

***THE INFLUENCE OF CULTURAL VALUES ON THE PARENT-CHILD
INTERACTION PATTERNS OF FAMILIES FROM AN ASIAN BACKGROUND***

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Abstract

The objective of this paper is to critically review previous studies of intervention programs that focus on parent-child interaction, in order to pinpoint deficiencies in this area of study and to recommend further research. Indeed, more interventionists and speech and language therapists must identify parent-child interaction patterns, especially when following a family-centred approach in the treatment of speech impairments or language delays. This review stresses that the cultural values of families from an Asian minority background living in a predominantly white culture influences their parent-child interaction patterns. The Asian Values Scale, developed by Kim *et al.* (1999), is used in this paper to demonstrate cross-cultural differences and to examine how these values manifest themselves in parent-child interaction in many Asian minority communities. This review opens with general definitions of culture, cultural values, parent-child interaction and parent-child interaction therapy. Then, previous studies of parent-child interaction therapy will be considered. This review shows that both an awareness of Asian cultural values and the application of the Asian Values Scale can be useful in a family-centred speech and language therapy programme, involving a child from an Asian minority background.

Keywords: *culture, cultural values, parent-child interaction, parent-child interaction therapy, Asian Values Scale.*

1. Introduction

A family-centred approach to therapeutic intervention in speech and language therapy is currently widely practiced by professionals in the field. Despite the extent of the application of such an approach, most academic studies on parent-child interaction therapy are based on data from white, middle-class families. It is possible that families from other cultural backgrounds may not follow the same parent-child interaction patterns. Thus, recommendations by speech and language therapists that are based on studies of a western majority culture may not yield the desired results in children from Asian minority backgrounds.

In this paper recent studies are examined in order to investigate the impact of cultural values on parent-child interaction patterns and to advise future research on this issue. It will discuss to what extent knowledge of the Asian Values Scale, developed by Kim *et al.* (1999), can be helpful in understanding the interaction patterns of parents and their children in Asian minority communities.

2. Culture

If one is asked to define a particular culture, the first things that he or she might think about are music, painting or architecture. An academic definition, however, includes much more than that. Academic definitions of culture differ from one academic to another. For example, culture is described by Giddens (1997) as the way of life of a group including their dress code, marriage customs, religious festivals, family habits and recreational and occupational pursuits.

Research on ‘acculturation’, or the changes that migrants make in their values and behaviours as they gradually begin to adapt to the culture of the host society, reveal that culture entails two major aspects or elements, a behavioural element and a values element (Betancourt and Lopez 1993).

Szapocznik and Kurtines (1980) maintain that when a family from one culture migrates to a community of another culture and the acculturation process begins, some migrants may quickly adapt to the cultural behaviours or manners of conduct of the host culture. This is because adaptation to the cultural behaviour and manners are often motivated by economical needs but adaptation to the cultural values and concepts are not, and therefore, take a longer time to change (ibid).

Gidden’s definition is comprised of the behavioural aspects of a culture, such as dress code and leisure activities, but fails to emphasise the values aspect of a culture. Another definition that succeeds in encompassing both the behavioural and the values aspect of a culture is the one proposed by Fisk *et al.* (1998). They denote that culture consists of the beliefs and values that impact norms, customs, practices, psychological endeavours, educational institutions and organizations.

The importance of this definition resides in the highlighting of the role of beliefs and values in influencing different aspects of one’s life. This means that although many first generation Asian migrants may, for example, adapt relatively quickly to the dress code of the host culture, they may not adapt to the cultural values influencing patterns of parent-child interaction (Vigil 2002), or change their attitudes towards whether to seek language therapy services or to talk about the problem openly with the therapist, at the same rate (Kim *et al.* 1999).

Families attending a speech and language pathology intervention clinic are often given advice based on research that is culturally biased (Simmons and Johnston 2007). According to a report from the US National research council:

Culture influences every aspect of human development and is reflected in child bearing beliefs and practices designed to promote healthy adaptation...given the magnitude of its influence on the daily experience of children, the relative disregard for cultural influences in traditional child development research is striking (Shonkoff and Philips 2000 p.25).

3. Parent-child interaction

Parent-child interaction is a set of observable behaviours, that can act as an indicator of the growth of a secure attachment or an emotional bond, in which a sense of security is associated with the relationship between the caregiver and the child (Bee 1995). These interactions vary with the infant's age and are associated with positive infant responses (Dixon and Stadtler 2002). At birth, attempting to soothe the infant when she is upset and expecting her to look content, is one example of a parent-child interaction. At one month, talking and smiling to the infant and expecting her to turn her head to a parent's voice, is another example a parent-child interaction. At one year, reading a book and playing jointly with age appropriate toys, are some of the many parent-child interaction patterns associated with that age (Dixon and Stadtler 2002).

Stadtler's description of parent-child interaction is typical of the observed interactions of the white middle-class. They were documented while parents and children were attending a day clinic and were meant to serve as a guide for therapists looking for signs of secure attachment between parent and child.

However, Vigil (2002) describes parent-child interaction patterns as a caretaker's interactive and communicative behaviours. These behaviours include

attention regulation, infant manipulation and pragmatic input. Attention regulation is defined as, “the care giver attending to, playing with and/ or talking about the same object with which the infant was involved”. Object and infant manipulation is defined as when, “the care giver manipulates or touches an object/infant during play”. Pragmatic input is described as, “the utterances produced by the mother or input in different situations that can also include non-linguistic vocalizations” (Vigil, 2002).

4. Parent-child interaction therapy

Parent-Child Interaction Therapy or PCIT is described as an empirically-supported treatment for young children that emphasises an improvement in the quality of the parent-child relationship and changing parent-child interaction patterns (Seib 2009). In other words, the goal of PCIT is to teach parents specific skills that increase the child’s positive behaviour and decrease negative behaviour. This intervention, which includes parent training, is based on research of parent-child interaction as well as on attachment theory and social learning theory (Herschell *et al.* 2002).

In speech and language therapy, a therapist aims to treat language pathologies and delays by planning language-facilitation intervention programs for children with language impairments (Vigil 2002). The therapist also gives advice to families by recommending activities and interaction patterns that they believe will facilitate language learning (Simmons and Johnston 2007). For example, a speech and language therapist might recommend parent-child joint story-book reading to the family of a child with a language impairment as a means to facilitate language development and to prepare the child for success at school (Kaderavek and Sulzby 1997).

5. Critique of parent-child interaction intervention approaches

5.1 Empirical evidence and intervention

Research focused on families from a white-middle class North-American or European background have shown that following the child's lead can have beneficial effects on the child's development (Akhtar *et al.* 1991). When the parent maintains joint attentional focus on an object that interests the child, this tends to produce more utterances, more comments, shorter sentences and longer conversations than when this joint attention is lost (Tomasello and Farrar 1986). Tomasello and Farrar also found that maintaining joint attention is positively associated with the child's language development. Moreover, sustaining the joint attention between the parent and the child is shown to positively correlate with the child's early language development (Tomasello and Todd 1983). Furthermore, when the parent introduces a new object while engaging in an attention-following interaction style, the chance that the infant will recognise the object later on, is high (Dunham *et al.* 1993).

Results from studies such as those mentioned above have influenced family-centred speech therapy in many ways. For example, Manolson (1992), a speech and language pathologist, developed the 'three A way approach'. This approach stresses that the best child rearing takes place when parents *allow child to lead, adapt to share the moment* and *add language and experience*. The approach attempts to develop the connections between a parent and a child that can facilitate the development of communication and learning.

Allow child to lead emphasises the importance of giving the child the chance to lead in activities and conversations. It also coaches the parents of children who are at risk for language delays or impairments on how to follow their child's topics of conversation. *Adapt to share the moment* emphasises the importance of keeping joint attention on the child's object of interest and avoidance of directing the child toward

the objects of interests of the parent. *Add language and experience* emphasises the importance of interacting linguistically with the child. This includes expanding on the child's utterances and taking turns with him or her while doing daily activities such as daily conversations, play or leisure activities, meal times, listening to music, reading a book and doing art activities.

Manolson (1992) believes that when parents follow the 'three A way approach' in regular, everyday situations, they become their children's own speech and language therapists. This leads one to the question: to what extent are these interaction patterns universal and characterise the different cultures that exist?

Vigil (2002) compared parent-child dyads during attention regulation, object manipulation and pragmatic input between five pairs of Chinese origin and five of British origin from the North East of England. The four boys and one girl per cohort were matched for similarities in education, average weight, ability and age and they were video-taped in their homes. The results of this study suggest that there are several cultural differences between the Chinese sample and the British sample.

In terms of attention regulation behaviour, the Chinese mothers directed their infants' attention more than the British mothers who in turn followed their infants' lead more than the Chinese mothers. The British mothers also maintained their attention to what the infant initiated for a longer period than Chinese mothers who detached themselves from the infant-chosen activity more frequently than the British mothers.

In terms of object involvement, the Chinese mothers manipulated objects and also the infant's hands while they were handling an object while the British mothers did not do this as frequently.

In terms of pragmatic input, although there was no difference in the frequency of vocalisations between the two groups, the Chinese mothers produced more behavioural directives, or asked the child to do something in a specific manner. The British mothers produced more descriptives and performatives, that is, they gave their child information about an ongoing activity.

In a recent review Vigil and Hwa-Froelich (2004) found that English mothers were more likely than Japanese mothers to encourage independence by following the child's lead, encouraging attention to the environment, responding to the infant's exploration, watching the child to determine child's next move and focusing on one activity at a time. Japanese mothers, on the other hand, were more likely than English mothers to encourage interdependence by directing the child's attention to other objects or individuals, redirecting the child's attention to join an established activity and attending to several activities simultaneously.

Dixon and Stadtler (2002) showed that when infants reach the age of one year parents begin to read them books, especially at bedtime. This investment in reading at that age becomes important as a means to facilitate language learning. As a result, interventionists may ask parents to read a book jointly with their children to develop language and improve language skills (Kaderavek and Sulzby 1997).

However, a study by Simmons and Johnston (2007) shows Canadian mothers from an Indian background were much less likely than Canadian mothers from a European background to read a book to their children at bedtime. Simmons and Johnston believe that there are two main reasons for this difference. The first is the limited availability of books in the native languages of the Indian mothers. The second is the Indian mothers' appreciation of the importance of transmitting their traditional

stories and sharing them with their children orally rather than reading books written in another language or about another culture. In addition to oral stories, the majority of the Indo-Canadian mothers reported that they frequently practice religious songs and prayers with their children, while only a minute percentage of Euro-Canadian mothers did so.

Vigil and Hwa-Froelich (2004) emphasise that parent-child interaction patterns vary from one culture to another and a parent-child interaction therapist should understand these variations before recommending therapy. Hence, although empirical evidence show that the parent-child interaction patterns of white middle-class mothers facilitate language learning, other research indicates that there are many cross-cultural differences and that these differences should not be overlooked during language intervention.

5.2 Cultural influence

The Asian Values Scale or AVS is a psychometric instrument that aims to measure Asian ethnic cultural values (Kim *et al.*, 1999). The AVS is comprised of a six-value scale that involves ‘conformity to norms’, ‘family recognition through achievement’, ‘emotional self control’, ‘collectivism’, ‘humility’ and ‘filial piety’ (Kim *et al.*, 1999).

Conformity to norms is defined as conformity or compliance with the different customs, traditions, regulations, values, trends and other codes of conduct which become standardised as a result of the contact of individuals (Sherif 1936 cited Back *et al.* 1977). Parents of an Asian minority background would score high on this value (Kim *et al.*, 1999). A ‘high/power/distance’ interaction is the cultural norm that Chinese mothers follow during parent-child interaction (Vigil and Hwa-Froelich

2004). Such norms are manifested in the mother's behaviour whereby she is more likely than English mothers, who are described as maintaining a 'low/power/distance', to teach the child explicitly, to manipulate his or her hand and the toy and to teach her child to play with the toy in the intended fashion (ibid).

Family recognition through achievement is related to feelings of 'pride or shame' parents may experience depending on how their children fair academically and professionally (Kim *et al.* 1999). This value may be associated with the tendency of the parent to correct his or her child's utterances using negative evidence. Negative evidence is the act of correcting the child's utterances or giving the child feedback about which strings of words he or she uses incorrectly (Strapp and Federico 2000). A study comparing negative evidence in Child Directed Speech of English, Hindi and Tamil mothers found that negative evidence is present in the three groups but that Hindi and Tamil mothers gave maternal feedback more frequently than English mothers did (Aeir and Wilcox 2006). In cultures that have a high AVS score when it comes to the value of pride and shame, parents may explicitly correct their children intending to induce a sense of pride for one's child in front of one's self and others when the child learns to speak correctly.

Emotional self control stands for the ability to control one's emotions. For a family from an Asian background this ability is a sign of strength. It also implies that parental love "should be implicitly understood and not openly expressed" and that "one should have sufficient inner resources to resolve emotional problems" (Kim *et al.* 1999). This might mean that in everyday parent-child interaction, expressions that are used to express feelings and sentiments may be less frequent in comparison to other expressions or utterances. Hence, asking parents to communicate emotions to

the child as a means to increase involvement in a shared activity may not constitute a culture- appropriate approach for the parents.

Collectivism includes viewing one's self as a part of a group (Singelis *et al.* 1995) and viewing the group as a source of protection to which one should be loyal and committed (Hofstede 2001). Parents from Asian background maintain strong bonds with the extended family members and would think about one's group before one's self and consider the needs of others in the family before one's own (Kim *et al.* 1999). For example, mothers from an Indo-Canadian background report that they believe a family is composed of children, parents, grandparents and extended family members and that their children should be taught at an early age to depend on the family (Simmons and Johnston 2007). This means that the child learns at an early age to rely on the family and the extended family for nurture and support. Hence, a family-centred therapist should also understand that extended family members may also be involved in child rearing and that successful parent-child interaction therapy may have to include grandparents as well as aunts or uncles.

Humility in Asian culture is considered to be an important quality of a person. This valuing of humility requires that a person not be boastful and thus humbleness and modesty are appreciated. Bernstein *et al.* (2005) maintains that in North-American child rearing practices, verbal interaction with eye contact are encouraged, yet, Chinese-American children tend not to make eye contact with their parents. This however, should be considered as a sign that the child has learned to show humility and humbleness in front of his or her parent and not as an indicator of the child's lack of involvement or interest in a joint activity (ibid).

Filial piety is an important value in the Asian culture. This means that Asian children are responsible to provide for their parents when they are old, that elders have more wisdom than youngsters, one should not question the authority of an older person and that one should work hard so as not to bring discontent to one's ancestors (Kim *et al.* 1999). Hence, parents from an Asian background may use more directives and may direct their children's attention more than parents from a white background since the former expect from their children to show compliance and obedience to the family hierarchy.

There are other instruments than the AVS that may be used by researchers and by speech and language therapists to measure differences in cultural values in parent-child interaction patterns. These include the Individualism-Collectivism Scale or INDCOL (Hui and Triandis 1986), the Suinn-Lew Asian Self Identity Acculturation Scale or SL-ASIA (Suinn *et al.* 1992) and the Hofestede's cultural dimensions scale (Hofestede 2001).

However, the INDCOL Scale has only one value which is collectivism versus individualism, while the AVS has six values. The SL-ASIA consists of questionnaire items that use terminology geared towards Asians living in the USA and should be adapted if it is to be used for Asians living in other countries. In contrast, the AVS questionnaire items avoid country-specific terminology and are suitable for people from any Asian background living in any country. Hofestede's cultural dimensions scale has only four values, 'power distance', 'individualism versus collectivism', 'uncertainty avoidance' and 'masculinity versus femininity' and they are derived from his study on the computer industry and not on patients in intervention programmes

(Hofstede 2001). This renders the application of the AVS scale to be of unique importance for any family-centred or parent-child interaction therapy.

6. Implications for intervention with cross-cultural consideration

Vigil and Hwa-Froelich (2004) contend that when therapists emphasise the practices of consistently maintaining joint attention and constantly following the child's lead as the best interaction style, they do not realise the fact that these results are common in white middle class European or North-American populations and that families from other ethnicities have different approaches. Hence, for parents of Chinese or Japanese origin, Manolson's first A way, *allowing to lead*, would be rather tricky to apply. This is because it can interfere with the Asian family dynamics and child rearing practices (Vigil and Hwa Froelich 2004).

Kim *et al.* (1999) asserts that this modality of therapy often causes Asian families living in a predominantly white environment to avoid seeking advice from a therapist from another culture or to interrupt or stop therapy before it is completely over or to avoid seeking therapy altogether. Also, some research suggest that as with the fact that the use of performatives and descriptives by the parents may be associated with child's learning of nouns, similarly the use of imperatives and directives may be associated with the learning of verbs (Soderstorm 2007). Moreover, many behaviourists propose that the use of negative evidence can actually facilitate child language acquisition (Strapp and Federico 2000). Hence, parent-child interaction therapy must adapt to suit the cultural values of Asian minority families and the AVS scale can be a useful tool for any interventionist who is interested in finding the best therapeutic option.

A good suggestion by Simmons and Johnston (2007) is that instead of the therapist asking Asian parents to read their child a book, they may ask the parents to narrate a story to their child. Simmons and Johnston maintain that:

This practice may be motivated by the religious value of the text and the cultural traditions surrounding it, it clearly provides children with ongoing experiences of oral text... these texts may be viewed as functionally equivalent to written texts in so far as they can provide the same sorts of repetitive language and predictability that is believed to make book reading a good context for language learning.

Likewise, there are aspects of parent-child interaction that are universal. It is up to speech and language therapists and pathologist following a family-centred approach to use the AVS to find out more about their clients cultural background, to identify culture specific parent-child interaction patterns and to establish a sound understanding of the dynamics of communication situations between the parent and the child in order to create treatment plans that can successfully facilitate language development.

7. Conclusion

From this review of parent-child interaction studies, it can be seen that family centred therapy is mostly based on study participants of a white, middle class, North-American or European background. It shows that therapists encourage following the child's lead, attention following and describing the child's behaviour as means to facilitate language development and language learning. In this review it was shown that cultural differences influence parent-child interaction. Thus, in many Asian minority communities, directing the child's lead, attention directing and teaching explicitly prevail, meaning that therapist's recommendations can interfere with the family dynamics and may encourage parents to interrupt therapy. In the future, research on parent-child interaction should not be generalised to families of white

middle-class North-American and European backgrounds. In addition, since families with an Asian cultural background can come from North, East, Southeast, West, Central and North Asia, therapists should take into consideration cultural differences among Asian nations and as well as individual differences. With the aid of such considerations, the recommendations of the therapist can be adapted to each family's needs and requirements to help children with language delays and impairments in the best way possible.

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