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Culture beats gender? The importance of controlling for identity- and parenting-related risk factors in adolescent psychopathology☆

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ABSTRACT

This study analyzed the unique effects of gender and culture on psychopathology in adolescents from seven countries after controlling for factors which might have contributed to variations in psychopathology. In a sample 2259 adolescents (M = 15 years; 54% female) from France, Germany, Turkey, Greece, Peru, Pakistan, and Poland identity stress, coping with identity stress, maternal parenting (support, psychological control, anxious rearing) and psychopathology (internalizing, externalizing and total symptomatology) were assessed. Due to variations in stress perception, coping style and maternal behavior, these covariates were partialed out before the psychopathology scores were subjected to analyses of variance with gender and country as factors. These analyses leveled out the main effect of country and revealed country-specific gender effects. In four countries, males reported higher internalizing and total symptomatology than females. Partialing out the covariates resulted in a clearer picture of culture-specific and gender-dependent effects on psychopathology, which is helpful in designing interventions.

Adolescence is regarded as a window of vulnerability for developing psychopathology, due to the many changes with which adolescents have to cope. Of central concern are identity issues, as identity formation is a core developmental challenge for adolescents (Erikson, 1968). Of note, the construct of identity has been integrated as a central diagnostic criterion for personality disorders in the DSM-5, and identity conflicts contribute to many adolescence-typical disorders such as eating disorders, self-harming behavior or depression (OPD-CA-2 Task Force, 2017). Rapid social and technological changes, the increasing plurality of norms and values, and a growing structural uncertainty at the societal level have made identity formation more difficult for adolescents across the world (Kroger & Marcia, 2011). Further, there is some indication that in some Western countries dysfunctional parenting adds to the difficulty in establishing a separate identity, thereby contributing to an increased symptom level of the adolescent (Barber, 2002; Lemoyne & Buchanan, 2011).

Given the increasing diversity in Western countries as well as the increasing globalization, it seems important to analyze what

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factors may contribute to the profound cultural differences in psychopathology across countries (Rescorla et al., 2007). Epidemiological research in many countries of the world revealed not only strong cultural differences, but also quite high levels of psychopathology of adolescents in some countries (Ivanova et al., 2007; Rescorla et al., 2007). However, earlier research did not control for factors that might have contributed to different levels of psychopathology in these countries. Thus, it remains unclear whether there is a unique effect of culture once gender and other risk factors are accounted for. In this study, we selected identity stressors, dysfunctional coping style and parental behavior that may impair identity development as potential contributors to adolescent psychopathology. We were interested in studying how, after partialing out these risk factors, gender and culture affects psychopathology in adolescents in seven countries from Western and Non-Western cultures. Assessing sound cultural effects is a prerequisite for the design of culture-sensitive treatment techniques, a task that becomes ever more urgent in the face of increasing migration of youth into the West. Further, designing gender-specific prevention and intervention methods could be an important future goal.

1. Psychopathology during adolescence: hints for a cultural impact

Adolescence is a transitional phases which is of decisive importance not only for the further development of identity (Kroger, Martinussen, & Marcia, 2010), but also for the development of psychopathology. Many symptoms appear for the first time during adolescence (such as personality disorders and eating disorders); other symptoms intensify (such as depression) and many continue into emerging adulthood (Roberts, Roberts, & Xing, 2007; Schulenberg, Bryant, & O'Malley, 2004). Reviews of differences in psychopathology across adolescence showed increases in rates of depression, panic disorders, agoraphobia, and substance abuse, with anxiety disorders and depression showing continuity towards emerging adulthood (Costello, Copeland, & Angold, 2011). In recent years, an increase of identity pathology has been noted in several disorders, most noticeably in personality disorders (Schmeck, Schlüter-Müller, Foelsch, & Doering, 2013), and has resulted in identity-related treatment approaches (Schlüter-Müller, Goth, Jung, & Schmeck, 2015). The ten-year longitudinal study from Hofstra, van der Emde, and Verhulst (2001) further substantiated that 29% of the clinical non-conspicuous adolescents developed symptoms at a subclinical level, which, if untreated, lead to severe psychopathology in the following years.

Epidemiological research on adolescent psychopathology provides data on the prevalence and distribution in the overall population. When epidemiological research is multinational in scope and uses uniform assessment and analytic procedures to compare differences in many different countries, population differences can be identified. The Youth Self Report (YSR, Achenbach, 1991) which was used in this study to assess the mental health status in a large cross-cultural sample, has been used in many countries; confirmatory factor analyses have supported the US-derived syndromes (for example anxious/depressed, somatic complaints, delinquent) in 23 countries (Ivanova et al., 2007). Further, epidemiological comparisons substantiated the broad-band syndromes of externalizing and internalizing in youth from 24 countries (Rescorla et al., 2007). In the latter study, across countries, females obtained higher scores in total symptomatology than males. Further, females obtained significantly higher scores than males most consistently for anxious/depressed in 21 countries and in internalizing (17 countries). In contrast, males scored consistently higher than females in externalizing, most consistently in conduct problems (17 countries). Although the cross-sectional approach does not allow for the analyses of changes, age trends were observed with older adolescents reporting higher symptomatology than younger adolescents on most YSR scales. Overall, the effect of culture (country effect sizes ranged from 3% to 9%) was more pronounced than the effect of gender (gender effect sizes ranged from less than 1%–2%). A comparison of the mean scores in total symptom scores revealed that 17 of 24 countries scored within one standard deviation of the overall mean. Given that adolescents from most countries in this study scored above the grand mean, it is likely that different risk factors may have contributed to this finding. Thus, it is difficult to disentangle the cultural impact from the impact of risk factors which may play out differently within different cultural contexts, and which were not controlled in these studies.

In our study, we wanted to analyze the unique effect of culture on psychopathology after partialing out potential risk factors. We focus on identity-related risk factors, as identity challenges are universal, but perhaps not universally impacting the health of adolescents in different countries. Similarly, parenting behavior may have an impact on adolescents' psychopathology, and this impact may differ depending on cultural practices and values. Partialing out these potential risk factors may deliver information about unique effects of culture on psychopathology which may help to design culture-sensitive methods of prevention and intervention for adolescents in different countries and for adolescent patients with a migration background within one country.

2. Placing identity stress, coping and parental behavior in a broader cultural context

Among the variables that need to be controlled in order to receive a clearer picture of culture- and gender specific effects on psychopathology are identity- and family-related risk factors. There is some indication that identity stressors as potential risk factors for adolescent psychopathology have augmented during the last decade. Compared to earlier decades, current life conditions for adolescents in most Western industrialized countries are characterized by extended years of schooling and new career options, but also by greater uncertainty in career planning (Arnett, 2002). Although such societal changes may be perceived as challenges in the positive sense, they may also impair identity formation. Adolescents in other parts of the world may be experiencing political unrest or face unclear future options and have less freedom to personally choose their future lives and explore their identity (Larson, 2011).

Studies comparing stress and coping style across countries mostly found strong gender differences with females generally scoring higher in several stress types, particularly in relationship stress and future-related stress (Seiffge-Krenke et al., 2012). In addition, girls use negotiating and support seeking as means of coping more often than boys did, whereas gender differences were negligible in other coping styles such as withdrawal, denial, or reflection of possible solutions (Tamres, Janicki, & Helgeson, 2002; Frydenberg,