the full measure (Han, 2005; Mollica et al., 1992). This answering pattern suggests that the children of Vietnamese refugees may be underreporting the level of traumatic experiences that their parents faced due to a lack of knowledge, consistent with prior studies (Bith-Melander et al., 2017; Mai, 2010), or potentially due to societal norms that encourage saving face or emotional stoicism (Chou et al., 2023) and discourage sharing personal information outside of the family unit. Another reason that may account for the lack of reported parental trauma symptoms may be related to a culture of silence in trauma survivors (Bui, 2018; Chou et al., 2023; Sherwood, 2014). Parents may cope with painful memories by avoiding reminders of the past or speaking about their distress. In situations of limited language fluency, nuances in storytelling may be lost when refugees and their children communicate in "broken" English or Vietnamese. Collectively, these factors can prevent the children from being aware of the extent of trauma that their parents have endured. Because adult children's recollections of their parents' trauma history may not fully account the events of the past, future researchers should consider recruiting parents to complete the HTQ (Han, 2005; Mollica et al., 1992).

Reflecting on the subscale elements that comprise the core aspects of self-compassion, it is possible that healing from trauma can happen through self-compassion. Since self-compassion has helped Vietnamese adolescents and young adults cope with stress and fear (Bui et al., 2021; Nguyen & Le, 2021), foster empathy (Tran et al., 2022), improve life satisfaction (Nguyen & Nguyen, 2020), and maintain psychological well-being (Nguyen & Le, 2021; Quang et al.,

2022), it has a promising outlook to help adults in the United States cope with trauma or self-judgment and research should continue to explore this avenue.

Future research can focus on adult offspring of Vietnamese refugees who grew up in countries with Eastern cultural philosophies and customs. The present study reflected views and experiences of individuals who grew up in the Western culture the United States. The severity of intergenerational trauma that comes from the refugee experience (e.g., disrupted family social roles, acculturative differences leading to parent-child clashes in expectations) may be low if parents resettled in countries that have similar cultural and social values of their homeland.

Strengths

This study contributes to the growing discourse on intergenerational trauma and offers a pathway to explore an intervention that could soften the effects of intergenerational trauma. In addition, this study centers on the experiences of adults who have never experienced the Vietnam War and increased the age range of the sample to include middle-aged adults, a population overlooked in research about trauma in children of Vietnamese refugees (Han, 2005; Han & Lee, 2011; Mai, 2010; Sangalang & Vang, 2017; Vaage et al., 2011). The Vietnamese diaspora spread globally after the Vietnam War, and this study specifically shines a light on the family outcomes of individuals who sought refuge in the United States. The quality of the instrument selected is culturally sensitive to sample participants' heritage, as the HTQ (Han, 2005; Mollica et al., 1992) was normed with Vietnamese refugee populations. Neff's (2003a) SCS was used in cross-cultural studies featuring Vietnamese people (Bui et al., 2021; Nguyen & Le, 2021; Nguyen & Nguyen, 2020; Quang et al., 2022; Tran et al., 2022), which established a precedent for comparison and standardization.

Limitations

The present study contains several limitations for consideration in future research. Data mostly reflected the views of educated, English-speaking female participants in their 20s and 30s who had access to the internet. The online data collection may have discouraged participation in others who are less literate in English and with less access to social media and the internet. Hardcopy flyers or in-person recruitment at Vietnamese community centers and businesses may expand the reach of the study to include individuals from other age ranges, sexes, genders, generation status, and education levels, particularly those from marginalized class backgrounds without internet access.

Conclusions were drawn from a small sample size and may not be generalizable to a larger population. The small sample sizes among each regression may have influenced the statistical power of the study, one being the questionable reliability for the common humanity subscale in the self-compassion measure. Small sample sizes may have specifically influenced the effect of the participants' perception of their mother's trauma and parenting styles on self-compassion. The ensuing analyses revealed more statistically significant results with fathers than with mothers when predicting self-compassion. Thus, larger sample sizes may discover trends between mothers' history on children's functioning that were not observable in this current study.

Finally, there are considerations for improvement on the study's methodology. The individual questionnaires within the overall survey were not counterbalanced due to administrative error so future studies should counterbalance questionnaires to reduce any order effects. Because the modified HTQ (Han, 2005; Mollica et al., 1992) was the first measure that participants encountered, some participants may have prematurely discontinued the study after

reviewing the items about parental trauma. The possibility of shared method variance is also a limitation. Since this researcher conducted many regressions to avoid multicollinearity issues among parenting styles, it is possible that a Type I error occurred where relationships appeared significant when they may not be significant. In the study, some participants skipped questions for one parent. Since participants were eligible to join the study if they had at least one Vietnamese refugee parent, it was unclear if this answering pattern was due to the fact they were monoracial with one Vietnamese parent, if they were biracial, or if they had two Vietnamese parents but were answering for only the parent whose history they knew better. In the context of intergenerational trauma, additional studies may benefit from clarifying the ethnic identity of participants' parents and comparing analyses between monoracial and biracial Vietnamese offspring.

Conclusion

Long after the fall of Saigon, intergenerational trauma may manifest in descendants of Vietnam war refugees in the form of harsh self-evaluations, feelings of isolation, and fixation on flaws and inadequacies. However, results illustrated no significant relationship between intergenerational trauma on the overall self-compassion of the Vietnamese refugees' adult children. Rather, the children tended to respond to fathers' permissive parenting with more self-compassion. Thus, parents' trauma history may not be as predictive as their parenting style on their children's outcomes. Because parenting styles can be a way that trauma is transmitted, flexibility within parents to learn different styles may be protective for their children. Refugee parents cannot erase the trauma they experienced, but it is possible for them to adjust their parenting styles during child-rearing to help improve their children's mental health resiliency in adulthood. In response to the risks that trauma poses to prenatal development, physical health,

mental health, and social relationships, providers should use a holistic healthcare approach to address ways that intergenerational trauma can impact families with a history of refugee resettlement.

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APPENDIX A
RECRUITMENT SCRIPT

A recruitment poster with a yellow background. At the top, the text "Vietnamese Participants Needed!" is written in a large, white, serif font. Below this, in a smaller, bold, italicized, dark blue font, it says "Confidential 20-minute online survey studying the experiences of adult children of Vietnamese refugees." To the left of this text are two dark blue vertical bars. Below the survey description, on a light beige background, it says "To qualify, participants **must**:" followed by a bulleted list of requirements. To the left of the list is a QR code. To the right of the list is an illustration of a young woman with dark hair in a bun and glasses, wearing a teal shirt, standing next to an older woman with white hair and glasses, wearing a white floral shirt. Below the QR code and list, it says "To participate, please scan the code or follow this link:" followed by a URL. At the bottom, on a yellow background, it says "QUESTIONS?" followed by contact information and a disclaimer.

Vietnamese Participants Needed!

***Confidential 20-minute online survey
studying the experiences of adult children
of Vietnamese refugees.***

To qualify, participants **must**:

- Have Vietnamese parent(s) who lived during the Vietnam War and sought refuge in the U.S. between 1975-1999
- Be 18+ years old
- Be born in the U.S. or came to the U.S. no later than age 9
- Have English fluency



To participate, please scan the code or follow this link:
<https://www.psychdata.com/s.asp?SID=195902>

QUESTIONS?
Contact: Vy Cao-Nguyen, vcaonguyen@twu.edu
Participation is voluntary. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions.



Hello everyone,

My name is Vy Cao-Nguyen and I am a counseling psychology doctoral candidate at Texas Woman's University. For my dissertation, I'm interested in studying the experiences of adults who have Vietnamese refugee parents.

You are eligible to participate in the online study if you are 18 or older, have Vietnamese parent(s) who lived during the Vietnam War, have parents who sought refuge in the U.S. between 1975-1999, and if you were born in the United States or arrived to the United States by the age of 9. You must be able to read and understand English.

If you are interested in participating, please begin the study by following this link:
<https://www.psychdata.com/s.asp?SID=195902>

The study is confidential and participation is voluntary. The survey is expected to take up to 20 minutes and you can stop at any time without penalty. You will be asked to complete an informed consent form and questionnaires. As a thank you for your participation, you may choose to enter into a raffle for one of ten \$10 Amazon e-gift cards. The raffle is optional and separate from the survey. Any email you provide for the raffle will not be linked to your answers in the survey. There is a potential risk of loss of confidentiality in all email, downloading, and internet transactions. The study is supervised by Debra Mollen, Ph.D. and has been reviewed and approved by the Institutional Review Board at Texas Woman's University.

Thank you for your consideration of this research opportunity!

APPENDIX B

INFORMED CONSENT

TEXAS WOMAN'S UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

Title: Perceptions of Intergenerational Trauma in Adult Children of Vietnamese Refugees

Investigator: Vy Cao-Nguyen.....vcaonguyen@twu.edu
Advisor: Debra Mollen, PhD.....dmollen@twu.edu (940) 898-2317

Key Information

You are invited to participate in a research study for Ms. Cao-Nguyen's doctoral dissertation at Texas Woman's University (TWU). The purpose of this research is to study the experiences of Vietnamese refugees' adult children. You will be asked to complete a confidential online survey that may last up to 20 minutes. Your involvement in this study is completely voluntary and you may withdraw at any time without penalty. There are no direct benefits as a result of participating in the study. However, following the completion of the study, you have the option to enter a raffle to win one of ten \$10.00 Amazon e-gift cards. Possible risks to this study may include emotional discomfort and loss of confidentiality. Measures taken to protect your confidentiality are further explained below.

Description of Procedures

You qualify to participate in this study if you are 18 years and older. You must have **Vietnamese parents who lived in Vietnam during the Vietnam War and who sought refuge in the United States as refugees between 1974-1999**. You must be born in the U.S. or have arrived to the U.S. by age 5. You will need to be able to read and understand English to participate in the survey. As a participant, you will be asked to complete a confidential online survey that lasts up to 20 minutes. The survey will include demographic questions and focus on your experiences as an adult offspring of Vietnamese refugee parents. At the end of the study, you may enter in an optional gift card drawing through a separate link from the research survey so that your identity and survey data will not be linked together.

Potential Risks

A possible risk in this study is emotional discomfort. The survey will ask you questions about your parents and the ways that they have treated you. If you become tired or upset, you may take breaks and return to the survey as long as the browser remains open. You may also stop answering questions at any time and end the survey. The researcher will provide you with a list of resources for your reference should you need to talk to a professional about your discomfort. They are at the end of this form.

Another potential risk in this study is loss of confidentiality. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions. It is recommended that participants complete the survey in a private setting using a secure internet network. Please note that using a personally identifiable email address (e.g.

fullname@gmail.com) may reveal your identity to the researcher, but it will not compromise the confidentiality of your data. Confidentiality will be protected to the extent that is allowed by law.

Several measures will be taken to ensure that your data will be confidential. Data will be analyzed in group form. The survey study will be hosted on a secure, professional online survey system, PsychData. All data will be stored in password encrypted documents, password protected computers, and a password protected external hard drive. Raw data collected will be deleted and/or shredded within 3 years after the study is finished. If the results of the study will be reported in scientific magazines or journals, only group-level data will be presented and no identifying information will be included. Your information collected as part of this research will not be used or distributed for future research studies.

The researcher will try to prevent any problems that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. Please be aware that TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time without penalty. There are no direct benefits as a result of participating in the study. However, following the completion of the study, you have the option to enter a raffle to win one of ten \$10.00 Amazon e-gift cards for your participation.

Questions Regarding the Study

You may print a copy of this consent page to keep. If you have any questions about the research study you should ask the researchers; their contact information is at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

Counseling Resources

A possible risk in this study is feeling discomfort with the questions you are being asked. Should you need to seek support for your discomfort, the following resources are available to you to help you locate assistance:

American Psychological Association Psychologist Locator
<http://locator.apa.org/>

National Register of Health Service Psychologists
<http://www.findapsychologist.org/>

Mental Health of America Referrals
<http://www.nmha.org/go/searchMHA>

Psychology Today Find a Therapist
<http://therapists.psychologytoday.com/rms/>

National Board for Certified Counselors
<http://www.nbcc.org/CounselorFind>

Multiracial Support
<https://www.naspa.org/constituent-groups/kcs/multiracial/resources>

By clicking on the “I agree” button below, you are providing your consent to participate in this research study.

- ☐ I agree
- ☐ I do NOT agree

APPENDIX C

DEMOGRAPHICS

Did one or both of your parent(s) live in Vietnam during the Vietnam War (anytime between 1955-1975)?

- ☐ Yes, both of my parents
- ☐ Yes, only my father
- ☐ Yes, only my mother
- ☐ No
- ☐ I don't know

Did one or both of your parent(s) migrate to the United States as a refugee between 1975-1999 as a result of the Vietnam War?

- ☐ Yes, both of my parents
- ☐ Yes, only my father
- ☐ Yes, only my mother
- ☐ No
- ☐ I don't know

What is your generational status?

- ☐ 1st generation (You were born outside of the U.S. and arrived to the U.S. as an adult)
- ☐ 1.5 generation (You were born outside of the U.S. but arrived to the U.S. by age 5)
- ☐ 2nd generation (You were born in the U.S. with at least one foreign-born parent)
- ☐ 3rd generation and above (You and both of your parents were born in the U.S.)

What is your age?

- ☐ _____

What is your sex?

- ☐ Male
- ☐ Female
- ☐ Other (please specify)_____

What is your gender?

- ☐ Man
- ☐ Woman
- ☐ Transgender Man
- ☐ Transgender Woman
- ☐ Non-binary/gender non-conforming
- ☐ Other (please specify)_____

What is your highest degree or level of school you have completed? If currently enrolled, mark the previous grade or highest degree received.

- ☐ No formal schooling completed
- ☐ Elementary school
- ☐ Middle school
- ☐ High school, no diploma
- ☐ High school diploma or the equivalent (for example: GED)
- ☐ Some college
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Advanced degree (Master's, Professional, Doctoral)

What language do or did you speak with your parents at home?

- ☐ Primarily or exclusively Vietnamese
- ☐ Primarily or exclusively English
- ☐ Both English and Vietnamese
- ☐ Other: _____

APPENDIX D

DISQUALIFICATION LINK

Hello,

This study is only collecting data from adults 18 and older who were born in the United States or arrived to the United States by the age of 9, and who did not experience the Vietnam War.

Participants must have Vietnamese refugee parent(s) who lived during the Vietnam War.

Thank you!

APPENDIX E

PARTICIPATION THANK YOU

You have reached the end of the survey. Thank you very much for your participation!

If you would like to be entered into a drawing for one of ten \$10 Amazon e-gift cards, you may click on this link to an independent and separate survey:

APPENDIX F

INCENTIVES SURVEY

I would like to be entered into a drawing for one of ten \$10 Amazon e-gift cards and authorize the researcher to contact me with the information below if I win.

Preferred email address: _____

At the conclusion of the study, the researchers will conduct a randomized drawing of all raffle entries. You will be contacted if you have won.

APPENDIX G

MODIFIED HARVARD TRAUMA QUESTIONNAIRE (HTQ)

Instructions: We would like to ask you about your perception of your parents' past history and present symptoms. However, you may find some questions upsetting. If so, please feel free not to answer. The answers to the questions will be kept confidential.

Please indicate whether you think your parents have experienced, witnessed, or heard any of the following events. (Select all that apply.)

		1 (None)	2 (Somewhat True)	3 (Very True)
1.		Lack of food or water.		
	Father	1	2	3
	Mother	1	2	3
2.		Ill health without access to medical care.		
	Father	1	2	3
	Mother	1	2	3
3.		Lack of shelter.		
	Father	1	2	3
	Mother	1	2	3
4.		Imprisonment.		
	Father	1	2	3
	Mother	1	2	3
5.		Serious injury.		
	Father	1	2	3
	Mother	1	2	3
6.		Combat situation.		
	Father	1	2	3
	Mother	1	2	3
7.		Brainwashing.		
	Father	1	2	3
	Mother	1	2	3
8.		Rape or sexual assault.		
	Father	1	2	3
	Mother	1	2	3

9.		Forced isolation from others.		
	Father	1	2	3
	Mother	1	2	3
10.		Being close to death.		
	Father	1	2	3
	Mother	1	2	3
11.		Forced separation from family members.		
	Father	1	2	3
	Mother	1	2	3
12.		Murder of family or friend.		
	Father	1	2	3
	Mother	1	2	3
13.		Unnatural death of family or friend.		
	Father	1	2	3
	Mother	1	2	3
14.		Murder of stranger or strangers.		
	Father	1	2	3
	Mother	1	2	3
15.		Lost or kidnapped.		
	Father	1	2	3
	Mother	1	2	3
16.		Torture. Specify: _____		
	Father	1	2	3
		Torture. Specify: _____		
	Mother	1	2	3
17.		Any other situation that was very frightening or they felt their life was in danger. Specify: _____		
	Father	1	2	3
		Any other situation that was very frightening or they felt their life was in danger. Specify: _____		
	Mother	1	2	3

APPENDIX H

MODIFIED PARENTAL AUTHORITY QUESTIONNAIRE (PAQ)

Instructions: For each of the following statements, select the number on the 5-point scale (1=strongly disagree to 5=strongly agree) that best describes how that statement applies to you and your parents. Try to read and think about each statement as it applies to you and your parents during your years of growing up at home. There are no right or wrong answers, so don't spend a lot of time on any one item. We are looking for your overall impression regarding each statement. Be sure not to omit any items.

	Strongly Disagree 1	2	3	4	Strongly Agree 5
1.	While I was growing up my parent felt that in a well-run home the children should have their way in the family as often as the parents do. *				
Father	1	2	3	4	5
Mother	1	2	3	4	5
2.	Even if his/her children didn't agree with him/her, my parent felt that it was for our own good if we were forced to conform to what he/she thought was right. **				
Father	1	2	3	4	5
Mother	1	2	3	4	5
3.	Whenever my parent told me to do something as I was growing up, he/she expected me to do it immediately without asking any questions. **				
Father	1	2	3	4	5
Mother	1	2	3	4	5
4.	As I was growing up, once family policy had been established, my parent discussed the reasoning behind the policy with the children in the family. ***				
Father	1	2	3	4	5
Mother	1	2	3	4	5
5.	My parent has always encouraged verbal give-and-take whenever I have felt that family rules and restriction were unreasonable.				
Father	1	2	3	4	5
Mother	1	2	3	4	5

6. My parent has always felt that what children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what other parents might want. *
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
7. As I was growing up my parent did not allow me to question any decision he/she had made. **
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
8. As I was growing up my parent directed the activities and decisions of the children in the family through reasoning and discipline. ***
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
9. My parent has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to. **
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
10. As I was growing up, my parent did not feel that I needed to obey rules and regulations of behavior simply because someone in authority had established them. *
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
11. As I was growing up, I knew what my parent expected of me in my family, but I also felt free to discuss those expectations with that parent when I felt that they were unreasonable. ***
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
12. My parent felt that wise parents should teach their children early just who is boss in the family. **
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
13. As I was growing up, my parent seldom gave me expectations and guidelines for my behavior. *
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |

14. Most of the time as I was growing up, my parent did what the children in the family wanted when making family decisions. *
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
15. As the children in my family were growing up, my parent consistently gave us direction and guidance in rational and objective ways. ***
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
16. As I was growing up, my parent would get very upset if I tried to disagree with him/her. **
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
17. My parent feels that most problems in society would be solved if parents would not restrict their children's activities, decisions, and desires as they are growing up. *
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
18. As I was growing up my parent let me know what behavior he/she expected of me, and if I didn't meet those expectations, he/she punished me. **
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
19. As I was growing up, my parent allowed me to decide most things for myself without a lot of direction from him/her. *
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
20. As I was growing up, my parent took the children's opinions into consideration when making family decisions, but he/she would not decide for something simply because the children wanted it. ***
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
21. My parent did not view himself/herself as responsible for directing and guiding my behavior as I was growing up. *
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |

22. My parent had clear standards of behavior for the children in our home as I was growing up, but he/she was willing to adjust those standards to the needs of each of the individual children in the family. ***
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
23. My parent gave me direction for my behavior and activities as I was growing up and he/she expected me to follow his/her direction, but he/she was always willing to listen to my concerns and to discuss that direction with me. ***
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
24. As I was growing up, my parent allowed me to form my own point of view on family matters and he/she generally allowed me to decide for myself what I was going to do. *
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
25. My parent has always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up. **
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
26. As I was growing up, my parent often told me exactly what he/she wanted me to do and how he/she expected me to do it. **
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
27. As I was growing up, my parent gave me clear directions for my behaviors and activities, but he/she was also understanding when I disagreed with him/her. ***
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |
28. As I was growing up, my parent did not direct the behaviors, activities, and desires of the children in the family. *
- | | | | | | |
|--------|---|---|---|---|---|
| Father | 1 | 2 | 3 | 4 | 5 |
| Mother | 1 | 2 | 3 | 4 | 5 |

29. As I was growing up, I knew what my parent expected of me in the family and he/she insisted that I conform to those expectations simply out of respect for his/her authority. **

Father	1	2	3	4	5
Mother	1	2	3	4	5

30. As I was growing up, if my parent made a decision in the family that hurt me, he/she was willing to discuss that decision with me and to admit it if he/she had made a mistake. ***

Father	1	2	3	4	5
Mother	1	2	3	4	5

Note. The parental prototype represented by each item is denoted as follows: *permissive,

authoritarian, and *authoritative.

APPENDIX I

SELF-COMPASSION SCALE (SCS)

How I Typically Act Towards Myself in Difficult Times

Instructions: Please read each statement carefully before answering. For each item, indicate how often you behave in the stated manner, using the following 1-5 scale. Please answer according to what really reflects your experience rather than what you think your experiences should be.

Almost Never 1	2	3	4	Almost Always 5
---------------------------------	----------	----------	----------	----------------------------------

I'm disapproving and judgmental about my own flaws and inadequacies.

1 2 3 4 5

When I'm feeling down, I tend to obsess and fixate on everything that's wrong.

1 2 3 4 5

When things are going badly for me, I see the difficulties as part of life that everyone goes through.

1 2 3 4 5

When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.

1 2 3 4 5

I try to be loving towards myself when I'm feeling emotional pain.

1 2 3 4 5

When I fail at something important to me, I become consumed by feelings of inadequacy.

1 2 3 4 5

When I'm down, I remind myself that there are lots of other people in the world feeling like I am.

1 2 3 4 5

When times are really difficult, I tend to be tough on myself.

1 2 3 4 5

When something upsets me, I try to keep my emotions in balance.

1 2 3 4 5

When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

1 2 3 4 5

I'm intolerant and impatient towards those aspects of my personality I don't like.

1 2 3 4 5

When I'm going through a very hard time, I give myself the caring and tenderness I need.

1 2 3 4 5

When I'm feeling down, I tend to feel like most other people are probably happier than I am.

1 2 3 4 5

When something painful happens, I try to take a balanced view of the situation.

1 2 3 4 5

I try to see my failings as part of the human condition.

1 2 3 4 5

When I see aspects of myself that I don't like, I get down on myself.

1 2 3 4 5

When I fail at something important to me, I try to keep things in perspective.

1 2 3 4 5

When I'm really struggling, I tend to feel like other people must be having an easier time of it.

1 2 3 4 5

I'm kind to myself when I'm experiencing suffering.

1 2 3 4 5

When something upsets me, I get carried away with my feelings.

1 2 3 4 5

I can be a bit cold-hearted towards myself when I'm experiencing suffering.

1 2 3 4 5

When I'm feeling down, I try to approach my feelings with curiosity and openness.

1 2 3 4 5

I'm tolerant of my own flaws and inadequacies.

1 2 3 4 5

When something painful happens, I tend to blow the incident out of proportion.

1 2 3 4 5

When I fail at something that's important to me, I tend to feel alone in my failure.

1 2 3 4 5

I try to be understanding and patient towards those aspects of my personality I don't like.

1 2 3 4 5