

Dilemmas and Coping Strategies of Chinese International Students' Mental Health Problems: The Parents' Perspectives

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ABSTRACT

Talking about mental health issues like depression with parents is a challenging exercise for Chinese international students (CISs) as well as their parents due to their cultural context and family hierarchical structure. This study engages with the parents of CISs to identify their dilemmas and coping strategies employed to discuss depression with their children studying in United States. Thirteen Chinese parents of CISs were recruited into in-depth interviews. A constant comparative method was employed for data analysis. The results revealed that the parents struggled with different dilemmas while talking about depression. Four coping strategies emerged: (a) communicating openly, (b) improving understanding through social media and shared experiences, (c) respecting, being sensitive, and not being judgmental, and (d) encouraging help-seeking and support-seeking. The findings provide crucial insights for mental health interventions involving parents of CISs.

Keywords: adjustment, Chinese international students, coping strategies, depression, mental health, parents

The number of international students has increased rapidly at American universities, from 582,996 in 2002 to 1,094,792 in 2018 (International Institute of Education, 2018). Research has identified that this process of moving and adjusting to an unfamiliar place creates stress for international students. Chinese

international students (CISs), the largest international student population in the United States (33.2%; International Institute of Education, 2018), face tremendous stress in the process of transitioning into the American college. These stresses are associated with many health problems, such as depression, low self-esteem, headache, and heart diseases (Cheung, 2010). This population is at heightened risk of depression and anxiety (Bastien et al., 2018; Cheung, 2010), due to the challenges of acculturative stress (Han et al., 2013; Settles et al., 2012), language barriers (Han et al., 2013), academic difficulties (Han et al., 2013; Settles et al., 2012), sense of loneliness (Han et al., 2013; Settles et al., 2012), weak social support network (Forbes-Mewett & Sawyer, 2016), and financial hardship (McCullough & Larson, 1999; Settles et al., 2012). Recent studies at different universities found a 32%–47% rate for depression symptoms among CISs (Acharya et al., 2018; Cheung, 2010; Wei et al., 2007).

The CISs utilize several positive coping strategies to tackle depression problems, such as informational social support, positive interpretation, and emotions venting and also negative ones such as denial and avoidance (Inman & Yeh, 2007; Sapranaviciute et al., 2013). Family support, traditional cultural beliefs, lack of knowledge about services, and perceived stigma toward depression complicates their coping process (Sapranaviciute et al., 2013). In the collectivistic Asian cultures, family plays a central role in people's lives and is assumed to be an important supportive system for young people (Inman & Yeh, 2007).

Although families function as key supporters for CISs, speaking with them about mental health issues can be challenging. Influenced by implicit communication styles rooted in Chinese culture and the hierarchical structure of traditional Chinese families, conversation about negative topics such as mental health issues may create various conflicts and dilemmas. Furthermore, geographical separation between CISs and their parents, as well as time difference, brings additional challenges to their conversation. This study employs a qualitative research design using in-depth interviews with parents of CISs and reports dilemmas that they faced when talking with their children about mental health problems, and identifies strategies they used to address these dilemmas. The study provides theoretical and practical implications for researchers, university administrators, educators, parents, and students to navigate mental health issues of international students.

LITERATURE REVIEW

Previous studies with Chinese student and family participants have outlined that communication about depression with family members (Gao et al., 1996; Leach & Braithwaite, 1996) and parents provided an important supportive system for young people (Chao, 1994; Inman & Yeh, 2007). Research with various student populations further shows that discussing depression with family can be an effective way to reduce the effects of depression, manifest the availability of emotional support, and assist with coping (Cohen & Wills, 1985; Ying et al., 2000).

However, talking about depression is a challenging exercise for CISs and their parents. For example, the relationship among family members strongly influences the patterns of family communication in China (Xing et al., 2010). Family members are regulated by obligation of different generations and ages. The basic principle in the Chinese family is that children should please, respect, and be subordinate to their parents (Hwang, 1999). Despite the importance of social support and interdependent relationships in Chinese families, there are conflicts between Chinese parents and children that affect their communication. When individual desires are in conflict with the construct of filial piety, the children tend to conceal personal interests and compromise (Hwang, 1999). Meanwhile, parents are expected to make all efforts to provide strong support, especially economic and informational, for the development of children, and thus have high expectations (Gao et al., 1996).

These cultural concepts in Chinese families complicate the context in which family communication occurs and make conversation about negative issues such as mental health problems difficult. The structure of a traditional Chinese family is hierarchical, in which an individual's interest, especially the younger generation's interest, is held inferior to the collective family interest (Zhang, 2007). Communication on a range of topics is thus limited. Family interactions emphasize harmony and interdependence of family members; therefore, conflicting discussions are usually avoided (Keating et al., 2013; Xu, 2012). For example, parents have the dominant power to make the decisions for the family, and the children are expected to show the desired subservient behavior (Wu & Chao, 2011). Chinese parents expect their children to perform well in academia, be successful, and be able to support them when they age. So, to achieve a harmonious atmosphere in the family, it is likely that CISs do not discuss their mental health problems, insecurities, and other issues, which they perceive as impediments to their parent's desires of success and harmony (Xu, 2012). This situation gives rise to competing goals (emotion or problem disclosure versus maintaining harmonious relationship) in the communication between Chinese parents and their children (Roscoe & Barrison, 2019).

In addition, parental sacrifices made for children's achievements create this cultural environment of high expectations, putting pressures on the children that manifest in the children's unwillingness to share negative experiences such as stress and depression (Liu, 2009). Parental sacrifice is regarded highly in the Chinese culture (Zhang, 2007). The parents work hard and provide financial support for the higher education of the child with the hope that their child will live a successful life and take care of the family. So, sharing information and communicating about depression could construe to parents that the children are not able to discharge their responsibilities properly, leading to more stress and a sense of guilt (Xu, 2012). In this case, disclosing emotions and maintaining harmonious relationship are competing goals, which poses challenges for parents and children to discuss depression. Further, the stigma surrounding mental health issues influences the family members' response and communication. Depression is often perceived as a stigma in the Chinese society, and thus disclosing their depression-like symptoms threatens the self-esteem of children and shames their

families (Wang & Mallinckrodt, 2006). As a result, communication about depression between family members is purposeful but challenging in Chinese families. There are very few (negligible) studies that focus on examining family communication around depression in CISs. This gap and the fact that the CISs constitute the largest contingent of international students underlines the importance of this research. Furthermore, the mental health needs of the student community have grown over the years and Chinese students face significant stressors while studying internationally (Cheung, 2010). Our study emerged from this literature review and the personal experience of one of the researchers. It aims to examine the family communication processes among Chinese parents and their children studying as international students in the United States. This inquiry can greatly support the various mental health wellness activities at American universities targeted at the burgeoning Chinese student population. A review of different family communication studies indicated the normative theory of social support (Goldsmith, 2004) as a useful and efficient framework. The following section focuses on the normative theory of social support, which was used to guide the study.

Normative Theory of Social Support

Multiple goals theories assume that human communication is purposeful, pursuing multiple goals at the same time, with the goals often in conflict (Caughlin, 2010). Multiple goals theories are a group of interpersonal communication theories that examine multiple communication goals and resulting conflicts in interpersonal communication (Caughlin, 2010; Wilson & Feng, 2007). As one of the multiple goals theories, the normative theory of social support suggests that communication is undertaken to pursue instrumental, identity, and relational objectives and that these multiple goals may be conflicting (Goldsmith, 2004). The normative theory of social support has been widely used in the field of complex communication situations between family members (Goldsmith & Fitch, 1997; Roscoe & Barrison, 2019; Wilson et al., 2015). The theory posits that people pursue the competing instrumental, identity, and relational goals at the same time in their interpersonal interactions. Instrumental goals refer to outcomes having primary influence on the behavior of message receivers, such as reducing stress or promoting help-seeking actions. Identity goals are related to identity needs like maintaining harmony, autonomy, and dignity as per culture; relational goals influence both the message receivers and senders, such as managing the interpersonal relationship between the parent and child (Knapp & Daly, 2011). The normative theory of social support focuses on potential meanings associated with forms of interpersonal communication (Wilson et al., 2015). For example, a Chinese parent who suggests that her child seek mental health care could be interpreted as a way of caring, but also as indicating that the child was not meeting parental expectations. Goldsmith (2004) assumed that the meanings communicators attribute to their conversation influence whether the multiple and potentially conflicting objectives can be achieved. The normative theory of social support highlights that communication is based on achieving diverse and perhaps

conflicting aims. This results in dilemmas for the communicators as they pursue multiple conflicting objectives, which can be interpreted as communicating incongruent meanings (Goldsmith & Fitch, 1997; Wilson et al., 2015). A dilemma is the situation where a set of competing purposes and conflicting outcomes occur (Goldsmith & Fitch, 1997). The normative theory of social support focuses on verbal and nonverbal features and strategies that communicators use to manage communication difficulties or dilemmas that emerge in conversations.

The normative theory of social support assumes that dilemmas are situated within a context. The specific sociocultural context may influence how the communicators interpret the meanings of the talk (Wilson et al., 2015). The effectiveness of communication is evaluated according to the extent to which the communicators accomplish goals while managing the context-specific dilemmas. Communicative practices, which are essential to managing dilemmas, are presumed to vary across specific sociocultural contexts (e.g., military culture, stigma etc.; Wilson et al., 2015). Effective communication strategies depend on the cultural context and can not necessarily be generalized, because multiple and competing goals and dilemmas manifest from specific meanings attached to the different types of talk. For example, in the context of talking about depression, the parents should balance instrumental goals of providing advice with the relational goal of conveying caring, as the CIS could be affected very negatively with interpretations of stigma or losing face. In this case, the parents might navigate the challenge through underscoring the validity of the CIS's negative emotions, such as sadness, anxiety, and stress. In particular, since the hierarchical power in Chinese families create pressure on the CIS, the parents can empower them with more sense of control and confidence by encouraging them, showing respect, and providing decision-making powers. Thus, this research proposed to address the following research questions guided by the normative theory of social support.

Research Questions

Despite the importance of family communication in coping with depression, very little research has focused on the parents' dilemmas regarding communication around depression of CISs (Wei et al., 2010). This study engages with CISs' parents to identify the dilemmas they face and coping strategies they employ discussing their child's depression. This exploration can inform future interventions in addressing depression of CISs. Thus, the first research question was:

RQ1: What are the dilemmas that parents of a CIS experience when discussing about depression with their child?

The normative theory of social support (Goldsmith, 2004) further assumes that coping strategies are used to manage the dilemmas that emerge during the discussion. Further, not all discussions happen face to face and the geographical distance between China and the United States and the intercultural context also complicate matters. Therefore, we proposed the second question:

RQ2: What are the coping strategies that parents of a CIS adopt to address dilemmas when discussing depression with their child?

METHOD

Participants

Thirteen Chinese parents whose children were studying in the United States were recruited through convenience sampling (age range of 43–63; $M = 53.54$, $SD = 5.32$). Sample eligibility was assessed by whether the parents had expressed concerns that their child was at risk of depression, and/or the child had experienced episodes of depression or persistent low mood in the United States. Data collection continued till sample saturation at 13 participants, as further interviews would not likely reveal any new theoretical insights (Strauss & Corbin, 1998). Therefore, we stopped sampling when the obtained data became repetitive and confirmed the resulting analyses.

Data Collection

We conducted thirteen in-depth face-to-face interviews with participants in China. We recruited the sample through a convenience sampling method in an urban community. We distributed flyers in the local community and advertised on an information-sharing website and social media, popular with many Chinese international students and parents. We made an appointment for an individual interview for those who responded. The first author, who is Chinese, conducted the interviews. The interviewing author explained the purpose, procedures, benefits, and risks of participating in the study to the participants before the interview. After reading and signing the consent form, we asked all participants to complete a demographic questionnaire. Then, we interviewed all participants and asked open-ended questions about their experiences of dealing with their child's depression and their communication and coping strategies around it. We audio recorded interviews and transcribed them verbatim immediately. Analysis informed the subsequent data collection and vice versa (Fram, 2013; Glaser & Strauss, 1967; Glaser, 1992). The major interview questions were the following: What are your expectations toward your child and the conversation about depression-like symptoms between you and your child? What difficulties/dilemmas have you encountered in the process? What were your strategies to cope with the difficulties you encountered when talking about depression-like symptoms with your child? In addition, we asked probing questions to clarify and expand on participants' responses. One of the researchers, who is a native Chinese speaker, translated the transcripts from Chinese to English. Her Chinese background allowed her to translate the documents in a way that was culturally sensitive and contextually rich (Turner, 2010). A second translator, who was a counselor from the Department of English who had grown up speaking both English and Chinese, further checked the translation. We resolved divergence in translation by further discussion and made modifications

depending on agreements between the two translators (Turner, 2010). The second author guided the study design and analysis and manuscript preparation.

To answer the first research question, we identified dilemmas from the transcripts by examining the participant's communication for potentially contradictory goals (conflicts). The answers to the second question about coping strategies emerged from the themes coded from words/ phrases frequently used by the participants (Burck, 2005).

Ethical Consideration

The study was approved by the Institutional Review Board of the researchers' university. A local approval by a community leader in China was provided. The community leader was the head of a local public hospital. He was an expert in the field of health issues and familiar with local cultural and religious norms with experience of engaging with the community over 30 years. Confidentiality was maintained through the assignment of a code for each participant and the data obtained; and we use pseudonyms for the participants below.

Data Analysis

Based on interpretive framework, the study utilized a constant comparative method as an analytic strategy to analyze the data (Fram, 2013; Glaser & Strauss, 1967; Kolb, 2012; Strauss & Corbin, 1998). The constant comparative method is often used to analyze data in order to develop a grounded theory, which itself has evolved over time from its positivistic and postpositivistic beginnings to a more constructivist approach as led by Charmaz (2008). Over time, researchers have also used comparative analysis as a data analytic technique in descriptive or interpretive projects outside the purview of a grounded theory approach (Boeije, 2002; Fram, 2013; O'Connor et al., 2008; Thorne, 2000). We identified descriptive categories as soon as data collection had begun, through generating and comparing codes applicable to each category (Glaser, 1965). These categories influenced the development of interviews so that the emerging concepts might be explored more thoroughly (Boeije, 2002). The data in hand were constantly compared with the new data (Boeije, 2002; Glaser, 1965; Kolb, 2012).

We used open coding was followed by axial coding to develop categories from connecting data. We identified the core categories in the selective coding process (Strauss & Corbin, 1998). Additional data consisted of field notes and self-reflective notes/memos, which assisted in moving analysis to a more conceptual level (Strauss & Corbin, 1998).

RESULTS

We recruited 13 Chinese parents of CISs in the study. The demographic profile of the participants is reported in Table 1. The results indicated that the parents struggled with several dilemmas when talking about depression with CISs. Four coping strategies emerged from the dialogues. It is important to note that

participants designated the term “depression” as “low mood,” “sadness,” or “emotional problems,” rather than an indication of a formal diagnosis. The participants were concerned that these “low mood” conditions may lead to clinical depression diagnosis if they and their children did not address it well.

Table 1: Participant Demographics (N = 13)

Characteristics	<i>n</i>	%
Sex		
Male	6	46
Female	7	54
Education level		
High school graduate	1	8
Community college	1	8
Four-year college	11	84
Marital status		
Married	13	100
Years in the United States (child)		
6 mo–1 yr	3	23
2–5 yr	8	62
> 5 yr	2	15
Occupation		
Employed	10	77
Retired	2	15
Housework	1	8
Have a passport		
Yes	9	69
No	4	31
Have gone to the United States		
No	9	69
1–2 times	4	31
Monthly income		
¥5,000–9,999	6	46
¥10,000–14,999	7	54

Dilemmas of Talking About Depression with CISs

Data analysis revealed four dilemmas that the parents encountered when talking with their children regarding depression. In this study, dilemmas refer to potentially incongruent meanings that emerged in the family conversation connected to multiple and competing objectives (Wilson et al., 2015).

Dilemma 1: Expecting the Child to Explicitly Disclose Concealed Problems

The first dilemma dealt with the parents’ expectation of the child to disclose their depression struggles explicitly, while at the same time expecting the child to

deal with depression, keeping in mind the larger goal of succeeding. The parents expected their children to discuss depression, but they only talked about positive issues with their parents with reassurances that they can handle their problems by themselves. As Li (a father, 47 years old) described:

When I ask my daughter how she is doing, she often answers, “Don’t worry; I am doing well; I can address the problems; I can solve it by myself.” She has been there for three years. I know that it is difficult. Sometimes I can recognize through her tone and facial expression that she is very stressed or depressed. But she doesn’t tell us explicitly.

The participants further explained that their children avoided disclosing because they wanted to prevent anxiety and worry:

Many children are not willing to talk with parents about the problems they encounter, or that they feel depressed, because the parents live far away from them. The children are afraid that their parents would take the problems too seriously if they tell the parents about the difficulties. They are concerned that the parents worry too much. They don’t talk to the parents. —*Ying* (a mother, 50 years old)

The participants indicated that some children tended to conceal the difficulties or depression problems, or talked about their troubles passively. This was because they did not want to bother their parents and invalidate the parental expectations and sacrifice.

Dilemma 2: Expecting the Child to Disclose Problems While Being Unsure How to Support

Another dilemma participants faced is their expectation for their child to disclose problems, while being unsure if they as parents could provide any support. The parents expected open communication as one important goal and encouraged children to reveal their depression problems. They believed that open communication about depression and problems could provide them relief. For example, Fan (a mother, 45 years old) described:

We have a lot of conversation to prevent depression problems and reduce stress. We may not talk about depression directly, but talking with parents is very important to release their stress. They are staying abroad. They have no relatives and few close friends there. Hence, communication with parents is very crucial for the child to feel that they have strong support from us.

However, the participants were not sure if they could provide any other support besides the open conversation opportunity. Yang (a father, 60 years old) indicated:

Parents should have a deep conversation with the child. For example, what do you think about the context of the US? What do you think about

people in your class and your office? What do you think about your major? These can deepen our understanding of her study and life. It is also beneficial for her personal development and inspiring her thoughts. But it is hard to have this kind of thorough conversation, and I don't know what I can do next to help her.

The parents found it tough to initiate and maintain this conversation, because they could not understand the U.S. cultural context and the problems that their child encountered. The lack of understanding came from their absence of direct experiences, inadequate knowledge about American college life and culture, and the intergenerational gap between the parents and child. This created obstacles to the conversation between the parents and child, and in addressing the depression problems. For example, Zhao (a father, 51 years old) narrated:

The children are situated in a context that parents don't know. We only get to know about America a little through our child's description, such as study environment, living situation, and natural environment. We can't experience what they have experienced. People's perception and behavior may change as the environment around them changes. We also have an intergenerational gap with the child. Our beliefs are not the same with them. We might have conflicting thoughts on some issues. So, the child may not accept your suggestions, or even reject strongly. This is our communication problem. We have different thoughts and ways to cope with problems. How can we help them without understanding?

Although the participants expected their children to reveal their depression problems, their lack of understanding of American culture and context placed barriers in family communication and provision of effective support.

Dilemma 3: Parents' High Expectations of Children – Being Successful and Happy

The parents expected the children to aim high, work hard, and at the same time, not feel stressed while achieving their desired goals and success. As the parents described, they had multiple expectations of their child. They expected their child to achieve high academic and career success, and at the same time to be happy. Bin (a father, 56 years old) said:

I hope that she could be an expert in the field that she is interested in, and improve herself. Also, I expect her to be excellent in the language. It is really important to be proficient in one language. In one word, I hope she is doing well in her study, and be happy as well.

However, the parents realized that high parental expectations may cause huge stress to the child. They understood that the process of pursuing goals can be tough, which may influence the child's mental health, but they still expected outstanding performance. For example, Yang indicated:

But on the other hand, the process of learning is difficult, and is suffering. No pain no gain. You must pay something to achieve your goal. So, in the process they might be stressed and depressed. I know that what I hope may bring pressure to my child. Sometimes my daughter just doesn't want to talk because I always say 'work hard' ...we all expect our child to be outstanding.

The participants recognized that their conflicting expectations toward their child, of being happy and also prioritizing working hard to excel created a dilemma. Further, the parents' relentless emphasis on high academic performance impacted their communication. Qiu (a father, 55 years old) described his struggles communicating support to his son:

I hope that he has a feeling of happiness. It is easy to say, but hard to accomplish, right? On one side, you want to be happy; on the other side, you must make efforts and work hard, which is quite stressful. This is one conflict. You have to keep a balance between hard working and mental health. The child should be able to control his own life. I can't help with this. You need to work hard, but...you shouldn't only work. If you get too much pressure, you may be depressed. It is difficult to maintain the balance.

Dilemma 4: Communicating Care and Helplessness at the Same Time

The parents faced the conflicting goals of professing care and at the same time communicating their helplessness. The participants often highlighted that they were concerned about their child's life and depression problems in the United States, but at the same time professed that they may not be in a position to help. Meng (a father, 57 years old) described that he was concerned about his daughter's mental health state:

I am always worried that my daughter may be too stressed. I tell her that we are friends when we are talking. If you tell me about your difficulties or problems, I will not blame you. I will try my best to help you. I hope that she doesn't have the depression problems. I am very concerned about that. I think the most important thing in life is staying happy, but how can I help her?

Although the participants indicated that they cared about the child's problems, it was difficult for the parents to provide direct and effective help to the child.

The geographical separation also made it challenging to provide emotional and instrumental support, such as being available, providing an emotional hug, helping with housekeeping, and providing money. Additionally, the participants were of no help when dealing with academic problems. Juan (a mother, 48 years old) said:

We are not able to help with the specific approaches to address her depression and stress. On one hand, we (parents) are far away from the child. We can do nothing for her. If she is at home, we could comfort her by giving her a hug, or cook for her. We also don't have the ability to help her solve the problems, especially her academic problems. She can only rely on herself. We are merely able to encourage her to overcome the difficulties. Parents can't help. We don't know the language, the culture, or the context there. We know nothing. We are willing to help, but unable to do so.

The participants outlined the conflict created by their desire to care and support with their actual incapability that prevented them from offering effective support.

Furthermore, the participants disclosed their strong emotional feelings when talking about depression concerns. They felt anxious and sad while hearing about their children's problem or realizing that they were unable to help. Juan shared, "Actually parents are anxious and worried about the child when they have depression problems. We just do our best to let her know our experiences and thoughts. We hope that can help her.

We reflected in our journal notes:

The participant narrated her feelings and emotions while interacting with the child. When she realized that she could not help her child due to limited knowledge, she was anxious and guilty. On the other hand, if she found that her child accepted and appreciated her support and help, she was very happy with that. The parent's emotions were tightly connected to whether she could provide effective support to her child. The child expects support from the parents, and the parents expect that they can assist the child. The parents obtain feeling of satisfaction when providing support.

Meng described his struggles and strong emotions considering his child's problems in the United States. He said, "Sometimes I tell my child, thinking about your difficulties in the US, I feel teary. Why? Because I am not able to go there and help you." The participant indicated that he felt very sad when he realized that he couldn't help the child. Although Meng could understand that CISs may encounter various difficulties in the United States, it didn't make sense to him how difficult the problems were. He was struggling with the fact that he wanted to give everything he had to the child but he could not provide any direct help. These strong emotional expressions highlighted the importance of using coping strategies to address the participants' dilemmas and provide support to their children. Thus, we asked the participants about the various coping strategies that they used to address these dilemmas.

Coping Strategies

Participants used or suggested the following coping strategies to deal with the multiple communication dilemmas that they encountered when talking about depression and related mental health issues with their children studying in the United States.

Communicating Openly

Facing the challenge that the child was not willing to talk about depression actively, the participants emphasized that parents should establish an open conversation climate with the child. They believed that the whole family should work together to deal with depression. Depression of the CISs was a concern that required the efforts of all family members. For example, Jing said, “We address a problem through family talks. We exchange everyone’s opinions. Combining everyone’s perspectives, the problem can be solved effectively.” Qiu (a father, 55 years old) indicated that the family empowered their child to achieve more effective communication,

We help him to deal with depression or stress by conversations and negotiation. What we say is just one recommendation or suggestion...the children have the right to determine what they will do. I think this is effective communication. Parents should lead and guide children when they are young. But if you force the children to do something, it will not work. The children will not obey. So, the interactive way of communication is the best way. It is efficient.

Han (a mother, 55 years old) emphasized the necessity of open communication from parents’ side,

I think parents should keep communication channels open with the children, and contact them regularly. You can’t leave them alone. If they are too busy to talk, leave them a message. At least, parents can be sensitive and be always available to maintain the children’s mental health. It requires cooperation of the entire family.

Cooperation of family here means that the parents should take action to relieve the child’s stress or depression through mutual discussion, empowering the child by providing them freedom to take major decisions, and actively keeping in touch with them.

Improving Understanding through Social Media and Shared Experiences

The participants stated that a better understanding of the intercultural context in American colleges and the lives of their children could be achieved through social media usage. CISs extensively use social media and update information about their social lives. Further, information is also shared through social media by communities like Chinese associations, parent associations, and international

student organizations. The participants suggested that using audio visual features of social media like video chat can help the parents connect over long distance. Meng noted:

My wife often uses social media like “WeChat” (a hugely popular social media application in China) to obtain rich information about the American college life, and talks with my daughter by video chat on “WeChat.” That is very helpful and convenient, since we can see her facial expression and tell if she is happy or distressed.

In addition, the participants communicated a lot with other CISs’ parents to learn from their experiences. Cai (a mother, 43 years old) stated:

I have many relatives and friends whose children are also studying in the US. We often talk about each other’s children; how they are doing, their difficulties, what they are interested in...The true experiences of relatives and friends make more sense. We can talk a lot about the children’s experiences and problems, and exchange our thoughts.

Thus, social media and shared experience of other CIS parents were two main sources of information that the parents relied on to increase understanding of American culture and the college life of CISs.

Respecting, Being Sensitive, and Not being Judgmental

In order to provide relief to their children, the participants emphasized the significance of emotional support, such as reassurance, encouragement, and respect. Zheng, (a mother, 52 years old) stated: “I think parents should comfort the child, rather than emphasizing the expectations frequently. Don’t put pressure on them... They are already highly stressed in the US. Give the children more space and reassurance (by).” Yang, noting a non-judgmental attitude, stated:

As parents who are far away from their children, what we can do best is just to provide comfort, support and emotional encouragement...Parents should not judge their child’s thoughts, behaviors, or decisions. If the child talks about depression, we can’t say that it is bad or abnormal. We should show respect when we listen to them. Otherwise they won’t talk or follow your suggestion.

Furthermore, the participants pointed out that they observed their child’s mood cautiously and were sensitive to the emotional status of their child. Han noted:

Sometimes I recognize that her voice on the phone is very low, and she may be unhappy. I ask her, “What happened; you do not seem happy.” I keep asking, and then she reveals that she feels depressed because of her thesis and the communication problems with the professors. She won’t tell me unless I notice her emotional change.

Hence the participants suggested that treating their children with respect, listening nonjudgmentally, and being sensitive to emotional changes could facilitate supportive family communication.

Encouraging Help-Seeking and Support-Seeking

The participants encouraged their children to seek help from peers who were more familiar with the American context, and could provide helpful suggestions. As Meng said:

I always suggest to him to seek for help from friends, especially people who are international students too. They can help each other through communication and interaction. Many problems can be addressed...The international students have similar experiences. They can learn from each other. They feel comfortable and happy when talking with friends.

Fan described that she addressed her daughter's depression problems through comforting and encouraging help seeking. She shared:

When she discloses that she is much stressed or has depression problems, I first comfort her; and then I tell her that speaking with friends could be beneficial. I also talk to my friends' kids who are international students, asking them to contact my daughter. Conversation with others can help her make sense of what the problem is, and gain knowledge about how to solve the problem. She can make friends with more people. It is a process of personal development.

Additionally, some participants encouraged their children to seek out professional mental health services, which were an efficient way to address depression. Han said:

I suggested to my daughter to use the mental health services at her university when she feel too stressed. The parents should encourage their child to seek help from the mental health services. Depression is like your mind is getting a cold. It is not a shame. You should go when you need help. In particular, the US pays more attention on mental health than China does. It will be more effective to visit the psychiatrist and address your depression. They are experts. They are more professional than your friends and families. They can provide more professional help. Asking for help means you are mature and aware of your needs.

Ultimately, the participants often recommended their children to learn from the experience of their peers and utilize mental health services to address their depression issues.

DISCUSSION

Based on Goldsmith's (2004) normative theory of social support, the results of the study revealed the dilemmas parents encountered when talking about

depression with their children and the coping strategies they used to deal with the dilemmas. The findings of the study were consistent with the existing research and they further expanded the normative theory of social support into the new context of international students communicating about depression with their parents. We discuss the theoretical and practical implications and limitations of the study.

Using the normative theory of social support, similarities and differences appear in the dilemmas that Chinese parents encounter when communicating about mental health with their children when compared with other populations studied. An example is the mental health concerns of military families (Wilson et al., 2015) and older couples talking about lifestyle changes (Goldsmith et al., 2006). Emphasizing “caring” and creating a meaning of “it is normal” to have this problem in different contexts is presented in all the three studies. However, in this study, dilemmas resulted from “implicit communication” (e.g., “I expect you to disclose but you conceal”), which is unique to the communication style in Chinese culture. This implicit communication style as a key feature of Chinese culture has been echoed by other studies as well (Gao et al., 1996; Jin & Acharya, 2016). These findings support a key assumption of the normative theory of social support (Goldsmith, 2004) that conversational dilemmas are situated in contexts and diverse meanings are formed in different cultures (Roscoe & Barrison, 2019). Furthermore, this study suggested that families reframe the identity (i.e., beneficial to personal development) and relational meaning (i.e., connecting to social network, conveying care) of seeking help as they develop coping strategies. However, our study stresses more on collaborative coping styles than Wilson’s et al. (2015) study.

Regarding theoretical implications, our study applies the normative theory of social support in a new cultural context and further supports the assumptions. The normative theory of social support (Goldsmith, 2004) assumes that a high quality of communication depends on the degree to which speakers can achieve multiple and potentially contradictory expectations while managing meanings related to conversation topics and speakers’ relationships. The parents’ attempts to pursue expectations can be interpreted as communicating conflicted meanings (e.g., expecting the child to disclose versus inability to understand the child’s disclosure; hoping the child prioritizes working hard versus being less stressed), and thus the parents must manage multiple goals in the process of purposeful communication (Caughlin, 2010). Being a parent, the participants believed that they had the responsibility to provide the support that the child needed. In this sense, communication was necessary to make support efficient. However, parents noted that their child tended to avoid mentioning depression issues. They realized that it was necessary to encourage and perform bidirectional communication—that is, not only to encourage their child to talk, but also to open themselves up to proactive and frequent communication with their children. The children’s passive communication with their parents is potentially rooted in the traditional Chinese culture of “listening-centered” (*tinghua*) communication where speaking is tied to seniority and hierarchy (Fang & Faure, 2011; Gao et al., 1996). Children are thus expected to listen more and speak less. So, to operate in this context, it is

very important for the parents to keep open and regular communication, and look for verbal and nonverbal indicators of depressive symptoms in their child. For example, the participants in the study pointed out that they made efforts to be sensitive to the child's emotions. This suggests that Chinese parents who are worried about their child's mental health should look out for depressive symptoms such as avoiding conversation, low voice, reduced eye contact, other nonverbal behaviors like unhappy facial expressions, etc. (Fossi et al., 1984).

The participants utilized several approaches to improve their understanding of the cultural context in the United States and made efforts to engage in active conversation with their children. Perceived understanding is related to feelings of connection and confirmation in family relationships (Reis, 2007). The participants identified that it was difficult to understand their child's depression issues without any experience of the context or conditions, so it made sense that the parents tried to connect with and understand the child's experience through different means, such as talking with other parents and using social media.

Furthermore, the participants recommended that parents should endeavor to show unconditional and nonjudgmental caring, support, and commitment to the CISs to reduce their stress and other environmental pressures. Furthermore, verbalizing high parental expectations in conversations will lead to increased stress and should be avoided. Many participants also suggested being respectful to their children and not rushing to conclusions. By practicing nonjudgmental listening, the parents create more scope for their children to share negative experiences of depression. Also, the act of being respectful to the children's experiences would prevent the emergence of negative meanings of depression.

Additionally, as the participants encountered difficulties in providing meaningful assistance due to the long distance and inadequate cultural understanding of the United States context, they advocated various sources of help for their children. The participants suggested seeking professional help and peer support, which was beneficial to the CISs' personal development. The strategies attempted to reduce societal stigma by reframing the meaning of seeking help (e.g., it is a process of development or a sign of maturity). Thus, the participants endeavored to manage the negative meanings associated with depression, aiming to redefine the context through communication. In addition, the coping strategies included connecting the CISs to a social network where peers come together to help each other.

In terms of practical implications, it was encouraging that many participants in our study recognized the importance of destigmatizing mental illness to encourage help seeking by the CISs through utilizing professional mental health services and asking for help from a social network. When they struggled with the dilemma of "I care about you but am not able to help," they attempted to use other ways to address the dilemma, and therefore reshaped the meaning of seeking help (e.g., "it is not abnormal but good for your growth"). Given the active role that parents play in dealing with CISs' mental health problems, health campaigns or university initiatives should also target families, especially parents, as the study indicates that the CISs' parents often encourage them to talk with other peers or seek help from professionals.

Several limitations in the study should be noted and addressed in future research. First, the study did not include a number of low-income participants. Being a low-income parent might have a different impact on specific difficulties when talking about depression with their children. For example, students in a low-income family may hesitate to disclose their financial problems with the parents, as the parents would already be under financial stress by sending their child abroad. Also, the study only interviewed parents of CISs. Future research could explore dilemmas and coping strategies experienced by other family members, such as spouses or significant others, and investigate how family members cooperate to provide social support to the CIS. Future studies could also plan to increase and diversify the number of participants. Future studies could also replicate this with other international student communities.

CONCLUSION

Families are important entities in which we exhibit our needs through emotional expression and seek support. Understanding the communicative practices and coping strategies to deal with depression and mental health issues warrants further investigation. The findings suggest insights for campus wellness programs to promote supportive and effective social support for CISs and to engage families and parents in mental health promotion programs. The parents are vital stakeholders in the depression issue for CISs. Psychological service providers, residence assistants, university administrators, and educators who implement mental health promotion interventions need to value the role of family support. In addition, the coping strategies that emerged in the study underline some important issues that should be considered in communication about depression in practical settings, such as open and active talk, utilizing social media, and avoiding the emphasis of high expectations. In addition, communicative practices about mental health concerns may vary depending on the cultural contexts and meanings of mental health. The findings can also be transferred to mental health communication approaches across multiple contexts beyond international students, such as among minorities and cross-cultural populations.

REFERENCES

- Acharya, L., Jin, L., & Collins, W. B. (2018). College life is stressful today—Emerging stressors and depressive symptoms in college students. *Journal of American College Health, 66*(7), 655–664. <https://doi.org/10.1080/07448481.2018.1451869>
- Bastien, G., Seifen-Adkins, T., & Johnson, L. R. (2018). Striving for success: Academic adjustment of international students in the U.S. *Journal of International Students, 8*(2), 1198–1219. <https://doi.org/10.32674/jis.v8i2.143>
- Boeije, H. (2002). A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality and Quantity, 36*(4), 391–409. <https://doi.org/10.1023/A:1020909529486>

- Burck, C. (2005). Comparing qualitative research methodologies for systemic research: The use of grounded theory, discourse analysis and narrative analysis. *Journal of Family Therapy*, 27(3), 237–262. <https://doi.org/10.1111/j.1467-6427.2005.00314.x>
- Caughlin, J. P. (2010). A multiple goals theory of personal relationships: Conceptual integration and program overview. *Journal of Social and Personal Relationships*, 27(6), 824–848. <https://doi.org/10.1177/0265407510373262>
- Chao, R. K. (1994). Beyond parental control and authoritarian parenting style: Understanding Chinese parenting through the cultural notion of training. *Child Development*, 65(4), 1111–1119. <https://doi.org/10.1111/j.1467-8624.1994.tb00806.x>
- Charmaz, K. (2008). Constructionism and the grounded theory. In J. A. Holstein & J. F. Gubrium (Eds.), *Handbook of constructionist research* (pp. 397–412). Guilford.
- Cheung, P. T. A. (2010). *Depressive symptoms and help-seeking preferences among Chinese (including Mainland China, Hong Kong, and Taiwan) international students* (Publication No. 3424290) [Doctoral dissertation, University of Houston]. ProQuest Dissertations & Theses Global.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310. <https://doi.org/10.1037/0033-2909.98.2.310>
- Fang, T., & Faure, G. O. (2011). Chinese communication characteristics: A Yin Yang perspective. *International Journal of Intercultural Relations*, 35(3), 320–333. <https://doi.org/10.1016/j.ijintrel.2010.06.005>
- Forbes-Mewett, H., & Sawyer, A.M. (2016). International students and mental health. *Journal of International Students*, 6(3), 661–677. <https://www.ojed.org/index.php/jis/article/view/348>
- Fossi, L., Faravelli, C., & Paoli, M. (1984). The ethological approach to the assessment of depressive disorders. *Journal of Nervous and Mental Disease*, 172(6), 332–341. <https://doi.org/10.1097/00005053-198406000-00004>
- Fram, S. M. (2013). The constant comparative analysis method outside of grounded theory. *The Qualitative Report*, 18(1), 1–25. <https://nsuworks.nova.edu/tqr/vol18/iss1/1>
- Gao, G., Ting-Toomey, S., & Gudykunst, W. B. (1996). Chinese communication processes. In M. H. Bond (Ed.), *The handbook of Chinese psychology* (pp. 280–293). Oxford University Press.
- Glaser, B. G. (1965). The constant comparative method of qualitative analysis. *Social Problems*, 12(4), 436–445. <https://doi.org/10.2307/798843>
- Glaser, B. G. (1992). *Emergence vs. forcing: Basics of grounded theory analysis*. Sociology Press.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine.
- Goldsmith, D. J. (2004). *Communicating social support*. Cambridge University Press.

- Goldsmith, D. J., & Fitch, K. (1997). The normative context of advice as social support. *Human Communication Research*, 23(4), 454–476. <https://doi.org/10.1111/j.1468-2958.1997.tb00406.x>
- Goldsmith, D. J., Lindholm, K. A., & Bute, J. J. (2006). Dilemmas of talking about lifestyle change among couples coping with a cardiac event. *Social Science & Medicine*, 63, 2079–2090. <https://doi.org/10.1016/j.socscimed.2006.05.005>
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105–117). SAGE.
- Han, X., Han, X., Luo, Q., Jacobs, S., & Jean-Baptiste, M. (2013). Report of a mental health survey among Chinese international students at Yale University. *Journal of American College Health*, 61(1), 1–8. <https://doi.org/10.1080/07448481.2012.738267>
- Hwang, K. K. (1999). Filial piety and loyalty: Two types of social identification in Confucianism. *Asian Journal of Social Psychology*, 2, 163–183. <https://doi.org/10.1111/1467-839X.00031>
- Inman, A. G., & Yeh, C. J. (2007). Asian American stress and coping. In F. T. L. Leong, A. G. Inman, A. Ebreo, L. Yang, L. Kinoshota, & M. Fu (Eds.), *Handbook of Asian American psychology* (2nd ed., pp. 323–340). SAGE.
- Institute of International Education. (2018). Open Doors Report. Retrieved September 29, 2019, from <https://www.iie.org/Research-and-Insights/Open-Doors/Data/International-Students>
- Jin, L., & Acharya, L. (2016). Cultural beliefs underlying medication adherence in people of Chinese descent in the US. *Health Communication*, 31(5), 513–521. <https://doi.org/10.1080/10410236.2014.974121>
- Keating, D. M., Russell, J. C., Cornacchione, J., & Smith, S. W. (2013). Family communication patterns and difficult family conversations. *Journal of Applied Communication Research*, 41(2), 160–180. <https://doi.org/10.1080/00909882.2013.781659>
- Knapp, M. L., & Daly, J. A. (2011). *Handbook of interpersonal communication* (4th ed.). SAGE.
- Kolb, S. M. (2012). Grounded theory and the constant comparative method: Valid research strategies for educators. *Journal of Emerging Trends in Educational Research and Policy Studies*, 3(1), 83–86.
- Leach, M. S., & Braithwaite, D. O. (1996). A binding tie: Supportive communication of family kinkeepers. *Journal of Applied Communication Research*, 24(3), 200–216. <https://doi.org/10.1080/00909889609365451>
- Liu, M. (2009). Addressing the mental health problems of Chinese international college students in the United States. *Advances in Social Work*, 10(1), 69–86. <https://doi.org/10.18060/164>
- McCullough, M. E., & Larson, D. B. (1999). Religion and depression: A review of the literature. *Twin Research and Human Genetics*, 2(2), 126–136. <https://doi.org/10.1375/136905299320565997>
- O'Connor, M. K., Netting, F. E., & Thomas, M. L. (2008). Grounded theory: Managing the challenge for those facing institutional review board oversight.

- Qualitative Inquiry, 14(1), 28–45.
<https://doi.org/10.1177/1077800407308907>
- Reis, H. T. (2007). Steps toward the ripening of relationship science. *Personal Relationships*, 14(1), 1–23. <https://doi.org/10.1111/j.1475-6811.2006.00139.x>
- Roscoe, L. A. & Barrison, P. (2019). Dilemmas adult children face in discussing end-of-life care preferences with their parents. *Health Communication*, 34(14), 1788–1794. <https://doi.org/10.1080/10410236.2018.1536946>
- Sapranaviciute, L., Padaiga, Z., & Pauzienie, N. (2013). The stress coping strategies and depressive symptoms in international students. *Procedia - Social and Behavioral Sciences*, 84(9), 827–831. <https://doi.org/10.1016/j.sbspro.2013.06.655>
- Settles, B. H., Sheng, X., Zang, Y., & Zhao, J. (2012). The one child policy and its impact on Chinese families. In C. Kwok-bun (Ed.) *International handbook of Chinese families* (pp. 627–646). Springer.
- Strauss, A. L., & Corbin, J. M. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). SAGE.
- Thorne, S. (2000). Data analysis in qualitative research. *Evidence-Based Nursing*, 3, 68–70. <http://dx.doi.org/10.1136/ebn.3.3.68>
- Turner, D. W. (2010). Qualitative interview design: A practical guide for novice investigators. *The Qualitative Report*, 15(3), 754–760. <https://nsuworks.nova.edu/tqr/vol15/iss3/19>
- Wang, C.-C. D., & Mallinckrodt, B. (2006). Acculturation, attachment, and psychosocial adjustment of Chinese/Taiwanese international students. *Journal of Counseling Psychology*, 53(4), 422–433. <https://doi.org/10.1037/0022-0167.53.4.422>
- Wei, M., Heppner, P. P., Mallen, M. J., Ku, T. Y., Liao, K. Y. H., & Wu, T. F. (2007). Acculturative stress, perfectionism, years in the United States, and depression among Chinese international students. *Journal of Counseling Psychology*, 54(4), 385–394. <https://doi.org/10.1037/0022-0167.54.4.385>
- Wei, M., Liao, K. Y.-H., Chao, R. C.-L., Mallinckrodt, B., Tsai, P.-C., & Botello-Zamarron, R. (2010). Minority stress, perceived bicultural competence, and depressive symptoms among ethnic minority college students. *Journal of Counseling Psychology*, 57(4), 411–422. <https://doi.org/10.1037/a0020790>
- Wilson, S. R., & Feng, H. R. (2007). Interaction goals and message production: Conceptual and methodological developments. In D. R. Roskos-Ewoldsen & J. L. Monahan (Eds.), *Communication and social cognition: Theories and methods* (pp. 71–95). Routledge.
- Wilson, S. R., Gettings, P. E., Hall, E. D., & Pastor, R. G. (2015). Dilemmas families face in talking with returning US military service members about seeking professional help for mental health issues. *Health Communication*, 30(8), 772–783. <https://doi.org/10.1080/10410236.2014.899659>
- Wu, C., & Chao, R. K. (2011). Intergenerational cultural dissonance in parent–adolescent relationships among Chinese and European Americans. *Developmental Psychology*, 47(2), 493–508. <https://doi.org/10.1037/a0021063>

- Xing, X.-Y., Tao, F.-B., Wan, Y.-H., Xing, C., Qi, X.-Y., Hao, J.-H., Su, P.-Y., Pan, H.-F., & Huang, L. (2010). Family factors associated with suicide attempts among Chinese adolescent students: A national cross-sectional survey. *Journal of Adolescent Health, 46* (6), 592–599. <https://doi.org/10.1016/j.jadohealth.2009.12.006>
- Xu, J. (2012). Filial piety and intergenerational communication in China: A nationwide study. *Journal of International Communication, 18*(1), 33–48. <https://doi.org/10.1080/13216597.2012.662466>
- Ying, Y. W., Lee, P. A., Tsai, J. L., Yeh, Y. Y., & Huang, J. S. (2000). The conception of depression in Chinese American college students. *Cultural Diversity and Ethnic Minority Psychology, 6*(2), 183–195. <https://doi.org/10.1037/1099-9809.6.2.183>
- Zhang, Q. (2007). Family communication patterns and conflict styles in Chinese parent-child relationships. *Communication Quarterly, 55*(1), 113–128. <https://doi.org/10.1080/01463370600998681>
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