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AN EXPLORATION OF ADULT CHILDREN'S ATTACHMENT TO THEIR PARENTS ACROSS TWO CULTURAL GROUPS: INDIANS IN INDIA AND INDIANS WHO IMMIGRATED TO THE UNITED STATES

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**AN EXPLORATION OF ADULT CHILDREN'S ATTACHMENT TO THEIR PARENTS
ACROSS TWO CULTURAL GROUPS: INDIANS IN INDIA AND INDIANS WHO
IMMIGRATED TO THE UNITED STATES**

A Clinical Dissertation Presented to
The University of San Francisco
School of Nursing and Health Professions
Department of Health Professions
Clinical Psychology PsyD Program

In Partial Fulfillment of the Requirements for the Degree of
Doctor of Psychology

By

Vilasini Meenakshi Arun, M.S.

June 23rd 2023

PsyD Clinical Dissertation Signature Page

This Clinical Dissertation, written under the direction of the student's Clinical Dissertation Chair and Committee and approved by Members of the Committee, has been presented to and accepted by the faculty of the Clinical Psychology PsyD Program in partial fulfillment of the requirements for the degree of Doctor of Psychology. The content and research methodologies presented in this work represent the work of the student alone.

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Dedication

I dedicate this project and my academic journey to my parents who have stood by my side throughout every high and low in my personal and professional experiences. Thank you to my parents for giving me the exposure to the world, different cultures, and always ensuring that ‘home’ is where you both are. As an Indian woman, I thank my parents for encouraging me to pursue my ambitious dreams and for believing in my capabilities despite all challenges. This is for you both. Here begins my journey towards making a difference.

Acknowledgements

I would like to acknowledge and convey gratitude to my parents for inspiring my ambition to complete a study that focused on culture, context, and international data collection. I would also like to thank each of the 13 participants who took the time to participate in this study by being vulnerable with their narratives for the sole purpose of supporting research. Further, I would like to convey my gratitude to my dissertation committee for their continued feedback and encouragement for me to grow as a researcher and writer.

Abstract

Typically, attachment theory has been studied and explored with western populations. Individuals seeking mental health treatment within the United States include western and non-western cultural groups and research, theories and interventions that apply to diverse populations are necessary. Attachment relationships are often a part of, or reasons for clients to seek therapy—either overtly or covertly, thus allowing research on attachment to better inform treatment plans and practice. An attachment relationship between a parent and child can be influenced by several factors and may change over the course of development, but little is known about this process among Indians who reside in India and Indians who immigrated to the United States. Through exploratory semi-structured interviews, the present study aimed to explore the change and maintenance of attachment relationships from childhood to adulthood from perspectives and narratives of the adult child population. Further, the study aimed to identify the factors that contribute to the change or maintenance of these relationships over time. This study focused on cross cultural differences between Indians in India and Indian migrants living in the United States, to identify between and within group differences. Hypothesized factors such as immigration, religion, career decisions as well as newly identified factors that participants shared were synthesized and analyzed using thematic analysis. Common themes (factors) that impact attachment relationships were identified through data analysis. These themes included immigration experiences, religion, family values, and the impact of siblings on an attachment relationship. An important finding in the study was that individualism and collectivism were not concrete concepts to each group as each participant’s narratives provided insight into how the sample group and population at large may not be entirely individualistic or collectivistic, allowing for a cohesion in values and preferences. The findings from the present study have

potential to contribute to future studies on factors impacting attachment relationships, and also provide more insight for clinicians to develop interventions that focus on the impact of family systems, acculturation, migration, religion, communication and other factors on an attachment relationship. Also, the study's findings are intended to further support clinical interventions and providers to accurately recognize the cultural variations between the two groups, and better serve the two groups in clinical settings.

Keywords: Attachment relationships, immigration, Indians, parent, childhood, adulthood, factors

Introduction

Identification of Problem

India houses the second largest population in the world (United States Census Bureau, 2021). Spanning decades of culture, history, language, and religion, India shelters and has been a home in some way to many Indians: native/citizens and international. Despite being from the same country, Indian citizens in India and their immigrant counterparts in the United States may not always share the same values/culture. In the mental health sector, providing empirically based services that are more tailored to immigrants may not work as well for individuals who never left their home country. There are a multitude of differences between Indian citizens, Indian immigrants, and Indian Americans. The study aims to examine the differences between two groups: Indian citizens who were born, raised, and currently live in India with no history of immigration, and Indians who migrated to the United States in adulthood, and specifically, aims to understand how attachment differs across individuals from these two groups.

Metzel and Trevino (2021) conducted a participatory action-based research study that emphasized the importance of a therapist utilizing immigration/immigration status during therapy to guide treatment planning and therapy. This study was conducted with art therapists who were working with families who emigrated from Mexico. Similarly, immigration is a significant factor (among many other factors) that differentiates the two groups being considered in this study. Thus, findings may potentially benefit clinicians who wish to learn more about the differences and similarities of the two groups from participants' perspectives of parent-adult child attachment. Topics such as the impact of immigration on the relationship between an adult child (study's participants) and their parent, the impact of acculturation on this dyadic relationship, the role of proximity on this dyadic relationship, and how proximity influences the

development of identity, self, romantic relationships, career decisions, parenting styles and family values have not been examined in depth for these two groups.

Mental health clinicians are encouraged and taught to utilize evidence-based practices (EBP) and to consider how specific evidence-based approaches can be modified to fit the needs of a client (Malcom et al., 2019). Yet, there is insufficient literature on the within group differences of these two groups and how clinicians can approach treatment with individuals from these two groups. There is also significantly minimal literature on the impact that geography (physical proximity) has on relationships within the two groups, and parent-child relationships within these two groups. The present study proposes exploring the development and/or maintenance of a parent-adult child relationship, and the attachment style within this relationship. Further, this study considers what factors impact the change, maintenance or development of attachment between a parent and their adult child, based on a shift in geography (for Indian immigrants to the United States) or the absence of a geographical shift (Indian citizens in India), from an empirical lens. Additionally, parent-child attachments develop from early childhood, and shape the child's development into adulthood.

Rationale

The rationale for this study was two-fold: First, since there is minimal research and evidence on the factors that contribute to attachment relationships being changed or maintained, this research presented an opportunity to understand the factors that change or maintain attachment relationships within members of the sample group. In this way, the role of culture and context was also considered and within and between group differences were also discussed. Second, the study can increase knowledge for clinicians in the United States about potential similarities and differences between these two groups and contribute to recommendations

regarding training in cultural humility. Also, this second rationale can inform or supplement mental health professionals with knowledge of where an immigrant client's core beliefs, values and culture may stem from and how their immigration to the United States may have a role in forming their current core beliefs/culture.

Overview of Approach

This study uses an exploratory qualitative approach to ascertain factors that contribute to the maintenance/change of attachment relationships from childhood to adulthood among two groups of participants who identify as Indian citizens still living in India and Indian immigrants to the United States. Participants for this study ($n = 12$) were adults who could identify a living parent or primary caregiver during their childhood who had a crucial role in their lives. The researcher used thematic analysis to consider common themes across interviews, as well as to identify within group differences and/or similarities. The researcher employed the critical realist ontological framework in order to identify meaningful themes and relevant patterns within the data set (Braun & Clarke, 2006, 2013, 2017). Application of thematic analysis provides reliability with the coding process and flexibility with the sample size and sources of data; it is also adaptable to the theoretical framework a researcher chooses (Terry et al., 2017).

Expected Outcomes

The researcher expected that participants would discuss a number of factors when reflecting on the maintenance/change of attachment relationships. Per existing research, it was hypothesized that factors such as proximity, religion, and career decisions would apply in variable ways to all individuals in this study, and that factors pertinent to migration (e.g., immigration and acculturation) would additionally impact the relationships of Indians who immigrated to the United States. It was possible that the above factors could have sub-factors, or

that additional factors important to individuals' experiences and relationships would have emerged. It was also likely that the factors described in prior research might not be relevant to some participants. In empirical literature, Indians are described as a collectivistic group/culture and individuals are also part of a culture that is respectful of authority within their family (Ma et al., 2020); for these reasons, it was anticipated that the participants would discuss their life experiences and relationship with their parent(s) relationally. Further, it was also hypothesized that these two groups could be different in many ways, apart from physical distance/separation.

Definition of Project-Specific Terms

There are four project specific terms in this study.

Attachment. Since the aim of this study was based on the attachment relationship between a parent and child, attachment is defined as the emotional connection between a parent (primary care giver) and their child that contributes to the felt presence of a secure base and safe haven (Kerns, 2015) for a child. In Ainsworth (1969) and much of John Bowlby's work on attachment theory, mothers were seen as the primary caregivers, and a mother's behavior was seen to determine the level of "attachment security" in her child, particularly in Ainsworth's Strange Situation (Goldberg et al., 1999, p.477). There is minimal literature on whether attachment and Bowlby's attachment theory are applicable to non-western cultures. Hence, this definition of attachment has been modified to include other caregivers (such as fathers, grandparents, other relatives).

Immigration. Since place/geography/distance play a crucial role in differentiating the two groups that were considered in this study, the term 'Immigration' needs to be understood: Immigration, a term that is used interchangeably with migration in this study, is defined as the process by which an individual leaves their "country of birth" to "reside in" another country (in

this study, the United States) (Borjas, 1994, p.1667). While this definition is rooted as an economics research perspective (Borjas, 1994), psychologists such as John Berry noted that immigration, although defined based on birth place, tended to have a psychological impact on a multitude of factors (Berry, 1989). One reason for immigration having a psychological impact is the process of acculturation.

Acculturation. Acculturation is the process by which “two autonomous cultures come into contact,” resulting in one of the cultures changing (Berry, 1986, p.8). Typically, the “dominant culture” or host culture causes the change in the “less dominant culture.” In this study, the United States’ culture is the “dominant culture” and Indian culture is “less dominant” (Berry 1986, p.8).

Citizenship. Citizenship, also known as nationality, refers to privileges and duties an individual is accorded in their country of birth, regardless of beliefs, religion, or skin color (Garcia, 1996). Privileges are basic entitlements such as voting rights and health insurance, while duties may specify aspects such as paying taxes and abiding by the country’s laws (Garcia, 1996, p.7). Citizenship also includes the country’s obligations to serve the citizens through institutions such as courts and education services (Garcia, 1996, p.8).

Critical Literature Review

This literature review provides readers and clinicians with relevant knowledge on prior literature on attachment theory and how other variables impact the relationships between parents and their children. A brief description of the two groups represented in the study will first be provided. Next, a description of attachment theory (the theoretical framework of this project) is provided to present the history of the theory, related empirical findings, and role of parenting styles in attachment. Further, factors that impact attachment relationships are discussed. These

factors are not exhaustive, nor generalizable. Since this project was a qualitative exploratory study that examines populations that are underrepresented in the research, data presented here reflect what is currently available in extant literature.

Background and History Relevant to Indians in India and Indians in the United States

This project considered two groups of Indians: Indians living in India and Indians who immigrated to the United States. The reason for selecting individuals from these two groups was to understand and recognize the similarities and differences within the same ethnic group. A primary overt difference between the groups is physical distance/separation from their families of origin. In order to examine these two groups, it is crucial to understand the literature already available and reviewed with regard to both groups.

Indians born and raised in India: Sheltering 1.42 billion Indian citizens (World Population Review, 2023), India hosts a variety of cultures, religions, rituals and traditional practices that impact relationships daily. After India's independence in 1947 from the British, many British traditions and values, such as the roles of men and women, persisted in India. Thus, Indians may have upheld certain values long after independence as these values were seen as social norms initially imposed by the British, but upheld by generations of families. In a more modern-day India, and based on research conducted in the 21st century, changes in values upheld by Indian families in India have been documented and attributed to globalization (Bhatia, 2017). For example, underserved populations (low caste communities, and women) have been known to voice their demand for equal rights and equal opportunities to jobs, wages, education, and transport (Bhatia, 2017). Bhatia (2017) also emphasized the change in gender roles and India's growth as a country that of late views women beyond the role of a homemaker, thus seeing her as an individual who can work and provide for a family. Through narratives and experiences of

youth in India, Bhatia (2017) aimed to emphasize the current cultural context of India and the beliefs, lifestyles and values that were now upheld by youth and families. These values include equal opportunities for men and women and equal rights for all castes. Bhatia (2020) also argued that post-colonization, Indians began to place more value on freedom and independence, encouraging changes in how individuals identified.

Suchday and colleagues (2018), through an exploratory quantitative study, recruited 361 college students from Mumbai, India to participate in surveys about what values each individual upheld on a daily basis in “urban India” (p.148). The values they identified were “collectivism,” “materialism,” “religiosity,” “spirituality,” “karma” and “personal agency” (p.149). The authors noted that these values reflected traditional Indian native values as well as the adoption of changes to those values, due to “forces of globalization,” which coincides with Bhatia’s observation that (2017) globalization led to changes in modern Indian values (Suchday et al., 2018, p.152). Also, two “life beliefs” were noted as reasons/motivations for lifestyle practices such as eating preferences and praying. These beliefs were “karma,” which focuses on the consequences for positive and negative behavior from the past, and “dharma,” which focuses on the “dut[ies]” and “responsibilities” of an individual in their present life (Suchday et al., 2018, pp.148-149).

The results of these recent studies may not be applicable to all Indian communities, of course, and were more likely to be reflective of individuals living in urban settings that potentially had more global influence.

Indians who migrated to the United States from India: Between 2000 and 2019, the number of Indian immigrants residing in the United States increased from 2.5 to 4.5 million (Budiman, 2021). According to the United States Census Bureau, in 2010, 74% of the adult

Indian immigrant (foreign born individuals who were 25 years and older) population held college degrees (United States Census Bureau, American Community Survey, 2010, p.14). As per Segal (1991), historically, Indians immigrated to the United States after the Immigration and Nationality Act in 1965. This group significantly contributed to the United States economy due to their knowledge and training, and their commitment to providing for their family (Segal, 1991).

Members of this group experienced “cultural conflicts” (Segal, 1991, p. 234), which can be thought of as consequences of immigration, and which were not experienced as dramatically by Indians in India. One conflict is that the Indian immigrant wants to maintain Indian values but is impacted by western beliefs (Segal, 1991). Due to this conflict, the individual can potentially “reject” their culture of origin and/or “become overly westernized” (Segal, 1991, p.235). Segal (1991) was alluding to the concept of assimilation that Berry (1989) discussed, where an immigrant may entirely adopt their host culture and withdraw from their culture of origin. While Segal (1991) described this process as a conflict, Berry (1989) emphasized that this process was simply a form of “adjustment” (p. 2). Further, Alexander et al. (2021) focused on the impact of physical separation on identity and found that Indians who immigrated to the United States struggled to feel accepted by both Indian and American cultures. This work highlights the importance of future research to further understand identity concerns that this group may experience and perhaps resolve.

Theoretical Frameworks Guiding the Study

Attachment theory. Developed by John Bowlby in 1958, attachment theory focuses on the bond between a primary caregiver (historically a mother) and infant and the impact the attachment relationship has on the child during early childhood, on personality development, and

on their understanding of self and relationships. Bowlby was a child psychiatrist who developed attachment theory post World War II (Bretherton, 1991). Mary Ainsworth, a psychology graduate at the time, joined Bowlby's team and published a journal focusing on mental health and the relationship between a mother and infant (Bretherton, 1991). Bowlby's and Ainsworth's observations of animals and human beings allowed greater understanding of behavior in relationships, and specifically, parent-child relationships. Observations of behaviors before, during, and after separation led to the development of attachment theory. "Clinging" (Bretherton, 1991, p. 18) behaviors and a mother's reaction to "clinging" were areas of focus for Bowlby that allowed him to understand how/why attachment behaviors developed and were maintained.

To allow mental health practitioners, lawyers, and other professionals who work with families and separation to develop client centered treatment plans, Mary Main and colleagues (2011) developed a monograph emphasizing the role of attachment theory in physical separation for an individual. Main and colleagues (2011) noted that young children who were separated from their parents were likely to have difficulty with developing attachments in later life (Main et al., 2011, p. 429). However, these 'separations' typically occurred when the child in the dyad was not of an age to voice concerns regarding the decision to separate. While the monograph was written for an audience of professionals handling divorce cases, familial separation, and other physical separations, it can be extrapolated that physical distance/separation from a primary caregiver can have a substantial impact on a child/individual, even later in life. Separations in childhood had a particularly significant impact on attachments to caregivers and others during adulthood. However, John Bowlby identified ways to mitigate such relational disparities in therapy. Bowlby (1978) stated multiple ways by which a therapist could positively impact a rupture in attachment within a family structure. One way was to allow the client (individual) to

consider how their childhood experiences, emotions, and behaviors impacted their current adult life. Behaviors that displayed acts of seeking guidance, safety/security and comfort, particularly when an individual/child was stressed, indicated the important role of proximity in attachment (Goldberg et al., 2013; Shaver & Mikulincer, 2009). Additionally, although Main et al. (2011) described the generally negative impact of family separation, the monograph focused on involuntary separations that occurred when the child was a minor. In the present study, all participants were adults (21 years and over) and it is possible that familial separation is a voluntary decision. The discussions of Main et al. (2011) may guide exploration of the general impact of familial separation on an adult child in the present study.

Attachment between a parent and their adult child. The Adult Attachment Interview, or AAI (Main et al., 1985) was created to measure adult attachment between a parent and adult child. The AAI includes questions that ask about the adult child's experiences in an attachment relationship with a parent, and how this attachment impacted their adulthood and developmental trajectory from childhood to adulthood (Main et al., 1985). The impact on adult personalities was also considered (Main et al., 1985, p. 90) to emphasize that adulthood lifestyle and behaviors were impacted by childhood experiences. The security of attachment with their parent was assessed by the AAI (Main et al., 1985). The response to the questions of the AAI may also be a way of displaying the sensitivity and warmth between parent and adult child (George et al., 1996, p. 14). Although this study did not use the AAI, the empirical evidence and background information of the typologies and patterns of parent-adult child attachment relationships may be helpful in later interpretations of each participant's narratives.

Cross-cultural variation in attachment. Using a quantitative survey method, Pearson & Child (2007) found that attachment varies among adult participants from India, Puerto Rico and

the United States. Indian participants ranging in age from 19 to 21 years reported greater attachment towards their fathers, as the two religious identities that most participants associated with (Hindus and Muslims) were seen as “patriarchal” (Pearson & Child, 2007, p. 27).

Participants from the United States demonstrated greater attachment to their peers than to their parents (Pearson & Child, 2007). Pearson & Child (2017) also observed that different cultures “perceive [parental] attachments differently” (Pearson and Child, 2017, p. 28). Datta et al. (2005) expanded the understanding of how relationships between children and their parents may differ based on gender, suggesting that the relationship between a mother and daughter demonstrated the necessity and benefits of caregiving. In this study, researchers found that most participants’ memory of maternal bonding from childhood impacted them as adults also, regardless of cultural background (Datta et al., 2005).

Relationships were common to all cultural groups, regardless of the types such as parent to child, romantic relationships, and peer relationships. It becomes crucial to understand how these relationships shape human behavior and what factors influence the change and/or maintenance of attachment relationships from childhood to adulthood. Also, from a clinical lens, considering factors that trigger or perpetuate unhealthy attachment, and how attachment relationships influence other behaviors, could allow clinicians to use therapeutic interventions aimed to develop healthy attachment relationships.

Internal Working Models. An individual’s internal working model (Shaver & Mikulincer, 2009), which is formed and influenced by their cultural values, in turn impacts their attachment relationship. Bretherton (1999), using Bowlby’s understanding of these models, found that internal working models were constantly changing, and hence human brains were forced to recognize and adapt to the environment as these models offer “mental processes” or

“representations” of internal processes that support our perceptions of others and other experiences. Shaver & Mikulincer (2009) postulated that these models influenced an individual’s attachment relationship as the models develop starting from childhood and were based on communications and relationships with their primary attachment figures. Shemmings (2006) added that internal working models can additionally be influenced by the shifting roles between adult children and their aging parents when children were involuntarily tasked with caregiving responsibilities for their dependent parents. This in turn, tended to display changes in perception of attachment (Shemmings, 2006). In Willson et al. (2003), the authors emphasized that age allowed for dependency and power dynamics to shift in a parent child relationship. Further, for adult children who have aging or dying parents, the theme of feeling abandoned came up consistently, thus reducing the feeling of a secure base and safe haven for the adult child.

Although the present study focuses on parent and adult-child attachment relationships, it is crucial to understand the development of an attachment relationship, which usually begins in early childhood (Sroufe et al., 2005) and which contributes to development of parent and peer relationships in adolescence and adulthood. In order to develop an empirical understanding of what aids the change and/or maintenance of attachment relationships in a parent and adult child, the present study provides a list of factors that prior research has identified as factors/perpetuators of attachment relationships between a parent and their child. The factors discussed below were not the sole factors that influence parent-child attachment relationships and were not true to all parent-child attachment relationships. However, there is consistent empirical evidence suggesting that the factors may influence attachment in the groups that the present study is considering.

Factors That May Impact Attachment Relationships in Indian Parent-Child Dyads

Below were some factors impacting attachment especially among adult Indians in India and Indians who immigrated to the United States during adulthood. These factors include the impact of physical separation or proximity to an individual's family of origin, religion, acculturation, and career decisions. Below is a synthesis of the literature supporting the role of each of these factors in understanding attachment styles in Indian (living in India or immigrant to United States) adult child and parent dyads.

Role of physical distance from family/country of origin. A visible difference between the two groups is the role of geography: how close/far an individual is to their place or family of origin. How does this impact an individual? As Brettell and Sargent (2006) argued, a shift to a new place/country/continent can cause major changes to identity, self, relationships, and other crucial aspects of the social animal (humans) species. Identity, specifically, if “constructed” based on the context a person lives in or migrates to, and hence, identity construction, were “situational” (Brettell and Sargent, 2006, p.7).

Country of origin/birth (COB), historically, never made its way into attachment theory as a mediating/moderating factor. However, in a quantitative study with 51 mother-child dyads of Indian mothers, and Australian (Caucasian identifying) mothers in Australia, authors observed that COB played a role in parenting styles and attachment relationships. Indian-born mothers had higher levels of “anxious rearing” as compared to their Australian counterparts, while living in Australia (Arora et al, 2019, p.1763), and authors stressed the importance of investigating “within-group differences” among Indians (Arora et al., 2019, p.1768).

Migration within a country of origin was seen to be a factor that also allowed for an acculturation patterns to begin upon migration, as this also involved physical distance from family/country of origin. Termed as “internal migration” (Kumar, 2019, p. 96), this process

describes acculturation occurring in ways similar to those seen among international migrants. Thus, although the individual may remain in their country of origin, the migration to a place/state/county that is not the place of origin demanded psychological changes in migrants and their families. Kumar (2019) examined the people in the Changar region of Himachal Pradesh, India, and focused on migrants' "left-behind families" (p.96) who experienced physical separation from their family members who had migrated to another part of the country (India) for career purposes. Socioeconomic status and gender appeared to determine the quality of familial relationships, after to internal migration (Kumar, 2019). Through a case study of Changar families, the author found themes explaining impacts of lack of proximity to loved ones. One theme was that families felt "erosion" within lifestyle due to physical distance from their family member who migrated (Kumar, 2019, p.102). Emotional struggles, financial problems, and "physical burdens" as a result of physical distance were reported (Kumar, 2019, p.102).

Religion. In childhood and adulthood, religion was found to play a role in attachment relationships with parents and romantic partners (Kirkpatrick & Shaver, 1990). Further, God was seen as a secure base that an individual could turn to in the face of stress. It was also noted that participants who had a strong affiliation to their religion, also had avoidant relationships with their attachment figures (Kirkpatrick & Shaver, 1990), possibly showing that religion/religious beliefs/affiliation may be associated with how an individual behaves/reacts/responds to a primary attachment figure. Conversion to another religion was a theme that was noticed in the responses, often occurring after a loss or separation from an attachment figure (Kirkpatrick & Shaver, 1990). Adding to the literature on the role of God in attachment theory, Cherniak et al. (2020) found that when a strong affiliation to religion was present in childhood, a secure base was developed with God, which led to a generational transmission of religious affiliation. Thus, the

belief that God was a secure base, as encouraged through rituals and prayers (Cherniak et al., 2020) paved the likelihood of a generational transmission of attachment styles, through religion.

Acculturation. Originally coined by Graves (1967), “psychological acculturation” was defined as the process and experience that minority groups have when “placed in continuous first-hand contact” with the host culture or “dominant group” (Graves, 1967, p.337). Acculturation was seen as a “psychological barrier” (Graves, 1967, p.337) as individuals shifted to a different lifestyle. Acculturation is an experiential process that likely occurs among immigrant populations, as Graves (1967) mentioned. The participant group that identify as immigrants living in the United States for the purposes of this study were likely to have experienced the acculturation process and it is hypothesized that this is a factor that could have an impact on an immigrant individual’s attachment with a primary caregiver. Moreover, for individuals who migrate alone, and/or without their primary caregiver from childhood, it is possible that the immigration experience could change the relationship between the immigrant and their primary caregiver, especially since the caregiver is still located in the country of origin.

Apart from the above stated factors, the reason for migration from a home to a host culture also plays a crucial role in how acculturated an individual/family is to their host culture, and hence how they perceived relationships. Ogbu (1991) discussed the difference between voluntary and involuntary migration impacting the level of well-being, socialization and maintenance of cultural practices. Involuntary migration negatively impacted a person’s education and socialization ability due to language barriers and indirectly affected feelings of self-worth (Ogbu, 1991). Voluntary migration on the other hand did not have such a drastic impact and Ogbu (1991) discussed evidence of how acculturation may be more positive among those who voluntarily migrated to the host culture. Although the immigrant group participating

in this study was not recruited based on whether their migration was voluntary or involuntary, their reason for migration could have impacted the maintenance or change of their attachment relationships.

Placing importance on the role of acculturation on identity, Sekhon & Szmigin (2011), in a study of Punjabi Indian adults, emphasized that although some immigrants become assimilated to their host culture, others, more commonly, experience the “oscillating pendulum” in terms of their identity (Askegaard et al., 2005, p.166; Sekhon & Szmigin, 2011, p. 82). The process of “negotiate[ing]” an identity required “exploration” that could cause “tension,” conflict, and impact the notion of a “sense of belonging” (Sekhon & Szmigin, 2011, p.83). Rhee et al. (2003) highlighted the importance of considering identity and this above tension during mental health treatment as a means of ensuring treatment effectiveness. They noted that therapists need to consider the core beliefs an individual brings to a therapy session, as a crucial part of their cultural identity (Rhee et al., 2003).

Identity and cultural values. While acculturation and immigration may impact the level of attachment or separation from an attachment figure, identity and cultural values also hold important roles in attachment. For the purposes of this project, identity will refer to the ethnic identity of each individual. Chandra et al. (2016) examined Indians (of varying ages) living in the United States to understand how acculturation and identity impact an immigrant’s mental health. Through meta-analysis, the authors found that for the elderly, a predictor of psychological distress was when their children were assimilated and did not identify with their Indian values (Chandra et al., 2016). For adolescents, a predictor of distress was rooted in misunderstanding parents’ expectations of them, and not feeling a sense of belonging in their host culture and/or

culture of origin (Chandra et al., 2016). Individuals who integrated into their host culture were more likely to embrace bicultural identity (identifying with both Indian and American cultures).

Krishnan & Berry (1992) noted that for immigrants, integration of a bicultural identity proved to be less stressful. However, for immigrants who were trying to choose one identity (Indian or American), some stress was involved. Krishnan & Berry (1992) did not address the likelihood of identity confusion in considering one or both identities. In a recent study by Alexander et al. (2021), the authors noted that a primary concern for Indians who immigrated to the United States was not being accepted by either culture (Indian or American), while reports of feeling confused and inability to communicate this lack of acceptance with their parents was a common theme (Alexander et al., 2021). Consistently, the authors highlighted the theme of this group wanting to remain close with their family and family values, while attempting to maintain their American identity (Alexander et al., 2021).

Another aspect that contributed to identity formation and identity development among Indians living in the United States was the artifacts/objects/items that they brought from India, while immigrating to the United States. Mehta & Belk (1991) noted that certain objects supported a smoother transition to the host culture. The authors considered two groups of Indians: Indians living in India and Indians living in the US. Among the United States group, religious idols, shrines within the home, and handmade or local Indian items such as vessels, and clothes were the most significant objects and possessions that were of value (Mehta & Belk, 1991). Among the group living in India, religious idols, Godrej¹ cupboards and photographs were their most significant possessions (Mehta & Belk, 1991). When presenting their findings, the authors noted that some of the objects brought the United States-based individuals closer to

¹ Godrej: Indian multinational company that creates and sells home, office and kitchen appliances

their culture of origin and individuals living in India. It also maintained their integration of their Indian values and identity (Mehta & Belk, 1991). While the reason for living in India or moving to the United States was unknown, the authors noticed that the objects allowed study participants to maintain their Indian identity, regardless of place (geographical location) and host culture (India or the United States). Since unresolved identity and identity confusion were commonly noted in individuals who migrated from India to the United States (Alexander et al., 2021), it can be postulated that bringing objects/pictures or other physical pieces representing a culture helped to maintain the affiliation to an individual's culture. However, this could vary for individuals and cannot be generalized to all individuals in either of the two groups (Indians in India and Indians immigrants in the United States).

Apart from the above, career decisions also were a reason for migration from a home to host culture, increasing physical separation within families. Blustein et al., (1995) focused on the relationship between career decisions and parental attachment. In their meta-analysis, Blustein et al. (1995) examined a study on female high school students (O'Brien, 1993) and found that strong attachment with a mother and being "emotional[ly] independen[t]" from a father were signs of an individual making independent career decisions for themselves (Blustein et al., 1995, p.420). The authors noted that exploration of different careers was more likely when an individual had a secure attachment with their parent (Ainsworth, 1991; Blustein et al., 1995). In addition, family support increased feelings of trust by providing a "secure base" (Blustein et al., 1995, p.425).

Further, Keller & Brown (2014) identified that a child's independence decreased when there was attachment anxiety stemming from parental separation. They emphasized that attachment theory came from a western perspective, which encouraged autonomy and

independence, while in Asian cultures, acceptance from authority, and interdependence were valued, as healthy attachment (Keller and Brown, 2014). Thus, although Asian Americans were seen to have attachment anxiety, it was based on the western definition of attachment anxiety.

Concluding statement on factors. As mentioned at the beginning of this literature review, the factors mentioned above were neither exhaustive, nor generalizable to the larger population. Each factor is a suggestion that the author provides as potentially contributing to the change and/or maintenance of an attachment relationship. The researcher's aim in the literature review was to summarize the factors using prior literature's findings on the impact of each factor. These findings contributed to the development of interview questions that the author included in the interview process. This self-awareness has contributed to reducing the bias that the researcher could hold when conducting the interviews or analysis the data. During the data analysis stage of thematic analysis in the study, initial codes, and later, themes, were identified and labeled based on the responses provided to interview questions pertaining to the potential factors that could/have impacted parent-adult child attachment relationships.

Relationship of Project's Goals and Expected Outcomes to the Jesuit Mission

The study was heavily rooted in the role of culture and context on mental health. The study, which was inclusive of international- and United States-based participants, strived to serve clinicians, clients (who identify with one or more of the groups in this study) and any individual who has been marginalized by their dominant culture or stereotyped with terms, assumptions, or generalizations that do not fit their identity. The Jesuit mission aims to encourage diversity in all aspects, for teachers and students alike, with the belief that diversity and culture in service is a responsibility. In this way, it becomes essential that clinicians graduating with a USF degree should keep diversity and culture as a focus while serving the underserved populations and

populations near and far. In keeping culture as a priority, the study emphasizes the importance of a clinician's cultural humility. In keeping culture as a priority, the study emphasizes the importance of a clinician's cultural humility, while also recognizing that diversity is a lifelong process. The Jesuit value of social justice (University of San Francisco, n.d) is also a crucial part of this study: discrimination, stereotyping, and negative immigration experiences among people of color remain an unfortunate occurrence. While India is the place of origin to many, not every individual/client from there will identify with the same values, attitudes, and beliefs. Respect and dignity are consistent with USF's Jesuit values (University of San Francisco, n.d). This study aimed to highlight, promote and encourage the level of respect and dignity each individual deserves, regardless of place of origin/nationality/citizenship/immigration. This study was of service to USF, the Indian groups that were being considered in this study, and mental health practitioners who plan to work in the Bay Area and/or other parts of the United States or India, where these two populations are frequently seen and are growing.

Study Aims

The purpose of the study was to explore the change and/or maintenance of attachment styles between an adult child and their primary caregiver across two groups of Indians-- Indians living in India and Indians who immigrated to the United States after the age of 21 years for any reason. To do so, the study had two aims: First, to understand how participants self-characterize the attachment relationship they had with an identified caregiver/parent when they were children and now, as adults. This was identified by analyzing descriptions of temporally based relationships to determine how the quality of the attachment relationship as perceived by the child, changed or remained the same. Second, to identify the factors that participants attribute to the changes or maintenance of their attachment relationship with the identified parent/caregiver.

This included exploring the role of immigration and physical proximity (or lack of proximity) on attachment relationships and identifying other factors that have contributed to the change/maintenance of the relationship.

Methods

Study Design

The study began in February 2022. The researcher used snowball sampling to recruit participants, conduct interviews, and apply Thematic Analysis to interpret and report study findings. A detailed description of the study protocol is provided in the Study Procedures section of this study.

Interviews were conducted via Zoom for all participants, whether they were in the United States or in India. Participants were interviewed from a location of their choosing, provided that it was a private and confidential space, and participants were requested to turn on their audio for the duration of the interview. Turning on video was optional for all participants, but the researcher remained on video and audio for the entire duration of each interview. The Zoom interviews occurred when the audio (and video) connection was clear and secure. The researcher also participated from a private location such as their home or another confidential space, and was not in the same room as the participant.

Participant Eligibility

Inclusion criteria for participants were as follows: a) Identifies as Indian by origin; b) is 21 – 60 years of age; c) speaks and understands English (unless a word/experience/belief cannot be translated into English); d) has at least one living parent (or primary caregiver) for this study, as they would need to discuss their relationship with them to date; e) born in India.

Additional Inclusion Criteria For Each Group

Group II: Indians living in India. Participants in this group were eligible if they were raised in India their entire life and currently identify as an Indian citizen living in India.

Group IIM: Indians who immigrated to the United States. These participants were eligible when they a) lived in India for a minimum of 21 years before immigrating to the United States, b) had lived in United States for a minimum of six months, and c) were currently living in the United States at the time of the interview. The age of 21 years was used as the cut-off age because prior research on parental attachment from childhood to adolescence and adulthood showed that parental attachments were “weaker” and lacked “positive recollections” if a child separated (voluntarily/involuntarily) from their parent at an age before a minimum of 16 years (Woodward, 2004, p. 171). However, for the study, 21 years was used as the cut off to ensure adequate time for parent-child attachment in India. This was ensured to avoid the inherent possibility that a participant may not be able to recollect both positive and negative memories which was more likely if a recruited participant immigrated to the United States before they were 21 years old. Further, since attachment relationships develop in early childhood (Bretherton, 1991; Main et al., 2011) and among school-aged children (Moss et al., 1998), it is important that this study recruited participants who have experienced parental attachment relationships in early childhood, such that they were able to discuss the impact of those relationship(s) on their current adulthood attachment experiences. A minimum period in the country “after immigration” was identified because duration had greater impacts on South Asian individual’s lifestyles (Lesser et al., 2014, p.3) and physical health patterns (Fryar et al., 2020). Also, Rosenthal et al. (1990) and Tang & Merrilees (2021) noted that among Chinese immigrants in the United States, length of residence and communicating in English increased the level of acculturation experiences for immigrants in the United States.

Additional criteria related to their legal immigrant status in the United States; participants in this group were eligible if they had any of the following: naturalized United States citizenship (not by birth), Green Card, or any particular visa (B1, B2, H1 etc.).

Exclusion Criteria

Participants were ineligible if they had any memory, neurodevelopmental, psychotic symptoms, severe mental illnesses or diagnoses in the past or at present that can cause impairment of daily functioning and memory functioning. Any of these symptoms or illnesses could have potentially impacted the participant negatively during the interview and may have also altered the quality of responses during the interview and ability to recall memories. Participants were excluded if they had prior history of psychiatric hospitalization at any time; however, none of the participants reported this. For Group II specifically, the participants should not have emigrated from India to another country at any point of time. For Group IIM specifically, the participants should not have lived anywhere other than India and the United States at the time of the interview. Each participant should have immigrated only to the United States as immigration to another country apart from the United States may allow for different experiences and reduce homogeneity among participants along this factor.

Also, if the participant discussed experiences that brought up trauma or triggering emotions that may require professional psychological services or intervention beyond the scope of the research study, the researcher was prepared to offer resources and to end the interview prematurely to ensure that the participant's psychological and emotional needs could be fully attended to. While the researcher was prepared for events such as participants reporting suicidal ideation or trauma triggers, this situation never arose during and after the interview process.

All participants were informed that they could end and withdraw from the study at any

time and were not compelled to share the reason for ending early and/or withdrawing from the study. All participants were also provided with mental health/support resources via email (Appendix A), at the end of the interview.

Recruitment Procedures

The researcher ultimately recruited 12 participants for this study based on a recommendation that between 6-15 participants be recruited for Thematic Analysis. Six ($n = 6$) participants were recruited for each of the two groups in this study (“Group II” and “Group IIM”). Details of the procedure followed to get to this number of participants are provided below.

The snowball sampling method was used in this study. Snowball sampling is typically used when criteria/characteristics of participants were difficult to access by a researcher, similar to the present study. Since the two groups in this study were underrepresented in the research and the criterion of this study had specific requirements, snowball sampling appeared to be most appropriate. For this sampling method, prospective participants were asked to suggest and/or provide the study information to others who they believed were eligible for the study. However, the researcher did not contact prospective participants unless prospective participants were consented to being contacted and provided an email ID in the eligibility screener.

Using email listservs that the researcher obtained from few local companies/organizations in India (e.g., Mphasis) and the United States (e.g., Grammarly), the researcher emailed a flyer (Appendix F) and supporting information about the study for prospective participants to consider. When an insufficient number of participants were recruited, the researcher contacted additional institutions. The email contained information about the study’s topic, eligibility criteria, how participation could be beneficial, location, and duration of participation. Enrollment

instructions were also mentioned. Prospective participants were encouraged to share the study information with others whom they believed were eligible to participate. The flyer contained an embedded link to the main Qualtrics survey for the study such that prospective participants could begin the eligibility screener (Appendix C) at their convenience. If they were not eligible, the survey prompted the participant to exit and thanked them for participating. Once the 12-participant sample group size had been met, the Qualtrics eligibility screener link was deactivated.

Eligibility screener results. 13 participants were interviewed for this study. Data from one participant was excluded because during the interview with a participant in Group IIM, it was determined that the participant did not meet the inclusion criteria and thus, their interview was not analyzed for this study. The interviewee reported that they had immigrated to Canada prior to their migration to the United States, making them ineligible for the study. One interviewee in Group IIM (Participant ID 8261) indicated that he lived in the United States from when he migrated to pursue his Master's degree, and moved back to India for a period of two years following the death of his father so that he could support his mother. The participant then returned to the United States and had been living there for at least five years after returning, so it was determined that he was still eligible for this study.

The recruitment period was from February 13th 2022 to June 25th 2022. The interview period was from March 12th 2022 to July 1st 2022. A total of 31 participants completed (fully or partially) the eligibility screener. However, 14 of these prospective participants did not leave an email for the researcher to contact them. Concurrently, four participants who did provide their email did not respond to the researcher's email about scheduling an interview. In order to reach the desired number of participants (since one participant needed to be excluded from the study),

the researcher recruited one additional participant to meet the sample size of 12 participants. After collecting data, no prospective participants contacted the researcher.

Study Procedures

Once a participant was deemed eligible and willing to participate, the Qualtrics survey requested the participant's email and permission for the researcher to contact the participant directly to schedule the interview day and time. The researcher contacted the participant via email to schedule the interview. The researcher also provided information about informed consent, confidentiality, audio recording, participation location, duration and agenda. The agenda was as follows: provide informed consent, participate in a 60-minute audio recorded interview (Appendix E), then take a demographic questionnaire (Appendix D) that asked them about their individual background information (7-10 minutes). Participants were reminded that their information would be de-identified, their demographic information was protected, and only excerpts of the interview would be discussed in the project to protect the privacy of each participant. Once an interview was scheduled, the researcher emailed a Zoom link to the participant and provided a reminder email 24-48 hours prior to the interview. The research also emailed other information about confidentiality, audio recording, duration of interview, and the processes for cancellation of meeting.

On the date of the interview, the researcher reviewed the consent form (Appendix B) that included requesting consent for audio recording with each participant and obtained an electronically signed informed consent form. After completing the informed consent form, the researcher reminded the participant that the interview would begin shortly and reminded the participant that it was audio recorded. The same interview guide was used for each participant, although probing questions differed depending on the content shared in each interview. During

the interview, participants were free to refuse questions they did not feel comfortable answering. The entire interview was conducted in English and was recorded for audio transcription. An interview guide had been developed by the researcher which contained a general set of questions to ask all participants ($n=12$) during the interview (Appendix E). After the interview, the participant was thanked for their participation and was reminded that their identity would be protected throughout the study and their interview recording would be deleted once the study has been completed. They were informed that the final report would be published in the USF library repository.

At this point, the participant was asked to fill out the demographic questionnaire and was invited to turn off their video and audio if they chose to do so, for the purposes of the questionnaire. After the Zoom meeting ended, the researcher sent the participant local, relevant, culturally appropriate and active mental health support/resources via email.

The audio recordings were transcribed, and the data analysis phase for coding and interpretation of each transcript commenced.

Evaluation/Analytic Plan and Procedures

Thematic Analysis. The data analysis method for the study was Thematic Analysis (TA). Defined as a form of “systematically identifying, organizing and offering insight into patterns” present in the data, TA provides a researcher with answers to research questions using meaningful themes identified in the data sets (Braun & Clarke, 2013, p.57). Additionally, TA is flexible with data that is collected via online mediums (Zoom; surveys) or in-person mediums. Prior research recommended that TA is more effective for doctoral dissertations/projects with a sample size between “6-15” interviews for a qualitative study (Braun & Clarke, 2013; Terry et al., 2017, p.20). Thematic Analysis has been known to provide flexibility with coding and

development of themes based on data collected through interviews (Terry et al., 2017). In TA, the researcher creates a “code book,” which contains a code list to indicate the meaning, purpose, theme and identification of the code (Terry et al., 2017, p. 19). Codes were created and developed using “inductive” coding methods, where the researcher becomes involved in the interview process where themes began to arise in the content discussed in the interviews (Terry et al., 2017, p. 20). This code book was then used by the researcher to code the transcripts from each interview (the data).

In this study, the researcher was using the “critical realist/contextualist” ontological framework/orientation, where the goal of TA was to understand each individual’s “experiences as lived realities” while considering the “social contexts” they live in (Terry et al., 2017, p. 21).

The researcher applied the six phases in the Thematic Analysis method to analyze the data in this study (Braun & Clarke, 2013; Terry et al., 2017).

Phase 1: Familiarization. In this stage, the researcher listened to each audio-recorded interview while reading the accompanying transcription. While listening, the researcher made notes on the transcript (electronically) asking the following questions: How is the individual “making sense” of this experience? (Braun & Clarke, 2013, p. 61); What “assumptions” were they making? (Braun & Clarke, 2013, p. 61); What part or type of “world” were they “revealing?” (Braun & Clarke, 2013, p. 61). The goal of this phase was for the researcher to become familiar with the content on each interview and analyze the goal, intention, and purpose of each response. Also, during this stage, the code book was created as an excel sheet, wherein codes were assigned to commonly noticed themes. For example, the code “A” could be used to denote that a participant described their attitudes towards their relationship with their parent. The

code book contained three columns: The name/identification of the code; the description/definition of the code; and an example of how the code was used.

Phase 2: Initial coding. In this stage, the researcher coded each transcript using the code book. Examples of codes are as follows: “N” signifying birth order and “N1” signifying birth order of parent while “N2” signified birth order of child. Similarly, “Q” referred to a participant’s religion while “Q1” denoted a different religion from parent.

Phase 3: Identifying themes. In this stage, the researcher identified themes to capture important information in relation to the research questions (Braun & Clarke, 2013, p. 63) and provide insight into a “patterned response” within a data set (Braun & Clarke, 2006, p.82). The patterns in responses were themes based on similar responses to similar questions within a specific group. For instance, when Group IIM is asked to discuss their reasons for immigration, if a common answer is career and education purposes, this becomes a “patterned response” (Braun & Clarke, 2006, p.82). The researcher also added new codes to new themes/sub-themes while reading each transcript. New codes for a participant’s sibling (“R”) and relationship to sibling (“R1”) were added.

Phase 4: Reviewing identified themes. In this stage, the researcher reviewed the themes to examine whether codes within a theme need to remain or be relocated or removed, based on whether the theme/code is relevant to the data set (Braun & Clarke, 2013). Here, the researcher added, removed, disaggregated or combined themes to explore and discern whether certain themes were relevant to the research question and aims. During this phase, the below questions needed to be asked: Is this theme/code relevant to the data set?; Does the theme provide “useful” information about the “data set and research question?; “What does” the theme “include and exclude?; Is there “enough data” that is meaningful enough to “support this

theme?” (Braun & Clarke, 2013, p. 65). It was during this stage that some themes or codes could be removed or relocated. For instance, code “A” and “A1” which denoted discrimination and visa/immigration discrimination was originally relocated into the physical distance code.

However, A and A1 were later removed as they did not answer the research questions directly.

Phase 5: Defining themes. In this stage, the researcher named and defined what each theme means, the purpose of the theme, the significance of using the theme in the study, and why it supported in answering the research question (Braun & Clarke, 2013). Each theme needed to provide “relevant” and “useful” information that answered the research question (Braun & Clarke, 2013, p. 67). For example, the code “S” denoted communication and within the code book, a column to define the theme communication was included where communication referred to participant responses on how communication impacted their relationship positively. “S1” referred to the participant wanting more communication with a parent regardless of distance and “S2” referred to a participant wanting less communication.

Phase 6: Report production. In this stage, the researcher described the findings in the Results section of the final dissertation manuscript. In reporting the results of the data analysis, the researcher ordered the list of themes logically and in a meaningful way, such that the definition of each theme provided information on the narrative experiences discussed in the interviews (Braun & Clarke, 2013, p.69). This was done such that the themes within each narrative experience answered the research questions. The Discussion and Limitations sections of the final manuscript were also written in this phase, including interpretations of the data, comparisons with extant literature, and clinical and scientific recommendations.

There can be limitations to the above six phases. For example, Braun & Clarke (2006, 2013) observed that common limitations were that a theme may not have sufficient relevance to

the research question or may focus on the interview question rather than the participant's response to the question. In order to avoid the above limitations, and to perform all six phases such that the research questions were answered using meaningful information and logical reasoning, the researcher used Braun and Clarke's (2006) "15-point checklist" to ensure that TA was used appropriately (p.96). This checklist was a mere description of the steps a researcher could refer to while completing the data analysis process.

Reflexivity Statement

Self-Awareness and Biases

The researcher was aware and conscious that she strongly identified with one of the groups (the values and cultural beliefs of Group II) being considered in the study. The researcher worked with Indians in India and Indian immigrants in the United States in the past in therapy, community mental health service, elementary schools and college level teaching and counseling services and has ensured boundary maintenance in these settings. Boundaries were maintained through direct communication of expectations for the professional relationship and clarifying the role that the researcher played in each setting. This prior experience with both groups/communities made the researcher remain self-aware of the potential biases that could have been noticeable during the data collection process (interviews). The researcher also stated to each participant that the purpose of the study and interview was to gather information and analyze the data collected, and hence, there was no therapy or mental health services provided by the researcher, despite the researcher having clinical experiences in the past and at present.

Risk to Psychological and Emotional Well-being

Risks to psychological and emotional well-being were minimal. Since participants in the study were requested to share their autobiographical memories of their childhood and adulthood

experiences with their parent(s), there was some potential that these memories could have elicited strong emotions during the survey, during and after the interview stage. Also, half the participants were requested to share their experiences of immigration, which could have elicited memories, and emotions/feelings related to any trauma, separation related concerns, racism, and/or discrimination (of any kind). As mentioned earlier, participants could stop the interview at any time, and were given resources for provided with a list of mental health/support resources at the end of the interview.

Results

The final group of participants in this study consisted of 12 individuals ($n=6$ in Group II and $n=6$ in Group IIM). To protect their identity and maintain confidentiality, all participants have been given a unique ID number. Basic demographic data including age, gender, employment, and relationship status were collected (see Table 1, p. 40-42).

Table 1

Demographic data

PARTICIPANT ID	PARTICIPANT GROUP	PARTICIPANT AGE (in years)	PARTICIPANT GENDER	PARTICIPANT RELATIONSHIP STATUS	LENGTH OF TIME THAT PARTICIPANT RESIDED IN THE U.S (in years)	HIGHEST LEVEL OF EDUCATION OF PARTICIPANT
8261	IIM	51	Male	Married	More than 5 years from survey date	Completed graduate degree
3871	IIM	44	Female	Married	More than 5 years from survey date	Completed graduate degree
3792	IIM	50	Female	Married	More than 5 years from survey date	Completed graduate degree
5792	IIM	44	Male	Married	More than 5 years from survey date	Completed graduate degree
6793	IIM	25	Female	Single	Less than 5 years from survey date	Completed graduate degree

8247	IIM	32	Female	Married	More than 5 years from survey date	Completed graduate degree
7265	II	42	Male	Married	N/A	Completed Graduate degree
2903	II	27	Male	In a committed relationship	N/A	Completed graduate degree
7876	II	53	Male	Married	N/A	Completed graduate degree
8564	II	22	Female	Single	N/A	Completed undergraduate degree
3987	II	22	Female	Single	N/A	Completed undergraduate degree
4982	II	22	Female	Single	N/A	Completed undergraduate degree

Table 1

Demographic data

PARTICIPANT ID	PARTICIPANT'S EMPLOYMENT	PARENT DISCUSSED	PARENT'S EDUCATION LEVEL	PARENTS AGE (in years)	PARENT'S EMPLOYMENT	PARENT'S MARITAL STATUS
8261	IT Server Support	Mother	Graduate degree	81	Retired Lawyer	Widowed
3871	Product Leadership	Father	Graduate degree	86	Retired Doctor	Widowed
3792	IT Specialist	Mother	Less than high school	69	Homemaker	Married
5792	UX Designer	Mother	Graduate degree	66	Doctor	Married
6793	Scientist	Mother	Undergraduate degree	49	Stenographer	Married

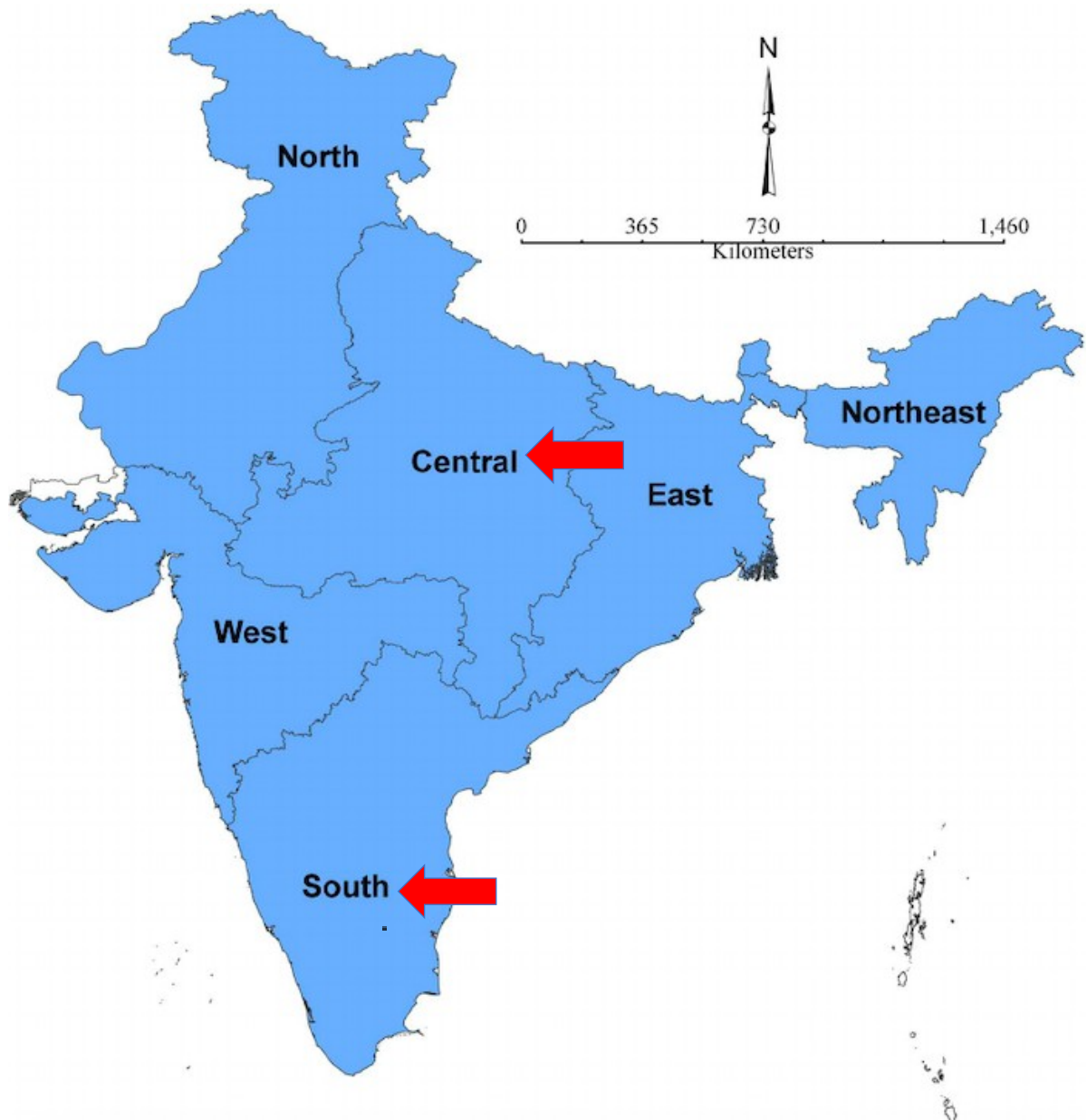
8247	Business	Mother	High school diploma	56	Homemaker	Married
7265	Professor	Father	Less than high school	69	Weaver	Married
2903	Not employed	Mother	Graduate degree	56	School Teacher	Married
7876	Private company CXO	Father	Graduate degree	84	Retired Government Official	Married
8564	Not employed	Mother	Graduate degree	46	HR Manager	Married
3987	Not employed	Mother	Graduate degree	49	Former software professional	Married
4982	Not employed	Mother	Undergraduate degree	46	Homemaker	Married

Additional data regarding religion, geographic location, and length of time the immigrants lived in the United States were also gathered. All participants were between the ages of 21-60 years. The average age of participants was 36.1 years. Participants in Group IIM ranged between 25 – 51 years (M = 41 years) and participants in Group II ranged between 22 – 53 years (M = 31 years). In Group IIM, four participants identify as female and two identify as male. In Group II, three participants identify as female and three identify as male. All participants endorsed identifying (through self-report) with male or female gender, instead of being limited to choose from gender categories (to allow for inclusivity). Ten of 12 participants identify as Hindu and one identifies as Christian. One participant was raised with both Hindu and Muslim practices as each of her parents identified with one of these religions, and this participant continues to identify with both of these religions equally as an adult. Among the six participants in Group II, all participants reside in South and Central India (see Figure 1, p. 43-44). Three Group II participants (two female and one male) live with their parents in the same household. Participants in Group IIM reside on the West coast, East coast and in the Central United States. Within this group, one participant’s parent had also immigrated from India to the United States

and lived in the same state as the participant, but in a different home, and the other five participants reported that their parent(s) currently live in India.

Figure 1

General Map of India



Source: Singh (2013)

Study Findings

The aims of this study were two-fold: Aim 1 was to explore how participants self-characterize the attachment relationship they had with an identified caregiver/parent when they were children and to describe how the relationship is now, in adulthood. This aim was explored by analyzing participants' descriptions of their attachment relationships as they recalled them during childhood and presently, in adulthood. Aim 2 was to identify the factors that participants attribute to the changes or maintenance of their attachment relationship with the identified parent/caregiver over time. This analysis allowed exploration of the role of immigration, physical/emotional proximity and other factors that have contributed to the change/maintenance of the relationship. These factors were drawn from the participants' narratives as they compared the quality and nature of their relationship with their parent in childhood to the relationship they presently perceive having with their parent as an adult. Data analysis yielded nine themes and six subthemes. These themes and subthemes are shown below (see Table 2, pp. 45-46) along with the number of participants who endorsed the theme/subthemes.

Table 2

Themes and Subthemes Mentioned by Participants in Groups IIM and II

THEME NAME	SUBTHEME	THEME MEANING	No. IIM	No. II
Other family relationships: Perceived and actual relationships		Described how other family members (siblings, loss of a family member) impacted the participant's relationship with their attachment figure	6	6
	Siblings' relationship with parent	Described sibling(s) without prompt and describes sibling Rx with parent in comparison to own Rx with parent	6	6
	Next generation	Described wanting to teach/learn from their own child(ren)	3	2
Grief after losing loved one		Mentioned "grief" ; describes loss of loved one or Rx to loved one	2	0
Parent's fragility		Described fragility of their parent's life, and how this shaped their views and impacted the attachment relationship	4	4
	Parent's aging	Described parent's age as factor in Rx or communication	2	4
	Parent's health	Described concern for parent's health (physical and mental health) impacting Rx	4	2
Physical distance		Mentioned negative impact of physical distance on relationship	6	3
Family values		Described importance of family values and how these impact relationship	6	6
Birth order		Described birth order impacting Rx	2	1
Gender role		Described gender role of child and/or parent	2	4
Religion and spirituality		Described religion and spirituality as impactful on Rx or Rx impact on religious beliefs	6	5
	Different religious	Child had different religion than parent in adulthood vs. childhood	1	1

	practices than parent			
Communication		Described communication/interaction with parent as helpful	6	5
	Boundaries with communication	Wanted or had established boundaries with parent	3	3

Aim 1: Attachment Relationships, Then and Now

This section presents an analysis of participants' descriptions of attachment relationships across time and describes how the quality of the attachment relationship, as perceived by participants, changed or remained the same.

Participants whose relationship changed from childhood to adulthood. Eight participants in the study indicated that their attachment relationship with the identified caregiver changed from childhood to adulthood. Changes in the relationship occurred in two directions: positive changes (participants reported that their attachment relationship improved from childhood to adulthood) and negative changes (participants reported that their attachment relationship declined in quality during adulthood). Four participants from Group IIM and two participants from Group II described positive changes in the relationship. Two participants from Group II described negative changes in the attachment relationship.

Participants whose relationship changed positively from childhood to adulthood. Six participants discussed and reflected on how and why their attachment relationship with their parent changed in a positive manner from childhood to adulthood. In some cases, there were similarities in the ways that the participants in this subgroup described and explained changes in their relationships; below I provide illustrative examples that are loosely grouped based on these characterizations.

Participant 6793 (Group IIM) indicated that her relationship with her parent improved between childhood and adulthood. Participant 6793 reflected that during her childhood, she felt she was not meeting her mother's expectations of achieving high performance in educational settings, and this continued into her young adulthood. While she did not note particularly negative familial dynamics with her parent in childhood, she did note that the relationship is much more positive now as compared to childhood. Participant 6793 felt that her relationship with her mother improved after she immigrated to the United States and as she began meeting her mother's expectations through her career goals and education interests. She felt that these changes prompted her mother to have a greater sense of respect for the participant's career and role in the family.

Other participants described positive changes in the relationship with their parent between childhood and adulthood based on the evolution of their roles in the parent-child relationship. Participant 3871 (Group IIM) discussed a more positive attachment relationship with her father in adulthood as compared to childhood and stated that the improvements in their relationship began after she moved to the United States to pursue higher education. During childhood, this participant experienced her father's parenting style negatively as she did not have a close relationship with him. After the participant's mother passed away (approximately 10 years prior to the interview), the participant shared that she wanted to spend and appreciate more time with her father since he became her only living parent. Around the time of her mother's death, the participant gave birth to her first child (a daughter). She said she was prompted to maintain a strong relationship with her father following her mother's death in an effort to ensure that her daughter would have a connection to her maternal grandparents. This was when she became more accepting of her relationship with her father even if she (per her self-report) was

not getting the same quality of direct validation (regarding her career advancements in adulthood, educational achievements in adolescence to adulthood) from him as she believes she would have from her late mother. For example, the participant shared that although her father would not necessarily directly tell her that he was proud, he would speak of her “accomplishments behind my [her] back² [by talking] to his friends, neighbors.” She reported feeling content in knowing that her father was proud of her and praised the participant to others (friends, relatives), which allows the participant to feel closer to her father emotionally, than if she assumed he did not praise her at all.

Participant 7265 (Group II) stated that he noticed an improvement in the relationship with his father from childhood to adulthood due to changes in roles within the family. As the primary financial provider in the family, this participant feels more respected by his father now than he did during childhood. This role allows him to support his father and immediate family during times of need. The participant shared that with time and growth within his teaching profession, he is able to sustain his immediate and extended family and ensures that he handles the finances in his household, as the earning member and primary financial provider. During childhood, the participant’s father was the primary financial provider and hence managed all financial decisions, familial decisions and decisions for his son (the participant). The participant recalled living in poverty and that his father’s low socioeconomic status during his childhood encouraged him to work harder and earn money from early adolescence.

Participant 7876 (Group II) described a “beautiful” and positive relationship with his father that grew in depth from childhood to adulthood. He reflected on two primary reasons that

² “Behind my back” in this context has a positive connotation in the English language and refers to the participant expressing that her father shared information about the participant with others when she was not around, since he may have found it more culturally appropriate to display his pride in this way.

allowed for a more positive attachment relationship in adulthood. First, he observed a shift in his and his father's roles, wherein the participant now feels comfortable in correcting, questioning and providing information to teach his father about managing finances, insurance, religion and spirituality. He noted that his relationship with his father was open and comfortable since childhood and that he could share information (life decisions, career, family, financial discussions) easily. In adulthood, this openness was maintained and the participant stated: "I am able to tell him [participant's father] that he is doing something wrong and criticize him etc." He also described how his father is more accepting of being told by his son when the former does "something wrong," now as compared to when the participant was a child. Participant 7876 also described how he taught his father his spiritual beliefs in adulthood, which allows father and son to connect and bond through yoga and mindfulness practices. This participant attributed this change in interaction to the development of his own experiences in adulthood, and his experiences as a parent for his teenage daughter.

Two participants reflected on a marked improvement in the quality of their relationship with their parent in adulthood. Participant 3792 (Group IIM) reflected on family dynamics when she was growing up in a joint household³ in India and noted that this dynamic did not allow for open and comfortable communication, which limited the extent to which she could share information and seek guidance and comfort from her mother as a child. The participant recalls not "talking or discussing that something is bothering [her] and we just took it in stride and moved on." Per the participant, after she got married and moved to the United States, the relationship with her mother improved significantly to the point that she and her mother talk on the phone at least once or twice per day to discuss day-to-day events and experiences. The

³ Joint household refers to a family unit consisting of two or more generations of family members living in the same household, sharing the same space with the home.

participant noticed that her mother is also much more open in her communication with the participant than when the participant was a child.

Participant 8247 (Group IIM) shared that she found ways to cope differently in her relationship with her mother over time and thus experienced a positive shift from childhood to adulthood. As a child, participant 8247 shared that she did not share any information with her parent during childhood since her mother:

...started treating me [her] like a friend very early on...my mom started sharing her problems with me like a friend, and that was maybe too much for me as a kid, you know. So instead of protecting my mom or me... or taking care of my emotional needs, I started doing the reverse of that. So the more I got to know about my mom's problems, her struggles, I think I started to I started to play this character of a child who... was very obedient, a child who does not...get into trouble as a child or who would constantly support her mom. So I started playing that character and I think I was obsessed trying to make my mom happy until I was 30 years old. (Participant 8247 interview)

She recalled a particularly negative impact of this relationship dynamic when asked how she felt when she did not share information with her mother during childhood:

I was not okay...I felt like I was screaming inside...I would have probably loved to express to somebody but I chose not to...I felt good about not creating more problems in the family. That's it. But internally I was not okay. I was constantly feeling lonely inside and...felt like I was not good enough...it was just a lot of self-criticism that I was going through... (Participant 8247 interview)

The participant moved to the United States when she was approximately 30 years old, thus increasing the physical distance between her and her mother. This participant's attachment

relationship with her mother changed during adulthood where boundary setting, immigration, and independence contributed to a more positive interaction style with her mother. Now, in adulthood, after setting boundaries with her mother, participant 8247 reported a positive change in the attachment relationship. This participant stated that she creates boundaries for herself (such as not talking to her mother over the phone as frequently and for long periods of time), which her mother is beginning to respect.

Participants whose relationship declined from childhood to adulthood. This section discusses how and why a participant's relationship displayed a decline in the quality of the relationship and closeness within the relationship, from the participant's perspective. Participants 8564 and 4982 both described a negative change in the relationship with their parent between childhood and adulthood. Both participants are in Group II and both currently live in the same household as their parent. No participants from Group IIM endorsed a negative change.

Participant 8564 (Group II) shared that in childhood, her mother was protective and always ensured she knew of the participant's whereabouts, which was developmentally appropriate at the time. However, the participant reported that this oversight continued into her adulthood as well, limiting her perceived sense of independence. As she began valuing independence as an adult, she stated that she realized that this independence was not afforded to her and this has led to a lack of boundaries in the attachment relationship with her mother, making her wish that she had more space in the relationship. The participant disclosed that she has not discussed her concerns with her mother. Withholding this information from her mother has led to a decrease in the quality of the attachment between her and her mother that led to a perceived decrease in the quality of the attachment.

Participant 4982 (Group II) reported that her mother was overprotective of her during childhood. However, she discussed that the “overprotective” parenting style continues in adulthood, which negatively impacts the relationship with her mother as the participant feels that she does not have adequate space and privacy in the relationship. The heightened level of protectiveness felt developmentally inappropriate to the participant. “Overprotectiveness” in this context refers to the participant’s mother’s patterns of asking for detailed information about the participant’s plans, safety, and future goals even though the participant is an adult.

Participants whose relationship remained the same from childhood to adulthood

Two participants from Group II and two participants from Group IIM endorsed no substantive changes in the attachment relationship. The maintenance of their relationships over time was reflected in participant descriptions of the emotional support they were getting from their parent and trusting that they could seek their parent’s support for problem solving, both in childhood and adulthood. These participants discussed and reflected on how and why their relationship and quality of the relationship with their parent remained the same from childhood to adulthood. All participants in this section were reflecting on their relationship with their mother.

Participant 3987 (Group II) shared that she did not notice any changes in the relationship with her mother since childhood. She discussed that her mother consistently supported her education goals, and ensured that the participant had all resources and comforts since childhood. She also felt that the quality of the relationship was maintained by the level of comfort she felt in sharing information with her mother, regardless of the topic. Participant 3987 reported that she currently lives with her mother who provides financial support and housing without expectations even presently, and that this is a reason that the participant feels that the relationship has been

maintained, over time. She went on to say that she feels the relationship is consistently positive and that she receives emotional support and has a sense of safety in her relationship with her mother.

Participant 2903 (Group II) shared that he noticed that there were no changes to the quality of the attachment relationship with his mother since childhood. While he currently lives in the same home as his parent, participant 2903 found that the physical proximity does not negatively impact the relationship in adulthood as he felt his mother respects his boundaries because he is a male child. He also shared that another reason the relationship remained the same is because he has continued to seek his mother's approval in terms of his career goals and achievements. These were expectations the participant's mother had for him since his childhood to his teenage years. This participant conveyed pride in following his mother's footsteps of becoming a "government servant" (a government worker), a career line with which his mother also identifies professionally.

Participant 5792 (Group IIM) also described the maintenance of a positive attachment relationship even after his migration to the United States approximately 10 years ago. He reflected on the consistent level of emotional support he gets from his mother such that he sees her as a person who comforts him, and also as a person who can solve problems with him in minutes. He felt that their similar ways of thinking about issues allows him to be closer with his mother than he perceives her mother to be with his older siblings. Participant 5792 also stated that he shared "most things" with his mother in childhood as "my mother never judged." He compared his childhood and adulthood experiences with his mother and said:

The only things that I probably did not share was some incidents of bullying at school, and a lot of it because I was embarrassed myself. Every kid as I assume, when they get

bullied, they don't really share. So that I didn't share until a couple of years later...I didn't share a lot about, like relationships and dating...just because I think when it came to whole dating and relationships, I think the way my mom reacted, not in a negative way or anything, but that she had a lot of advice. And when I first started dating, I just decided it's better to just handle that on my own. And in fact, I only told her for sure when, you know, my wife and I had started dating and I was like, okay, I think this is going to be long term. (Participant 5792 interview)

The participant described a change in the amount of information he shared with his mother from childhood to adulthood. In adulthood, the participant still feels that he can share important news with his parent but shares specific information as a means of seeking emotional support rather than for problem solving. He said:

Even now, she's able to very accurately pinpoint why I might be upset about something...I still do talk to her, but I talk in a more relaxed manner...she has a way of eliciting that information from me so she'll ask me to talk about what's going on and somehow I'll be able to find the words that I need. (Participant 5792 interview)

Despite the changes in information sharing, participant 5792 described experiencing a fairly consistent attachment relationship with his mother since childhood.

Participant 8261 (Group IIM) shared that his attachment relationship with his mother remained the same and he attributed this maintenance to mutual efforts to support each participant in the relationship. He stated that he has consistently been able to rely on receiving emotional support from his mother since his childhood. Participant 8261 reported that he tended to share more positive news or information with his mother than information he believed would worry her: "Negative sometimes I may not tell, because I don't want to... because being a boy

those things [discussed incident at school; incident omitted to maintain participant's confidentiality] I don't want to tell." This participant stated that he continues to censor his disclosure with his mother in adulthood to avoid causing any worry for her as he still feels that if he did share negative incidents with his mother, he may burden her with concern and worry. This was the reason he maintains the pattern of not disclosing the information since childhood into adulthood. However, when he did and continues to disclose certain information (that he perceives as positive such that his mother does not need to worry), he found that he felt a sense of relief that benefited his perception of the quality of the relationship.

In sum, Aim 1 focused on how participants self-categorized their attachment relationship with their parents. Eight participants indicated that their relationship changed positively or negatively from childhood to adulthood, whereas four participants reported that their relationship with their primary attachment figure remained fairly consistent across time. Participants who reported changes in their relationship discussed factors such as but not limited to a change in communication within the relationship, consistent support from the parent since childhood, role reversal in adulthood for the adult child, parent supporting child's career goals, and others. Additional themes were identified through participants' narratives that highlight other factors that they believe contributed to change or maintenance in attachment relationships between childhood and adulthood, and are discussed below.

Aim 2: Factors Impacting the Attachment Relationship

This aim was meant to capture reasons the attachment relationship was impacted between childhood and adulthood in addition to factors that participants discussed anecdotally in their initial descriptions of their attachment relationships across time (as reported in the findings from Aim 1). Interview questions were based on theoretical and empirical factors impacting

attachment as noted in the existing literature base (Alexander et al., 2021; Arora et al., 2019; Chandra et al., 2016; Kirkpatrick and Shaver, 1990; Ogbu, 1991; Shaver and Mikulincer, 2009). Specifically, themes that emerged in participants' narratives included family values, birth order, other family relationships, religion, communication, and gender.

Select participants identified closely with their parent's family values, birth order, and religion. When participants (as adult children) noticed the similarities in their identities with their respective parent, they also described a greater bond and attachment to that parent. Some participants reported noticing a similarity in identity with their parent only in adulthood, and this positively influenced their attachment relationship in adulthood.

Family values. This theme refers to family values that participants found as impactful on the relationship with their parent and on their personal finances, work ethic, career decisions and education. All 12 participants in the study spoke about family values. Participant 7265 (Group II) discussed how his father instilled values of "perfect[ion]" and "hard work" in completing any work/responsibility given to him since an early age, which led the participant to aim for these goals in his current career. He also described how his attachment relationship with his father had influenced the way he viewed career opportunities and responsibilities. His self-reflection on his work ethic and supporting his family allowed him to feel closer to his father as he was able to emulate his father's work ethic. He said:

I knew that they [parents] were busy with their business because when I was a child, we were even struggling for food so he started improving himself [father made changes to lifestyle and mindset to ensure he financially supported his family] and his [father] business...as they worked from morning 3:00[am] until late. (Participant 7265 interview)

Observing this strong work ethic led Participant 7265 to work during college, even if that meant waking up very early in the morning before classes. He said: “[in college] I used to get up around 4[am], give [sell] people coffee with my bicycle, then catch the bus.” He learned to work hard based on his relationship with his father being built on “obey[ing]” his father, and the family value of hard work prompted him to support his family which consists of his spouse and two children. He reported that his father worked as a weaver to support him when he was a student in college and in graduate school. The participant shared that he became engaged and later, married, while he was a PhD student and a research fellow. During this time, he quoted his father saying “give me your salary [participant’s salary], I’ll take care of your family” as the participant recalled that his father wanted him to focus on his education. The participant continued that his family received “a lot of suffering or insults” since his family was not financially stable. Due to these insults, the participant’s father felt that only if the family has money, the family and he would get “respect.” The participant recalled that his father was concerned that the participant would spend all the money he earned instead of saving the money, and in the participant’s early adulthood, he recalled that his father controlled his bank account. Now, Participant 7265 manages the finances for the household, a responsibility that was culturally seen as a privilege, since he became the primary financial provider for the family, and this has contributed to a positive relationship in adulthood with his father.

Participant 7876 recalled conversations with his father about “how to manage money,” including discussions of how the participant, as an adult child, could help manage his father’s finances and “investments.” The participant noticed a role change when he began managing his father’s finances and described utilizing his own perspectives and experience along with the advice that his father had imparted during childhood. The role change was seen to improve the

relationship with his father since he noticed that his father respected his perspectives and knew to learn and value these perspectives. This allowed for an improvement in the quality of the relationship over time.

Participant 3871 (Group IIM) described “living off of ice cream” since she did not initially have the financial means to support herself during the first week(s) upon immigrating to the United States and recalled that after a short period of financial struggle, she received financial aid to support herself. However, despite her financial struggles, her father encouraged her to continue her hard work and complete her Master degree in order to get a good job placement. As her father predicted, the participant stated that she has career satisfaction, and it was because she stayed in the United States, as her father encouraged her to do so.

Participant 8261 (Group IIM) who immigrated alone to study in the United States stated that his parents paid for his education (in the United States) and when he “applied for the visa, I [participant] was already working [had a job in India prior to migrating to study in the United States] so I was supporting myself.” The participant decided to get a residential permit and moved to the United States on his own. He continued:

Emotionally, they [his parents] didn’t ever put any pressure on me. But I knew the finances in the house. I knew they sold things and took loans... which is why I wanted to earn the money back, and took care of some of those loans for my dad because I didn’t want to be stressed about that, but they [parents] never said a single word [about asking participant to re-pay loans] ever. (Participant 8261 interview)

The participant said the emotional support he receives from his mother contributes to a positive relationship with her, and that the fact that there was no expectation on him to re-pay the

loans to his parents (a value that he held for himself, which he learned from his parents) allowed for a more positive attachment relationship in adulthood.

Participant 5792 (Group IIM) reported that he was a “workaholic” when he lived in India, prior to moving to the United States, but indicated that his mother’s value of prioritizing happiness and well-being over prestige in his career was a major factor in how he now thinks about work. After he immigrated to the United States to pursue his graduate degree, he described a busy routine but states he now cannot:

...continue working the way I used to [in India] as my career goals changed. I was not really concerned about getting very high up in the ladder [after settling in the United States]. I was...happy settling for a lower position, and that meant I had more flexibility [in order to focus on himself and his family members]. (Participant 5792 interview)

He shared that he did question his decision to migrate when he was struggling to find a job in the United States after his Master degree. He described a conversation with his mother about his career that reminded him of shared values regarding prioritizing happiness and well-being over prestige in his career:

She always asked us to find work towards finding happiness from within. And if you can find happiness, then, then the place [United States and India] shouldn’t really matter too much... But until...we had some really bad days, she never really said...come back [to India]...She always said if you want to come back, you can. But...think about whether you’ll be happier in India or in the States because there’s a movie view of India and it’s all rosy colors. But then we forget some of the day to day details of living in India...I think about the rosy picture of going back to India, but she always mirrored our reactions. (Participant 5792 interview)

This participant felt that shared values and his mother's continuing emotional support of him contributed to maintenance of their attachment as he knew he would find support from her even in adulthood when sharing challenges.

Participant 2903 (Group II) shared that his mother would tell her children that she wanted them to become "government servants" just as she was, and hence, he has begun making attempts to secure a government career by preparing for courses to obtain government employment. According to this participant, following in his mother's footsteps career-wise allowed for a closer attachment relationship as he felt and knew that this would appease his mother and her hopes for his future.

Participant 6793 (Group IIM) mentioned that her mother "likes people who are studious and like she really wanted me to be certain things. So since I'm being a couple of things [career wise] that she wanted me to be, she's definitely happy and supporting me for that." The participant conveyed a sense of contentment in knowing that in adulthood, she is fulfilling the hopes her mother had for her since childhood. Her contentment stemmed from her ability to meet her own desires of seeking her mother's approval and support. This support has continued from childhood to adulthood regardless of the participant's physical distance from her mother.

Birth order. This theme focused on participant descriptions of how their own or their parent's birth order impacts their attachment relationship with their parent. Two Group II participants and two Group IIM participants endorsed this theme.

Participant 7265 (Group II) is the first-born child to his parents, and was the only child until he was 12 years old, when his younger brother was born. He stated that this birth order and the length of time he was an only child had a positive impact on his attachment relationship as it allowed for a closer affection-focused bond when he was an only child. He reported that when

his brother was born, the bond that he shared with his father shifted to emphasizing work ethic and familial values, as his father told him, “whatever you do, do it with utmost care and perfection.” (Participant 7265 interview)

Participant 2903 (Group II) also noticed that his mother and he shared the same identity as being the first-born children in their respective households. He stated:

She [participant’s mother] was the first child [of three children]... She had a lot of responsibilities in her own family so that way. I think the positive thing about being... the first child also she gave me all this power and strength of how to be the first child in a family and take care of other things. Because she had three sisters, and two brothers.... And I have a one younger brother so maybe that experience that she gained within her family she has taught a lot of that experiences with me and this has helped me.

(Participant 2903 interview)

He also shared that his mother taught him to care for his sibling from his mother’s experiences with her own siblings: “Being the first child, we have a lot of responsibility... so I being the first child, she [mother] taught me about the importance of being the bigger child and taking care of the younger kid...taking care of my brother.” This participant alluded to a sense of belonging since he recognized that he and his mother hold a shared identity (of being the first-born child in their families). He found that this shared identity helped him understand her parenting style and the ways she cared for him and the ways in which she viewed family. This shared identity allowed for continued maintenance of the relationship.

Other family relationships: Perceived and actual relationships. This theme refers to descriptions of how the participant described how other family members (i.e., siblings’

relationship with parent, loss of a family member) impacted the attachment relationship with their respective attachment figures.

Participant 3792 (Group IIM) described that her childhood was influenced by her mother's decision to remain in a joint household and felt that this played a role in the attachment relationship that she developed with her mother during childhood:

My mother was the oldest and she had younger siblings. So all of us kind of grew up together... it was like taking care of her siblings and her children under the same roof at the same time. So, you know, we would go to school, they would go to college...we grew up with not my cousins, but it was my uncles and aunts and we grew up as a family and that was pretty unique. And... in comparison to others that I know is the concept of sharing. There was nothing like, oh no, this is mine. This is yours. Anything out there belongs to everybody. And I think that was a very important lesson. (Participant 3792 interview)

The participant interpreted living in this joint household to be both "unique" but also acknowledged that it limited her mother's capacity to be as emotionally supportive due to the presence of other family members in the home. Hence, this negatively impacted her relationship with her mother in childhood since she could not regularly share information with her mother at the time. However, the relationship changed positively (per participant's report) when the participant migrated to the United States as she noticed that she and her mother talked daily.

Siblings' relationship with parent. All 12 participants have siblings and initiated discussions about them voluntarily, describing varied ways that their siblings impacted the participant's attachment relationship with their parent.

Participant 5792 (Group IIM) recalled that “when one of us [he and his siblings] was going through a particularly difficult time and my mother had to give more attention to the other sibling, that was when we [other two siblings] felt distant from her [mother].” This participant found that this was a pattern that has impacted him and his siblings in childhood and adulthood. During childhood, he felt a sense of being left out of the relationship when his mother would prioritize one of his siblings over him. However, in adulthood, he felt a sense of reassurance that his relationship with his mother was secure when he compared the relationship of his siblings with their mother (which was less positive than participant’s relationship with same parent).

In discussing her relationship with her mother, participant 6793 (Group IIM) shared that her and her brother’s interactions with their mother are very different too, even though we have kind of the same background, like about immigration...my brother doesn’t talk to my mom as much [now after participant’s brother migrated to the United States], but my emotional bonding with my mom increased drastically.” The participant stated that her brother’s lack of communication with their parents was due to socially appropriate gender norms wherein male children may not need to communicate with their parents as much as their female counterparts. This participant identified an increase in “emotional bonding” with her mother during her adulthood, which she felt her brother does not have. This closeness allowed for an improvement in the quality of the attachment relationship, which she felt was better as compared to the quality of her brother’s relationship with their mother. She conveyed a feeling of content that her brother’s less communicative relationship with their mother made the participant’s relationship with their mother better since the difference was observable by her, her mother and brother. The comparison that the participant made of her relationship with her mother as compared to her brother’s relationship with the same parent was a perceived comparison.

In another instance, participant 5792 (Group IIM) discussed the difference in interaction between his mother and him, and his mother and his siblings. When he compared his relationship with his mother and his siblings' relationship with the same parent, he noted that he and his mother are aware that their relationship is based on a greater sense of "understand[ing]" which was comparatively not present in his siblings' relationship with the same parent. This comparable difference gave him greater security and trust in the relationship such that he knew he could vent to his mother and she would understand him, even in adulthood. He discussed how:

...different the relationships are with my siblings and my mom, because it is very different [from participant and mother's relationship]...they vent little more than I do. For them [participant's siblings], it's more about the venting because they are so different in character from my mom that I don't think they don't understand her very well... if I have a problem, there's a solution in less than 5 minutes [when talking to his mother]. And I'm talking like literally you can start a timer and within 5 minutes there will be a solution. It's not like that with my siblings, which I find very interesting. (Participant 5792 interview)

Participant 7265 (Group II) discussed his sibling's relationship with his parents particularly when the participant and his parents would discuss the family's financial situations. While the participant described growing up with small household incomes, he stated "When my brother [younger to participant] was born, they [parents] had sufficient money so they started pampering him... they [took] more care of my brother [financially] but still I supported them because they educated me and I [did] not require money from them." The participant also shared that upon wishing to pursue a higher education, he decided to support himself and his family

financially and mentioned to his father “[saying] you [father] give it [assets, family wealth] to my brother.”

The participant shared that he was not financially supported by his parents as much as his younger brother was, and still wanted to support his parents and brother financially once he had a stable income. However, after getting a stable income, he described being secure with his father handing off family assets to his younger brother since the younger brother did not have as much of a stable income to support himself. Thus, he noted that his father’s relationship with his younger brother impacted the participant’s relationship with his father when the participant began moving away from his family for financial support. The participant shared that he felt more content knowing that he did not need financial support from his father.

Next generation and future plans. This subtheme focused on participant descriptions of wanting to teach and/or learn from their own children, as this impacted the way in which they wished to continue/maintain their relationship with their parent. This theme also focused on thoughts that participants had for the future with their parent. Participants who endorsed this theme felt that as parents themselves, they began to realize what they hoped to have gained and how to improve the relationships with their attachment figure (between the participant and their parent) while being a parent/attachment figure to their own child(ren). Two Group II participants and three Group IIM participants spoke of the next generation. These participants all identified as parents themselves or to-be parents.

Participant 8261 (Group II) shared that he had learned from the attachment relationship he shares with his mother, and hence wanted to “pass it [what he learned and values in the attachment relationship] forward and do the same thing for my kids.”

In discussing his “lesson in fatherhood,” participant 7876 (Group II) shared that he is able to maintain the attachment relationship with his father since he now knows and about fatherhood. He wants to instill in his own teenager what his father taught him, that is:

...the moment you remove your ego out of the equation and you believe in the fact that they can, your child can add greater value to you and you don't let your ego come in the way, then that is the foundation of a great relationship. And that's a lesson that I've learned from him, which I think is a lesson for me in terms of how I should deal with my child as she grows up and becomes an adult. (Participant 7876 interview)

Participant 7876 expressed a positive change in the attachment relationship from childhood to adulthood that was due to factors such as age and physical distance and stated:

I wouldn't change a thing... honestly, because it's [current relationship in adulthood] been almost too perfect, too good to be true... the only prayer that I have is that, you know, at the end of the day, we are also realistic. That I don't think he's got too many years and maybe whatever, eight, ten, 15 years max. My only prayer is that we continue to have this solid relationship and he continues to have his mental faculties and energy and physical faculties... I don't get enough time with him. (Participant 7876 interview)

Grief after losing a loved one. This theme focused on participants' description of grieving after they lost a loved one in their immediate family and how this grief contributed to or impacted the attachment relationships. Two Group IIM participants shared their personal losses of loved ones during the interview process, along with their coping mechanisms. According to each participant, both losses had a negative impact on each participant's mental health at the time. Participant 3871 shared that “group chanting” is “a way of connecting to my mother.” She discussed losing her mother to medical illness and that prayer groups were a way she could feel

her mother's presence in the home and teach her own child about prayer. She described that the attachment relationship with her father changed after her mother's death as she only had one parent physically present around her and her own family.

Participant 8247 described losing her brother. She shared that his death:

...had a lot of mental health impact for the entire family, but especially for my husband and I, because we couldn't travel immediately...we started right after we heard the news, but it still took 36 hours to get to our home. So that had a, obviously, a dramatic impact on both our mental health. And so after that, following that event, when I came back to the United States, I considered moving closer to India or moving back to India because I didn't want to be in a situation like that again where somebody who I love, they are in need and I'm not able to be there or it takes forever to get there. So that that was a huge life-changing incident, which definitely made me reconsider whether I should even be living this far away from my family....My parents advised that maybe take a few more years and see if you feel the same way about it. If not, you can always come back [to India]. But maybe if you change your mind, you can. You can grow your career still there. So, yeah, we, we stayed for two more years [in the United States, and then stayed continuously without returning to India]. (Participant 8247 interview)

This participant described how she became the only child to her parents after her brother's death and perceives receiving additional care and attention from them since she is now their only child. She believes that the death of her sibling changed the attachment relationship that she had with her mother in childhood to now in adulthood such that her mother gives her twice as much focus and overprotectiveness, which in turn challenges the participant's boundaries in the relationship.

Communication. This theme focused on participants who described whether and how their communication/interaction patterns with their parent impacted their relationships in adulthood. All six Group IIM participants and five Group II participants endorsed this theme.

Participant 8261 (Group IIM) stated:

My requirements [of communication] have changed as an adult...It's hard to translate to my mom all the time, so I have had to keep a barrier of information because of that reason. It's hard to explain the whole thing to her... But it's not something I like to do, because it's not what I used to. (Participant 8261 interview)

This participant was referring to translation of contextual factors unique to the United States and not India, as he felt that it would not be entirely understood by his mother, and as a result felt more distant from her in adulthood and after immigrating to the United States. He also discussed that since he is able to share information with his spouse and children, the need to repeat the information to his mother decreased in adulthood, particularly after he got married. The “barrier of information” he described was that he preferred to share only certain amounts of information with his mother to avoid worrying her with any information that she would perceive as less than positive.

Participant 3792 (Group II) shared that communicating with her mother twice a day has been helpful for her in maintaining the attachment relationship after migrating to the United States:

Sometimes it is more than twice, because, you know, there's something that we would have left out or something that might have happened right after...we want to let the other person know... right now the two calls on a daily basis pretty much everything that we want to say. (Participant 3792 interview)

She shared that the above level of communication is positively different from the communication experiences she had with her mother during childhood as it enables a greater level of closeness in their relationship. While growing up in India, this participant lived in a household with her nuclear and extended family members, contributing to less frequent and individualized communication with her mother in childhood as compared to adulthood. The participant noted that in adulthood, after she migrated to the United States, she would update her mother on day-to-day activities and interactions during the two calls between them.

Religion and spirituality: The similarities and differences in practices. Participants described how religion and/or spirituality were factors that impacted a change or maintenance in their relationship with their parent. All 12 participants endorsed this theme in varying ways. This theme also encompasses descriptions of participants practicing different religious beliefs than their parent, being less religious than their parent, and participant spirituality. Participants talked about how each of these aspects impacted the attachment relationship in adulthood as compared to childhood.

Participant 5792 (Group IIM) discussed the impact of his mother's religious beliefs on his own beliefs. He found that his relationship with his mother improved from childhood to adulthood when she gave him the space to develop his own ideologies and understandings of religion and to find his own belief systems without facing negative consequences to the relationship with his mother. Thus, the participant's religious beliefs impacted the relationship with his mother and vice versa. Although he opted to focus on the relationship with his mother for the study interview, he stated

...oddly enough, my dad is probably a little more religious and my mom's always been very spiritual. She hasn't done a lot of specific religious practices and prescribed to do

things... or any puja [prayer area /altar] in a specific way... she just does what she feels comfortable with. I think it's had an impact on me. So I also do things however I see fit.

(Participant 5792 interview)

Participant 8247 (Group IIM) shared that her relationship with her mother gave her room to take in the beliefs and understandings of religion as she wished, without feeling forced or impacted by the religious beliefs of her parents. This space contributed to a positive change in the relationship from childhood to adulthood. She described how certain religious practices she observed in childhood had a positive impact on her adulthood experiences and described how she recreated those experiences to suit her needs and preferences for practicing her religious beliefs:

...my mom always believed in God...was very like devotional in the sense that she believed in higher power. We had a puja room [prayer area /altar] in our house...I have always seen like when I wake up from my bed and I come to the living room, I have only seen the puja, to be like lit up with lamps and there's always flowers. It's like so fresh and the smell of like the fragrance of incense. And...my dad is doing a puja or mom [is doing] a puja on Fridays. It's just like, I think for me more than the belief on God or religion. I think just that environment, that that fragrance, that like looking, looking at that divine space that makes me feel home. So that's something I do here [in the United States]...I go light up a lamp...I light an incense not because, you know, it's something I have to do, because it's [something] my mom taught me to do. It just makes me feel more closer to home...when I feel emotionally distressed, I do that and it makes me feel better. So I don't go to temples. I don't believe in the traditional structures of God that we have been taught as kids. I don't believe in that. But just like space, I think it just gives me a positive feeling. (Participant 8247 interview)

Participant 2903 (Group II) discussed that “religious rituals” have been existent for “27 years... a mandatory thing in our home.” He observed that religious practices continue to play a role in his attachment relationship with his mother, as it is crucial to the beliefs of the household and the relationship with his mother, since it is a requirement for household members to practice the religion, and hence an expectation his mother had for him. Thus, religion and religious practices allowed for the maintenance of the attachment relationship with his mother from childhood to adulthood.

Participant 8564 stated “we practice two religions at home... because one of my parents is a Muslim and the other is a Hindu. And I follow both so we practice both.” This participant lives in a predominately Hindu practicing community. While she did not share how exactly she practices both religions, she felt that integrating both religions into her lifestyle impacted her relationship with her parents positively as it connected her to both her attachment figures respectively.

Different religious practices than parent. Four Group IIM participants and two Group II participants shared that they are now, in their adulthood, less religious than their respective parents and described how this shift positively or negatively impacted their relationships due to the different religious practices and ideologies. Group IIM participants reported becoming less religious than their parent after immigrating to the United States. Further, three Group IIM participants and one Group II participant endorsed spirituality as a factor that played a role in their relationship with their parent. Participant 7876 (Group II) shared:

It’s [spirituality] something that I’ve discovered on my own, but based on the foundation of deep faith and religion that they [parents] taught me. So the religious beliefs [of

Hinduism] led to my discovering the spiritual side, which I'm making a distinction is different from the religious aspects of my existence. (Participant 7876 interview)

He described becoming increasingly spiritual (rather than focusing solely on Hindu religious practices and rituals) during adulthood and felt that this shift had a positive impact on the attachment relationship with his father as he felt recognized and that his perspectives and opinions were valued in the relationship with his father.

Participant 8564 (Group II) found that she had the comfort of choosing how religious she wished to be, and that this did not negatively impact the attachment relationship with her mother. The participant recalled that her mother “is a bit more spiritual and religious than I am. She prays regularly. Whereas I’m not that religious... I just do things when I feel like doing things.”

Participant 6793 (Group IIM) recalled a change in religious practices particularly when she reached adulthood and stated:

She [participant’s mother] is extremely religious and I always try to convince her to be otherwise. So that does not end well. But. Yeah. So after I came to the US... There was no forcing me to be religious... My mom would...visit a very religious spot if she wants something in life. But for me, I don't do anything special... My prayers are super different. I don't technically ask for [wishes]... just make sure I am like give me strength to handle whatever I want. (Participant 6793 interview)

This difference in religious beliefs made the participant feel that she and her mother do not share the same ideologies, and that they could not understand each other in this aspect of their relationship.

Participant 3987 (Group II) shared that they are more spiritual than religious and that these ideologies developed during their adulthood. Although their mother has different

ideologies, this participant reported that their differences do not negatively impact the attachment relationship. In fact, the participant's spirituality had a positive impact on the relationship as the participant's mother has adopted some of the participant's beliefs:

My mother, she prays a lot and then we visit temples together, I don't pray as frequently as her, but of late she also includes spirituality and meditation and stuff...she tells me stuff and whatever fits my ideology or opinions, I'm open to that [and her mother is accepting of the different ideologies]. (Participant 3987)

Group II participant 7876 shared that he is "deeply spiritual... and more than my father" although their mutual beliefs about spirituality has been a change that occurred in adulthood and benefited the attachment relationship during the participant's adulthood. He described his spiritual practice as a:

...going inwards to discover your true inner self. And I have a feeling that that can be achieved only through yoga" and that his "religious beliefs led to my discovering the spiritual side, which I'm making a distinction is different from the religious aspects of my existence and gone beyond what my dad practices from a spirituality perspective. (Participant 7876 interview)

Participant 5792 (Group IIM) shared that his mother is more spiritual than religious:: She hasn't done a lot of specific religious practices and prescribed to do things and spoken to any puja in a specific way... I think it's had an impact on me. So I also do things however I see fit. I don't really follow any religion per say... I feel very close to [mother] [when participant and mother] talk about religion and philosophy and all of that. I feel pretty close to her as a result of that [a change in the attachment relationship from childhood to adulthood]. Interestingly, when my dad and I talk about religion, which is

usually not often because he's more religious, it tends to cause some friction between us so I avoid the topic altogether. (Participant 5792 interview)

Physical distance. This theme focused on participant descriptions of how physical distance (or the lack thereof) impacted their relationship with their parent positively or negatively. All six Group IIM participants shared that physical distance impacted the relationship with their parent at some point after their immigration to the United States. Three Group II participants shared that it was the lack of physical distance impacted the relationship with their parent negatively as they lived in the same home with their parent and family. Participants 2903 and 4982 (Group II) felt that their privacy and boundaries became increasingly important as they transitioned from childhood to adulthood.

All participants who shared that the physical distance (due to immigration from India to the United States) benefited the parent-child relationship and/or changed the relationship into a more positive experience for the adult child, were from Group IIM. Participant 6793 (Group IIM) shared:

I think the distance has been a great positive impact [on the attachment relationship] because I get to spend less time with her [participant's mother] on the phone. And that can sometimes make it [parent-child relationship] more meaningful because it is physically impossible to talk otherwise, because we're in totally different time zones. (Participant 6793 interview)

Participant 3792 (Group IIM), discussed how the distance benefited her attachment relationship with her mother:

I would say the physical distance benefits... very cliché, you know, distance makes the heart grow fonder... but I think it applies to everyone that, you know, when you live

under the same roof, it's hard to leave your parents, leave your siblings, whatever it is.

And as you become an adult and grow older, you need your space. So, I think the distance actually is healthy towards a healthy relationship. (Participant 3792 interview)

The participant added later that the attachment relationship with her mother improved with distance:

... I would say I have a healthier relationship, a more confidential relationship with my mom after I moved out, you know, once I got married and came away, maybe... as an adult. So more than as a child growing up, I would say my relationship has progressed to a very good place in adulthood compared to childhood. (Participant 3792 interview)

Participant 8261 (Group IIM) reported unhappiness with the lack of physical proximity to his mother. However, after he migrated to the United States, the emotional bond with his mother remained the same. He felt this way since he did not share as much information with his mother since childhood and continues the same in adulthood; instead, he depends on his spouse and children for emotional support. He described returning to India for a period of two years after his father's passing, in order to be with his mother. However, since his children did not enjoy the environment, he returned to the United States and still visits his mother in India when he can.

Participant 8247 (Group IIM) shared that the impact of travel restrictions due to visa processes and the COVID-19 pandemic impeded her ability to see family. She also stated that she did not have a choice where she would immigrate into the United States as this was dependent on where she found a job. This participant recalled that the above experiences of career and travel restrictions contributed to the increasing emotional distance between her and her parent in adulthood. She recalled sharing her experiences with her attachment figure and

seeking emotional support as an adult on the above experiences, which allowed for greater emotional bonding within the attachment relationship.

Participant 7876 (Group II) felt that physical distance negatively impacted his communication level as he and his father live in different states within India. He said he wanted to increase interaction with his father and has made attempts.

Participant 4982 (Group II) indicated that there were both positive and negative aspects to living in the same home with his mother during childhood and adulthood and that this proximity contributed both to open communication and sometimes, more conflict as well, in their relationship. He said that physical proximity was a benefit

... because I always have someone to share things with [so] that I'm not completely alone. And I'm the kind of person who really needs to let out whatever's in my mind. So, it benefits me greatly in that way. And one way it doesn't benefit me... because with so much interaction that can also be a lot of conflict. (Participant 4982 interview)

Participant 8261 (Group IIM) shared that he moved back to his parent's home temporarily (less than 2 years) after his father passed away to be physically closer to his family. He explained that he was motivated to make this change (move back to India into his parent's home for a short-term period) because he experienced the negative impact of being physically distant from his family when his father passed away. In comparison, he spoke of his sister: "my sister who was in [different country], was miserable because she was not physically right there [with the family]."

Participant 2903 (Group II) shared that his physical proximity to his mother positively impacted his communication with her throughout childhood and adulthood. He commented on

how he appreciated living with her even in adulthood and that this proximity allows him to get support from her on a regular basis:

This [living in the same home with mother] is a lot of benefit, staying close with my mom in this case, because whatever I feel... there's someone to share all these feelings with. And that's basically my mom. And if it is good or bad, the first person that comes to my mind is mom...And as soon as I come home from either college or work, she'll be the one whom I go and talk to. And in that case, she [is], you know, support, emotional support for all the things that you know I'm facing. (Participant 2903 interview)

Parent's fragility. This theme refers to descriptions of how the adult child participant felt about and acknowledged the fragility of their parent's life, and how this fragility shaped their views and impacted the attachment relationship. All participants who endorsed this theme recognized the fragility of their parent's life (e.g. due to parent's age, health concerns, and dependency on adult child) in adulthood, and hence noticed that these factors impacted the attachment relationship such that the relationship became more of a priority to the adult child participants.

Parent's aging. This subtheme focused on descriptions, interactions, concerns or memories an adult child has about their parent's increasing age and the impact of the parent's age on an adult child and the parent-child relationship. This theme also focused on participant descriptions about caring for their parent currently and/or in the past, describing a reversal in roles of parent and child and factors that contributed to the role reversal, typically, the parent and child's age. Two Group IIM participants and four Group II participants discussed this theme during their respective interviews.

Participant 4982 (Group II) shared that as her mother ages, she is “more moody and lacks patience.” The participant felt her mother was “not trying to make an effort to understand or she’s tired of me.” Participant 7876 (Group II) described a different positive connotation to his father’s aging: the participant found that he “loved the [additional] responsibility” when there was a shift in roles in the relationship as his father ages, as certain aspects of their relationship such as “trust,” “ask[ing] for guidance,” remained the same regardless of both the father and son’s age and the role reversal.

Participant 3792 (Group IIM) described how aging had reduced her mother’s physical movement, thus limiting few religious activities.

Additionally, some participants described a change in their attachment relationships in adulthood when they became caregivers for their aging parent(s). Four Group IIM participants and three Group II participants described experiences of being a caregiver for their respective parents, as an adult child.

Participant 7876 (Group II) shared:

My dad retired from his job about 25 years back...after that I think there was a marked change in our relationship because I think when... when your father retires, it tends to change your equation with them in a way that they become a little more dependent on you psychologically and less sure about themselves. And therefore, you have to sometimes do a role reversal to be able to guide them...on things that they perhaps didn't expect you to be guiding them about earlier. So, I think at that stage in my life and at that time... it became a different type of relationship at that stage...Very quickly, I realized that this was fundamentally going to be the way the remaining part of our lives turned out. And so, after I made peace with it, like, you know, handling his financials for him

handling, handling or advising him on what car to buy... till then... you were dependent on them to guide you, but after that, you're guiding them. So, once I made peace with it, I loved the responsibility that came with the ability to help them or in some ways repay what he had done for me all through my adulthood, you know. (Participant 7876 interview)

Participant 8564 (Group II) shared that her mother may depend on the participant's words of encouragement now, especially due to upcoming changes with the participant moving out of the home:

In order to protect our relationship and be closer to her [emotionally], I am trying to be a mother to my mom. I don't know if that makes sense. I want her to be more outspoken. I keep giving her, you know...telling her "you should try new things"...I think that's making me closer to her. (Participant 8564 interview)

Participant 8247 (Group IIM) shared that a sense of financial independence from her mother was an aspect that her mother wanted for the participant, although her mother was encouraging her child's emotional independence:

My mom specifically, she wants me to be independent. She didn't get ... to be the independent person that she wanted to be because of my situation. So, she definitely pushed me to pursue what I want and be free and independent and do what I want. But she's also really emotionally dependent or emotionally attached to me. (Participant 8247 interview)

Parent's health. This subtheme focused on participant descriptions of how their concern for their parent's health (physical and/or mental health) impacts their attachment relationship with their parent. Participants who endorsed this sub-theme felt that due to their parent's health

concerns/issues, they desired to be physically closer to their parent in order to feel more emotionally connected to their parent. Four Group IIM participants and two Group II participants endorsed this in their narratives during the interviews.

Participant 8247 (Group IIM) shared that both and her mother's experiences with grief, distance and the COVID-19 pandemic caused concerns about mental health:

During COVID, we could not visit [India] at all for two years. That was huge. And it did have a lot of impact on both [participant's immediate family and participant's birth family] our families and our mental health, not being able to see each other. (Participant 8247 interview)

She found that this distance negatively impacted her attachment relationship with her mother as the guilt of not being there for her mother and birth family caused tension in the relationship. Phone calls or messaging became the closest form of communication but were seen as a challenge to communicate deeper emotions and have longer conversations which would have been easier for the participant if she was in-person with her mother. Participant 3871 (Group IIM) discussed that her father's physical health was of importance to her, and so, she would take him to local pharmacies, and/or assist with getting his medications. She described how this positively impacted the relationship also it was a form of bonding and quality time spent with her father.

Participant 7265 (Group II) shared concern about his father's physical health and the impact on religious practices: "now, he is not going to the temple because six, seven years back, during the Chennai floods, he got paralysis. He is able to take care of daily things but he's not going out of the home." This participant continued to discuss how his father's health and limited mobility impeded the participant's ability to bond with his father in adulthood (since his father

would remain in his bed throughout the day and isolate himself from others), which was not the case in childhood, leading to a change in the attachment relationship.

Gender role. This theme focused on instances when a participant discussed the impact of gender (either participant's gender or participant's parent's gender) on the parent-child relationship. Two Group IIM participants and four Group II participants endorsed gender as a factor that played a role in their relationship with their parent.

Two Group II participants endorsed male gender as a factor in the parent-child relationship quality. Participant 7265 (Group II) shared that he "wasn't interested in marriage... [but] my parents forced me to get married. They did not allow a boy...to stay till 25 [years] or above without marrying, so I accepted." This participant alluded to the above expectations being required to maintain the attachment relationship. He did not discuss any regrets towards his decision to meet his parents' expectations and shared that he continues to maintain certain boundaries with his father (particularly regarding finances) so that the quality of the relationship remains the same or improves further. Participant 2903 (Group II), when discussing what makes him feel distant from his mother, shared that from his family perspective,

... male children [physically and emotionally move away] from their mother or father right up to reaching their adulthood or maybe after the adolescent age (considered culturally appropriate for male children, not female children per participant's narration). In my particular case, that might be one of the reasons there was a little gap between the communication with my mom [a change in communication in adulthood as compared childhood within the attachment relationship]. (Participant 2903 interview)

There were also instances when a participant discussed the impact of female gender on the parent-child relationship. Two Group IIM participants and two Group II participants

endorsed female gender as a factor. Participant 8247 (Group IIM), when discussing what made her feel distant from her mother in childhood as compared to adulthood (since this incident did not occur in adulthood), shared:

...if I wore a specific dress, if I wore a dress too tight, [she perceived] it would grab men's attention and that would get me into problems. So whenever she [was]... restrictive, [it was]...unfair for me as a woman. As a girl. I have felt distant. And those are those are the things I couldn't express [in childhood]. I would express my anger [to mother] by basically going to my room and shutting the door. (Participant 8247 interview)

Participant 3987 (Group II) when discussing her mother's parenting style remaining the same since childhood, shared:

And so, she's definitely protective because I am an only child and I'm a girl. But at the same time, she's also giving me the space and independence that I need, so it's [attachment relationship with mother] good [currently, in adulthood as compared to her childhood experience with her attachment figure]. (Participant 3987 interview)

Also, participant 8564 and 3987 (Group II) shared that their respective mothers are "overprotective," "because I am a girl." Both participants went on to share that male children were not treated the same way and that the independence the adult female child wanted, was not permitted in their homes.

Independence. This theme focused on participants who discussed wishing and/or feeling a sense of independence in adulthood as an adult child, in comparison to their childhood, particularly due to their gender. This wish appeared as a desire for a change in the attachment relationship and a desire for greater acknowledgment from their parent. This includes trusting the

parent more, feeling a sense of transparency and the ability to have open conversations without feeling judged by their parent. Three Group IIM participants and two Group II participants endorsed this theme. The two Group II participants who live in the same home as their respective parent(s) stated that they wanted more independence and privacy in the home. Participant 8564 (Group II) shared “I think being very close to my parents, in the same house, I don’t get much privacy.” Privacy was not of significant concern to the participant during childhood and the lack of privacy was an aspect they noticed during adulthood that began impacting the attachment relationship. Participant 3987 compared her childhood and adulthood feelings of independence and stated that currently:

What makes me feel close to her is that I can be transparent with her. I can share anything that's going on my mind with her, and now she's really understanding. So all that makes me feel close with her...[In childhood], when she was being a little overprotective, that [was] repulsive. But now that she's understood that also, and I also understand her perspective. (Participant 8564 interview)

Participant 3792 (Group IIM) described a positive change in her relationship with her mother from childhood to adulthood and described feeling a greater sense of freedom in sharing information with her mother as a female child:

In childhood, I never used to share the thing, but now it's the polar opposite of that, as in my adulthood... I share everything with my mom. Emotions, negative, positive, anything and everything. You know, I can share with her now. And I do share. (Participant 3792 interview)

Additional information on participant wishes/desires related to Aim 2. Toward the end of the interview, participants were invited to explore their wishes, desires and how they see

their relationship with their parent in the future. Participants shared an interest in wanting to see how their relationship developed with their parent as they continued into the future and discussed how they would continue or improve the quality of their attachment relationship. Three Group IIM participants and three Group II participants described wishes or hopes they have for the relationship.

Participant 8261 (Group IIM) who lives with his spouse and two teenage children stated that,

The only thing I would wish is proximity [to live closer to his mother]. But then she doesn't want to stay here [in the United States]. And I already tried staying back there [in India] and it wouldn't suit my kids. And if I was going to do the same thing of passing it forward and making sure my kids' lives are fine, I had to come back [to the United States]... so the proximity is the only thing I would change, not the actual [attachment] relationship. (Participant 8261 interview)

Participant 3871 (Group IIM) wishes that she could travel to India with her father (who now resides in the United States, but not living in the participant's home) and reminisced about a past trip to India where they visited temples as a family. Temple visits and visits to India allowed for a closer emotional bond between her and her family members, and the visits made her father happy, per her observations of him. She conveyed an interest in wanting to appease him in the same way again, as she knew the visits were important to him and hence important to her.

Participant 7265 (Group II) wished to travel with his parents when he is able to get time and "whatever place they want to visit, I wish to take them [both parents] to places because when I was a kid, they [took] me on tours...because of the health issue [father's paralysis], maybe they

cannot sit for a long time [during travel].” This participant felt that traveling to local religious locations was a means of maintaining the attachment relationship he has with his father.

Participant 3871 (Group IIM) also wished to travel with her father:

...to Australia. He wants to go Australia... He’s also into the ICC [Indian Cricket Club, in India]... he comes for vacation with me to South America... that’s something [travel with father] I feel like I should do [as a means of maintaining the attachment relationship with her father]. I have so much financial independence and freedom that I can take time off and just go with my father for like couple of weeks. (Participant 3871 interview)

This participant recalled that travelling with her father in the past allowed for greater emotional bonding in the relationship, and hence wishes to continue travelling with him as a means of ensuring that the relationship with her father continues.

Discussion

There were two aims of the present study: 1) to understand how Indians from India and Indians who have immigrated to the United States describe their attachment relationships with one of their parents during childhood and presently, in adulthood, and 2) to explore the factors that contribute to the change and/or maintenance of attachment relationships between participants of both groups and their respective parent. As indicated through the study results, several factors were identified to be influential (positively and/or negatively) on the parent-child relationship and will be discussed comprehensively in relation to theory and existing literature below.

Aim 1

Participants from each group described how their relationship with their respective attachment figure remained the same from childhood to adulthood or changed from positive to

negative or negative to positive over time. All participants discussed the impact of collectivistic cultural beliefs and values that shaped their relationships with their respective parent of choice for the study. The reasons for the change or maintenance of attachment relationships were due to acculturation, communication patterns, a desire for independence (for the adult child), and changes along the developmental trajectory. For Group IIM participants in particular, the impact of living/being raised in a collectivistic culture and then adapting to an individualistic culture played a role.

Rajan and Rappaport (2011) discussed that immigration affected attachment relationships between a parent and child because the challenge of trying to acculturate to a new culture and environment causes strain to the attachment relationship. While their study focused on adolescents and their parents, the findings support results of the present study in which some of the adult child participants from Group IIM felt a strain in the relationship when they migrated to the United States, particularly when their parent did not or could not understand certain cultural variations between a collectivistic culture (for instance, Indian culture) and an individualistic culture (for instance, U.S culture). Acculturation has been found to increase stress and caused mental health concerns in migrants and their families (Ma et al., 2020). Similarly, Group IIM participants reported acculturation stress and also faced stressors stemming from their home country (such as stress of employment, finances, and familial relationships). Rajan and Rappaport (2011) went on to mention that acculturation increases boundaries and limits in the relationship and these boundaries could be crucial to maintaining a healthy attachment relationship.

Setting boundaries and limits in communication was also a notable reason for the change or maintenance of attachment relationships in the present study. Through a between group study

of Indians and U.S origin individuals, Kapoor et al. (2003) conducted a qualitative study that found that Indians preferred “indirect communication” and valued silence while their U.S counterparts preferred “dramatic” interactions (dramatic referred to open and direct communication) (p. 694). In the present study, all participants identified the usage and maintenance of communication styles that suited their parent-child attachment relationship, and appeared to have been using both individualistic and collectivistic cultural styles of communication in their parent-child attachment relationship. In the Kapoor et al. (2003) study, the authors identified the Indian participants as more collectivistic and their U.S counterparts as more individualistic. Such a difference between individualism versus collectivism was not as obvious in the present study, as evidenced by many participants’ expressed desire for independence and boundaries in communication, and in holding religious beliefs that differed from their parent. The present study found that Group IIM participants did not solely describe themselves as individualistic and their Group II counterparts are collectivistic. For example, some participants in the latter group wished for greater physical distance and boundaries from their parents while Group IIM participants desired to be closer to their parents. Several Group II participants in the present study who lived with their parents, felt that they wanted to be more independent and set boundaries in their attachment relationship. They wished to do this in some of the following ways: share less with their parent about their day-to-day activities, not discussing their problems/concerns in depth with their parents and wanting to be physically distant from their parents. These three participants did not share as much insight into the relationship during their interviews for the purposes of the study as they did not respond to interview questions with greater information in quality and quantity as compared to all other study participants. The settings in which each participant experienced their childhood also

influenced how they communicated with their parent then and now. For instance, a Group IIM participant reported that during childhood she did not communicate with her mother at all during childhood because in the joint household where she grew up it was considered socially inappropriate and challenging to do so. However, after she became an adult, the entire communication pattern changed wherein the same Group IIM participant now communicates one to two times per day with her mother. This more frequent communication contributed to a positive change in their attachment relationship, from her perspective.

Aim 2

Nine primary themes and five subthemes were identified as factors influencing changes or maintenance in the attachment relationship with their parent.

Family values. This theme focused on participants' descriptions of how the certain values (career, work, education) shared between them and their respective parents tended to contribute to the change or maintenance of their attachment relationship. All participants discussed a desire to maintain closeness (emotional closeness) with their parent/family and described this as a value that they held and learned from their parents. Zamudio et al. (2020), studying Mexican and Mexican-American students, discussed that family perspectives and values may impact attachment relationships since the maintenance of "familismo" (a Latin cultural value that dedication, commitment, and loyalty to family, including seeking their advice and spending time together) could have a positive impact on the individual and their attachment relationship with their family member(s) (p. 931). The authors noted that maintaining familismo improved an adult child's confidence, self-esteem, and allowed for a greater sense of belonging (Zamudio et al., p. 931). In the present study, participants noted that shared family values allowed for greater closeness since it allowed for the participant to relate better to their parent in

adulthood, as compared to childhood as the now adult child could better relate to their parents in adulthood. In a cross-generational quantitative study, Prioste et al. (2017) found that when individualistic values (such as independence) were passed down generations, a collectivistic pattern of “family cohesion” (Prioste et al., 2017) and unity was observed within these generations of families that encouraged the family members to practice/passed down the same values (p. 110). A few participants in the present study who identified as parents themselves did note that they wanted to teach their children the values they found supportive, as taught by their elders. Sabatier et al. (2005) discussed that familial values could be transferred more effectively from mothers to their adolescent children. While prior research provides evidence of mothers being the attachment figures who are more likely to be transmitters of cultural beliefs and family values, in the present study, three participants discussed that the family values taught by their fathers (in childhood) were especially supportive to them in adulthood and improved the attachment relationship.

Birth order. The order in which one was situated in the family seemed to have an impact on the participants’ perception of the parent-child relationship in both childhood and adulthood. Participants who shared a common birth order with their parent, such as both being eldest children, described stronger attachments to their parent in adulthood, and this contributed to the maintenance or improvement in their relationship. These participants also noted that they were able to learn from their parent how to foster social norms and roles of being the eldest child. Some participants described that their birth order was noteworthy to the change/maintenance in their attachment relationship and identified it as a factor that allowed them and their parents to relate to one another. One participant found that his birth order of being the eldest child negatively impacted his attachment relationship with his father since it meant that he received

less financial support from his father than his sibling did. In contrast, this participant felt that he needed to care of his parent's well-being as their eldest adult child and that birth order imposed a duty to care for his parents. This aligned with the findings in Okubo et al. (2021) where participants felt an increased sense of anxiety in their attachment relationship, in regards to caring for their aging parents, particularly for participants who were the eldest child in the family.

Ziv and Hermel (2011) also discussed a process of "separation-individuation" that occurs among children who develop a working model of the self and the other, while developing and maintaining a sense of autonomy and independence as they gradually move into adulthood (p. 270). The authors noted that middle-born children develop the most individuation as compared to their eldest and youngest siblings due to mental representations of autonomy and attachment since childhood (Ziv and Hermel, 2011). In the present study, two participants identified themselves as middle-born children in the family. Both participants described transitioning from a negative to a positive attachment relationship with their respective parents from childhood to adulthood. These participants felt that physical distance, maintaining boundaries, developing autonomy in career, finances and family, and loss of a mutual loved one allowed for a closer emotional bond with their parent as compared to their older and younger siblings. Ziv and Hermel (2011) discussed that per object relations theory (a psychodynamically-oriented approach in psychology), middle-born children could have an "advantage" by turning their attention to "non-familial" relationships (social and professional relationships) rather than family relationships such that they prioritize "social skills" that could allow for greater survival in social environments (p. 269). While the above finding may not be generalizable to all middle-born children, the aspect of developing social skills when familial relationships may not be as

supportive to the child, could allow for better survival for the child (or adult child). Each participant who described birth order found that their birth order or their parent's birth order impacted the relationship with their parent in varying directions.

Other family relationships: Perceived and actual relationships. All participants spontaneously described how other family members in their household impacted their attachment relationship with their parent. The topics in these descriptions included discussion of a participant's sibling's relationship with the same attachment figure, living in a joint family household, and the impact of future goals and plans for the relationship impacted the attachment relationship at present.

Mikulincer and Florian (1999) discussed that the family dynamics in a household can depend on the "parental personality" (personality and characteristics of the parent) and adult child's perception of the relationship dynamics in their household since childhood (p. 7). The authors added that adult child attachment relationships could be influenced by the family dynamics they were raised in (Mikulincer & Florian, 1999). This present study's findings aligned with Mikulincer & Florian (1999) regarding the impact of a joint household environment on a parent-child relationship, and the occurrence of one child migrating to the United States and their sibling remaining in the same home as their parent. Intergenerational family systems theory also explains the impact of other family members on a parent-child relationship in childhood and adulthood. Stemming from this theory, the concepts of *individuation*, wherein a child is able to function in emotional relationships without a parent present, and *fusion*, wherein a child lacks autonomy in emotional relationships with others, are notable to the present study (Ng and Smith, 2006, p. 432). Individuation and fusion can continue from relationships in childhood into adulthood. In the present study, some participants discussed that a sibling, or another

parent/caregiver, influenced their attachment relationship with their parent in childhood. For some participants, the pattern changed when the participant changed their perspective or when a family member had passed. For a few participants, the dynamic of other family relationships influencing their attachment relationship with their parent persisted.

Apart from a joint household impacting family dynamics, a participant's sibling's relationship with their chosen attachment figure also impacted the participant's relationship and perspective of family dynamics. All 12 participants voluntarily discussed their sibling, sibling relationship, and the sibling's relationship with the chosen attachment figure as impactful (positively and/or negatively) on their own attachment relationship with their parent. Fortuna et al. (2011) discussed that individuals who maintained "negative affect" while attempting to resolve relationship conflict with their sibling tended to be more preoccupied about the conflict in familial relationships (p. 1371). Hence, this negative affect toward a sibling was correlated with an individual's relationship with their parent attachment as a "spill over effect" where the relationship between an individual and their sibling impacts how the individual sees their parent-child attachment relationship (Fortuna et al., 2011, p. 1371). The present study's results aligned with this effect as several participants who felt that their sibling(s) influenced their attachment relationship with their parent felt that their own relationship with their sibling impacted their parental attachment relationship. For instance, participants who felt that they did not have a positive and open relationship with their sibling felt that their sibling had a more (or less) positive relationship with their parent.

Additionally, loss of a family member such as a sibling or parent impacted the attachment relationship between a participant and their parent. In this study, the common loss within the family allowed for a closer bond between the participant and their parent and thus resulted in

greater respect for each person's role and identity in the dyad. One participant discussed how the loss of her mother allowed the participant to make greater efforts to accept and understand her father's parenting style as he was her only living parent and the only grandparent for her daughter. Another participant discussed how the loss of her younger brother led her mother to attempt to become closer with the participant while the participant encouraged a boundary in the relationship to avoid conflict. Mikulincer and Florian (1999) mentioned that when a family had less conflict in the household, the children in the family reported a more "secure attachment" (p. 7). While the present study did not classify attachment styles of participants, the present study's findings did identify that some participants reported adapting to the conflicts in their households as children, which allowed for them to better manage the relationship with their parent from childhood into adulthood. For instance, participants who reported living in a joint household, and those who experienced financial struggles, poverty, or gender bias, all described these conflicts as influential on their attachment relationship during childhood. Some participants noted a relational dynamic in which they had to adapt to the parent's style of parenting and provide their parent with support during childhood, which detracted from the quality of their adult attachment relationship from their perspective.

Grief after losing a loved one. This theme discussed how grieving after the loss of a family member impacted the attachment relationship between a participant and their parent. Of the two participants who discussed a loss in their family (mentioned in above theme), one participant shared that prayer groups and religious practices allowed her, her father (attachment figure identified for this study), and daughter to remain a feeling of closeness to the participant's late mother. Another participant who discussed the loss of her younger brother shared that the loss occurred during the COVID-19 pandemic which impeded the participant's ability to travel

and be physically close to her parents. She stated that the loss became detrimental to her and her mother's mental health since she suddenly became the only child to her parents. She discussed that the loss motivated her to consider moving back to India (participant is in Group IIM), but her mother provided the emotional support that the participant needed at the time, thus improving the emotional bond between them by strengthening the attachment relationship. In addition, Russ et al. (2022) discussed that participants who experienced a more positive attachment relationship with their parent since childhood experienced less "complicated grief" as compared to individuals who did not have such positive attachment relationships (p. 15). It must be noted that the present study did not explore attachment classification schemes based on John Bowlby and Mary Ainsworth's attachment research. However, the two participants in the study who discussed loss in their family (loss of a family member with whom each participant had a positive attachment relationship with) both shared that their relationship with their respective parents shifted from negative to positive over time and partially after the common loss and grief that the dyads experienced. This differs from a concept proposed by Sekowski and Prigerson (2022), who suggested that when individuals have experienced the loss of a loved one, their grief could lead to "disbelief" of the permanent loss. This in turn could increase behaviors that depict anxiousness, fear and conflict in their attachment behaviors (p. 1816). In comparison, in the present study, participants who shared that they experienced the loss of a family member identified their grief as a factor that improved their attachment behaviors (becoming more accepting of their parent, voicing a need for boundaries, being adapting to the relationship) and hence their attachment relationship with their parent(s).

Communication. Another theme was the impact of communication and interaction on the quality of the attachment relationship. Further, the importance and impact of maintaining

boundaries in communication within the relationship was also an observed theme. The importance of communication in the attachment relationship was particularly salient to all the Group IIM participants, especially because of the physical separation and time difference when attempting to interact with their parents. Leibowitz et al. (2022) describe that children struggle to “gain access” to their working models of attachment in the family when a parent does not encourage emotion-focused conversations due to social norms or lack of understanding (p. 64). Thus, when parents were able to increase emotional openness with their child during childhood, the child was able to “speak coherently” (speaking with clarity) regarding attachment with other adults and in adulthood (Leibowitz et al., 2022). In the present study, some participants who did not have emotion-focused conversations during childhood with their parent were still able to connect with their parent and other adults during adulthood. Although additional information about the quality of their relationships in adulthood would be necessary to obtain for more comparison with Leibowitz et al. (2022), participants generally described an improvement in their attachment relationship with their parent as several other factors such as boundaries in communication, family values, career, and parental approval influenced the relationship simultaneously. The present study did not focus on participants’ communication with other adults, although this would be an area for further exploration.

Bretherton (1995) mentioned that cultural differences could impact perceptions of communication in attachment relationships and that international differences in communication and attachment could make interpretation of communication dynamics more challenging. Bretherton (1995) also discussed the importance of the content of communication from childhood and the impact of the content on adulthood. Particularly, if the parent’s support towards their child is focused on encouragement of autonomy and open communication to

support the internal working model of their child, the child would be more likely to become stable and self-reliant (Bretherton, 1995, p. 317). Further, the author noted that a parent's patterns of communication with their child was based on the parent transmitting their own patterns that they acquired from their childhood, leading to the importance of intergenerational patterns (Bretherton, 1995, p. 317). Similarly, in the present study, some participants reported that since their parents were raised to support their child(ren) financially, emotionally and psychologically, the participant then taught their own child the same way. This highlighted the importance of patterns of communication impacting each generation in a family and the attachment relationship between a child and parent in each generation, leading to the importance of clinical focus on generational patterns of communication, trauma, and attachment.

Religion and spirituality: The similarities and differences in practices. Five participants in the study noted that they adopted their parent's religious beliefs during childhood, but decided to practice the religion based on their preferences when they reached adulthood. None of these participants described rebellion, opposition and rejection of their parent's religious beliefs as a reason to adopt other beliefs. One participant changed his beliefs when he met his partner who practiced a different religion than the religion he practiced during childhood. Another participant noted that since he lives in the same home as his mother, he tended to follow her religious practices and traditions, as these were expectations in the household and because it allowed for a smoother relationship with his mother since she was emotionally supportive of the participant. Granqvist et al. (2007) argued that greater emotional support from a parent was positively correlated with similar practices of the same religion as a parent. However, among the five participants whose religious beliefs in adulthood diverged from those of their parents, no participant reported feeling less supported by their parents for the differences in religious beliefs.

In the present study, participants who changed religious beliefs did so gradually and did not make abrupt and/or sudden changes in their religious beliefs and practices in childhood, adolescence, or adulthood. Three participants described maintaining the same religious practices as their parent; these participants resided in the same household as their respective parents. One participant described developing more spiritual practices that he taught his father, which improved their attachment relationship.

In contrast to the present study's findings, prior literature found a difference in religious beliefs based on the attachment relationship to a mother versus a father. Granqvist et al. (2007) noted that an adult child's "loving" towards God was greater when their attachment relationship was more positive with their mother, as compared to their father (p. 597). The authors attributed this finding to the possibility that early attachment and internal working models were historically focused on a mother being the primary attachment figure (Granqvist et al., 2007). However, in the present study, participant's reported mixed narratives wherein the gender of the parent did not play a role in the impact of religion/spirituality on the attachment relationship. Due to the small sample size of the present study (n=12), the methods of the study did not allow for the researcher to test this hypothesis. However, it can be noted that it was the autonomy to develop their own religious beliefs (that developed in adulthood) that impacted the quality of the attachment relationship.

Physical distance. The theme focused on the impact of physical distance between a parent and child as impactful on the change or maintenance of the attachment relationship. The theme was most common for the Group IIM participants. Hernandez (2009) discussed the impact of "Cultural Learning Theory" and attachment theories on communication after separation due to immigration (p. 726). Cultural learning theory emphasizes the importance of dependency of

communication with any loved one (parent or romantic partner) on “adaptation” to an immigrant’s environment and context in their host country (Hernandez, 2009, p. 726).

Attachment theory emphasizes the impact of physical separation between a parent and adult child on the attachment style in the relationship as well as the role of the adult child’s attachment to others in the host country as crucial to parent-child attachment (Hernandez, 2009). Similarly, some participants in the present study shared that they wanted more communication with their parent, and these participants all lived in a different home and country from their parent. The responses were provided when participants were asked how they felt about levels of interaction with their parent. All six Group IIM participants and two Group II participants endorsed wanting more communication in the relationship as adults. Most Group IIM participants described wanting more communication with their attachment figure as a way of maintaining the attachment relationship after migrating to the United States while one participant felt that physical distance encouraged a healthy boundary in communication that she did not get in childhood. Two participants wanted to travel with their respective parents to increase the emotional bond and recall positive memories in the relationship that were made possible due to travelling as a family.

Moreover, Fuentes-Balderrama et al. (2023) identified that within a parent-child dyad, physical distance between a child and their mother led to the child “internalizing problem behaviors” (e.g., developing lowered sense of self-esteem) rather than displaying externalizing behaviors (e.g. being disruptive in a classroom) (p. 118). A gender difference was noted in this study—lowered self-esteem and separation anxiety were not observed between a child and their father (Fuentes-Balderrama et al., 2023). In the present study, three Group II participants who lived in the same home as their parent, all spoke of their respective mothers for the purposes of

the study and stated that they wished to be physically distant from their mothers in order to ensure a more positive experience of their attachment relationships, without which their boundaries and limits were not honored. Some participants in Group IIM shared that they appreciated the physical distance from their parent as it enabled the maintenance of healthy communication boundaries in the relationship. Few participants in Group IIM discussed a desire to return to their home country, regardless of whether the relationship with their parent was positive or negative during childhood had some negative impacts on the participant's wellbeing. These participants also shared that their experiences after migration to the United States also negatively impacted wellbeing.

Parent's fragility. The theme discussed the significant impact of the participants' parents' increasing age and declining health on the attachment relationship from childhood to adulthood. The impact was salient to all participants regardless of their physical proximity to their parent. Most participants noted a role reversal since their parents were getting older, where they began caring for the parent, regardless of the attachment relationship they had with their parent since childhood, and they indicated that this role reversal improved the relationship in adulthood. Also, for aging parents who were experiencing a decline in physical health, participants shared that they wished to be closer (physically and emotionally) to their parent to cherish the time they have with their parent. Magai (2008) discussed that regardless of attachment relationships in early childhood, context tended to change attachment relationships in middle to late adulthood for both the parent and child in a dyad. While some participants in the present study described that they observed a maintenance of attachment relationship from childhood and adulthood, the empirical evidence from Magai (2008) was applicable only to participants who described a positive or negative change from childhood to adulthood. Further,

Alberts and Hadjistavropoulos (2014) described from a cognitive behavioral lens that when an adult child's parent experiences a physical illness, the adult child's beliefs about their parent's health and wellbeing increases a sense of anxiety for the adult child that could lead to a negative pattern of attachment, and avoidance of the attachment relationship. While the authors noted several reasons for the development of anxious feelings towards a parent's health and wellbeing, the participants in the present study did not discuss wanting to avoid or move away from the attachment relationship. Instead, the opposite reaction was reported wherein participants who felt emotionally distant from their parent in childhood/adolescence, reported wanting to be physically and emotionally closer to their parent due to their parent's increasing age and physical health concerns. Here again, the family value of prioritizing a family member and closeness to the family member (the presence of familismo) was notable (Zamudio et al., 2020).

Gender role. The theme discussed the role of a participant's gender and gender roles on the attachment relationship and how gender influenced the direction of the attachment relationship. Some participants who self-identified as female noted that due to gender norms in their culture and family, their chosen attachment figures (mother for participants who reported this theme) were overprotective of the participant in what felt as developmentally inappropriate ways to the participants. One male identifying participant also stated that his mother would have had a more protective parenting style towards him if he was born as or identified as female. While gender norms continue to change, in modern Indian society, the view of an Indian woman could often be influenced by certain patriarchal values that existed in India's history, owing to views of an Indian woman/girl as less "autonomous," less educated, less free (Rakshit et al., 2023, p. 9). IJzendoorn and Bakermans-Kranenburg (2010) discussed that context plays a crucial role in the impact of gender on an attachment relationship. Specifically, the authors noted that a

dismissive pattern of response and behavior was more noted in attachment relationships when the child was raised by a mother (or in an environment) characterized by socioeconomic status (IJzendoorn and Bakermans-Kranenburg, 2010). One participant from Group II identified that they grew up (during childhood and adolescence) in a low-income household where poverty played a crucial role in their daily life and this impacted his relationship with his parents.

Further, the validity and reliability of prior research findings on gender differences were seen to be more challenging to the adult child as culture and context played a significant role in what gender roles/norms were in Indian cultures (Van IJzendoorn and Bakermans-Kranenburg, 2010). Since the present study did not explore the impact of socioeconomic status on an attachment relationship, this would be a factor to consider in future research. Concurrently, Kirkpatrick and Davis (1994) suggested that attachment relationships are typically based on “satisfaction and commitment” but gender can be a factor that plays a role in the relationship. Since the authors conducted the study on romantic attachment relationships, other findings in the study were not relevant to the present study.

Attachment relationship in the future. This theme emerged from participant discussions of how they see their relationship with their parent in the future, how their relationship with their parent influenced their own parenting styles towards their children, and how they wished to maintain or improve the attachment relationship over time, considering their parent’s fragility. For participants who were between the ages of 22 and 27, an increased interest in independence (physical and emotional) from their parent was also discussed when they shared how they wish to see their attachment relationship in the future. Whitaker et al. (1999) discussed that adult children who could easily access their internal working models and reflect on their attachment relationships showed greater self-satisfaction and problem solving capability as

compared to those individuals who could not access their internal working models as easily (p. 52). Access to these internal models of attachment relationships could be influenced by the type and pattern of the attachment relationship since the participant's childhood, wherein trauma, negative social influences, negative behaviors/patterns could be hypothesized to decrease access to these internal models. Since a core requirement of the present study was for participants to be able to easily recollect their childhood memories of their attachment relationship until their adulthood relationship, most participants were able to recall internal models and patterns easily. Two participants did not display the same (lack of recall of childhood memories) access and these participants did not discuss any wishes for the dyadic relationship. Instead, they wished that in the future, they could be more independent from their parents, as discussed below.

Keller and Brown (2014) emphasized that in Asian American cultures, encouragement for adult children to become independent in career decisions and experiences potentially led to distress for the adult child and parent. Also, independence in the attachment relationship in these cultures could symbolize a threat of rejection and abandonment within the attachment relationship, for the child in particular (Keller and Brown, 2014, p. 437). However, the present study's findings did not align with Keller and Brown (2014). Three Group IIM and three Group II participants, shared that their perspectives towards independence their attachment relationship with their respective parents changed as the participants became adults and when the participants became parents to their own children. As the participants became an adult and later a parent, each participant shared that they could now relate to their respective parent's perspectives, parenting styles, values and traditions - an experience that was not possible when the participants were in childhood. In another instance, developmental perspectives also informed the needs of a participant. Specifically, four participants all from Group II (Participants 2903, 8564, 3987, and

4982) lived at home with their parents and were in the age range of 22- 27 years. Each of these four participants shared that they desired a sense of independence (physical and emotional) in the attachment relationship with their parent. In comparison, the remaining eight participants who did not live at home with their parents and were between the ages of 32 -53 years, did not wish for a sense of independence and instead wished that they could be closer with their aging parents, or speak to their parent more often.

Overall, each factor (theme) mentioned above seemed to impact the attachment relationship between a participant and their parent, from the participant's perspective. Further, regardless of developmental trajectories, two aspects within the dynamic of the parent-child relationship were noticeable through participant narratives: the desire for a parent's approval, and the impact of a sibling on the relationship between a participant and their parent. The latter was discussed in the theme regarding other perceived relationships and the impact of the sibling's relationship with the same parent.

While not an identified theme, rather more of an inferred pattern across several interviews, when discussing their relationship with their parent, some participants discussed that getting their parent's approval was a sign of affection, and that it influenced a closer bond in the relationship with their parent. Specifically, each of these four participants discussed making specific attempts during childhood and adolescence in order to seek their parent's approval and that this pattern continued into adulthood as well. Most participants who wished to obtain their parent's approval were from Group II. Hence, from a cultural lens, consistent with the literature review (Alexander et al., 2021; Bhatia, 2017), Group II participants discussed holding a value that their individual success meant that their family had also become successful and that this success was measured by their achievements in academia and employment. As discussed in

Keller and Brown (2014), Asian culture tends to focus on career decisions and experiences as forms of determining success for the individual and their family. Similarly, for the present study's participants, their successes were seen as successes for the family, which is consistent with a collectivistic perspective. Further, since there is minimal literature on approval seeking within parent-child attachment relationships, Bell and Hastings (2015) noted that in a study on parent approval seeking behaviors among couples (the participants in the study), when an individual in the couple received both their parent's approval (as compared to one parent's approval), they were less focused on the approval of others around them.

Clinical Implications

The knowledge gathered from this study can be applicable to clinical and counseling contexts with South Asian clients and individuals who identify as Indian or Indian-American. One goal for the study was to increase clinicians' cultural humility and to acknowledge the importance of context when working with Indian and South Asian populations. This study is one of few that included a cross-cultural sample, and thus raises important contextual and geographic factors that clinicians can consider, identify, or acknowledge when working with individuals of similar cultural or migration backgrounds.

In the present study and consistent with extant literature, generational patterns of communication, values, religion, tradition and attachment are significant in participants' experiences in childhood and adulthood and have important implications for clinical work with this population. Participants in the present study and prior research have noted that the patterns of attachment and communication taught to their parents became patterns that were implemented in their relationship with their parent as well. Hence, during intake interviews of clients in clinical settings, gathering information on generational patterns of communication and

attachment could inform the clinician/prescribing professional on the impact of these patterns on a client's behavior, interaction and motivations. Ng and Smith (2006) discussed the benefits of models such as the intergenerational family systems model that could allow clinicians to recognize the importance a client may give to their families of origin and be able to recognize instances when a client may overtly or covertly desire to address family relationships in therapy settings.

This study identified within group and between group differences between participants that highlighted the importance of cultural and contextual factors. Continued knowledge and awareness of such differences, and the reasons for differences could be a crucial factor that could aid better understanding of the client/patient in a clinical setting. As identified in this study, differences between Group IIM and II participants (e.g. immigration experience, benefit of physical distance) were noted. Simultaneously, within Group IIM, differences between participants (e.g. wishes the adult child has, interest in increasing boundaries) were observable. Similarly, within Group II, differences between participants (e.g. observation of role reversal, age of parent influencing wishes that adult child has for parent-child relationships) were observable. By remaining aware of cultural differences, assumptions and stereotyping through continued education on cultural and contextual factors and differences of clients in clinical settings, knowledge of these differences could ensure more effective treatment plans that could have greater adherence rates, responsiveness from the client, and motivation to address the reason for referral among other interpersonal concerns.

Clinicians can improve their understanding of how to collaborate with the client on a treatment plan by considering possible differences between Indians who reside in the U.S. versus residing in India, and considering the attachment relationships an adult child has to their

caregiver. In family therapy settings, addressing the impact of country of birth on an individual, especially after they have left their country of birth for another country, and normalizing the fact that this causes challenges to a parent-child attachment relationship, may prove beneficial. In all clinical settings, it becomes important for the clinician to mirror the boundaries and limits that the child/adult child craves in their attachment relationship with their parent. This is crucial since it provides the boundaries the client may desire from the attachment relationships they may develop, allowing for the client to experience a positive attachment relationship (Smith and Fitzpatrick (1995).

Indians—the sample population that was explored in this study—are often considered to be from a collectivistic culture. The role of collectivism in parental and other relationships is of importance in therapy settings (Mehta, 1998). For instance, parenting styles are likely to vary between individualistic and collectivistic cultures, and this was identified during the interviews and data analysis portions of the study. Rather than relying on assumptions stemming from labels such as “collectivistic” and “individualistic,” clinicians can begin by asking the client what behaviors, parenting styles/reactions, child’s descriptions constitute as culturally appropriate for a client and their family, and how this impacts their well-being and functioning in relationships.

The impact of acculturation is also critical to consider in mental health treatment. During mental health treatment services, three factors are important as per Mehta (1998): First, does the client speak their Indian language in the United States? Second, what is their perceived level of cultural acceptance into U.S culture? And the third factor to consider is whether they identify as bicultural or only Indian or American. Similar to other authors (Farver et al., 2002; Krishnan & Berry, 1992), Mehta seems to assume that acculturation refers to integration. Those individuals who maintained their Indian traditions, practices/beliefs in the United States (i.e., did not

integrate) experienced more mental health disparities/distress than those who did not practice their Indian traditions in the United States (Mehta, 1998). He reasoned that this indicated a lesser level of adaptation (acculturation) to the U.S environments, specifically, work environments, while those who had adapted to U.S culture and had a positive outlook toward U.S culture experienced more positive mental health and wellbeing (Mehta, 1998).

Through the interviews and through data analysis, it was apparent that participants felt that teaching and informing future generations about Indian cultural values and practices was a critical aspect of their role if they chose to become a parent. This qualitative finding suggests that this could be of importance to a treatment plan that is collaboratively created by a clinician and their client/patient. Lastly, the factors that influence how a person is viewed by their community and parent(s) also needs to be given importance in clinical settings: this finding was observed due to discussions of an increased sense of self-esteem, and satisfaction when given validation from parent(s), relatives, friends and their respective communities.

Also, since some participants in the present study noted that although their childhood interactions with their parent(s) were not as emotion-focused as they would have wanted, they were still able to develop connections with the same parent(s) and other adults as they developed into adulthood. Thus, clinicians should avoid any assumptions that clients who experience fewer emotion-focused conversations in childhood would not be able to maintain or develop open and vulnerable conversations with others (including their partner, parent, therapist, and others). Additionally, clinicians should seek to understand possible patterns of communication challenges, especially with clients who may not have experienced quality connections/relationships during childhood. This can help identify why they may potentially face similar communication challenges during adulthood. Another potential clinical implication for

family therapy supported by this study is that parents need to be aware that communication of consistent disapproval through reactions and patterns in the attachment relationship could have disrupting outcomes on the child during childhood and adulthood.

Limitations

While the study captured unique and emotional narrations from participants as an exploratory study, some limitations were also identified. First, the study did not include individuals of lower socioeconomic status as all participants were employed in companies/institutions in the United States and India. Related to this limitation, each participant had access to technology as they received the study's flyer and completed the interview portion of the study, thus showing access to technology mediums. Second, for the purposes of this study, only the child's perspective was obtained. To fully examine and explore the dynamics and changes in a dyadic relationship, it would also be important to gather the perspective of the parent.

Third, the study's snowball sampling method began with the researcher sending study flyers via email to companies only. This limited the diversity of the sample population. In addition, the sample size for the study was 12 participants. While each participant group had an equal number of participants for homogeneity, only six participants represented each population. It may be likely that if more participants were interviewed, more themes would have been observable. For the above reasons, the findings of the study may not be generalizable for theory construction or to the population at large.

The fourth limitation is specific to Group IIM: the reason for immigration was not directly asked during the eligibility screener, interview and demographic survey. However, the study did ask about feelings regarding immigration, decision to migrate, and support systems

during and after immigration to gather more information about the immigration experience and how the experience impacted the participant's acculturation process. Despite the fact that they were not directly queried, most participants discussed their reason for immigration while discussing their feelings about their immigration. Thus, the findings were probably not affected by this limitation as participants shared reasons voluntarily for why they migrated from India to the United States.

A fifth limitation is that the single interview study design came with the restriction on the length of the interview and restricted the interview script to remain the same for all participants. This restriction did not allow for further probing unique to each participant. Lastly, the researcher identifies with the same ethnicity as all participants in the study and identifies with one of the two participant groups. Thus, there was potential for bias while conducting the interviews, analyzing, and understanding the data from the study. Awareness of the possibility for bias and remaining neutral during the interview processes were some ways in which the researcher attempted to reduce the bias.

Future Directions

Based on prior literature and results of this study, multiple recommendations should be considered. Future research could explore five aspects mentioned during the study but not considered in depth. First, the relationship between an adult child and maternal or parental figures post-marriage should be explored. This was mentioned during several interviews as impactful on an adult child's relationship with their spouse and/or parent. Second, the impact of different forms of punishment on a parent-child relationship could be considered. Third, the impact of grief on memory recall of adverse childhood experiences such as death, severe punishment, and poverty is a topic for further study. Fourth, the potential presence of a

generational transmission of religious beliefs, values and traditions from a parent to their child should be considered in more detail.

Three recommendations for furthering clinical work are also indicated. First, it is possible that the reason for immigration may have an impact on a parent and adult child's relationship. It is recommended that in clinical settings, when working with immigrants, refugees or those with previous immigration experiences, clinicians could clarify the reason for migration. Moreover, although the reasons for immigration vary for each individual, future research could continue exploring the impact of immigration on attachment relationships between an immigrant adult and their parent, from a culture-focused perspective, allowing for greater cultural humility and a more holistic understanding of an immigrant client in clinical settings. Second, the impact of living in a joint family household and the impact of poverty in childhood were not considered in depth in this study. It is recommended that clinicians collaboratively explore the impact of potential memories of childhood poverty and the impact of these experiences of a client's thoughts, motivations, behaviors, and goals. In addition, while joint families may be culturally-based, clarifying the role of this household dynamic on childhood may have psychological benefits particularly when discussing topics of boundaries, communication, and loneliness with clients.

Further, while religion was discussed during the interviews, spirituality was not. All participants who discussed spirituality commented on ways in which they see differences between the terms 'religion' and 'spirituality.' Future directions for clinical work would be to include spirituality as a question asked to clients who are asked about their religion. For instance, adding an additional question on clinical forms, or asking during intake interviews about the presence of spiritual beliefs could benefit the therapeutic relationship and treatment plan such

that spiritual practices are included as a part of treatment plans. Similar to religion, gender was also a factor that played a role in attachment relationships. Identifying how the client perceives the role of their gender on their experiences of relationships could be beneficial.

Finally, a long-term consideration for the field of clinical psychology would be to develop clinical interventions that emphasize the importance of and show clinical awareness of the cultural and contextual factors identified in this study, thus contributing to the culturally inclusive changes to the field and its clinicians.

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Appendix A

Resources for Participants

Resources for Group IIM participants:

- Wellness Support Groups for immigrants in different languages:
<https://immigrantsrising.org/supportgroups/>
- Support groups for immigrant and refugee students:
<https://californianstogether.org/support-immigrant-refugee-students-2/>
- National suicide prevention lifeline phone number available 24/7: +1 (800) 273-8255
- Asian Mental Health Collective (information for seeking Asian American therapists):
<https://beta.asianmhc.org>
- Indian American Community Services (information for advocacy issues, support, community involvement): <https://iacswa.org>
- SAMHSA Substance Abuse and Mental Health Services Administration:
<https://www.samhsa.gov/families>
- Mental Health America (information and resource to find support groups in your area):
<https://www.mhanational.org/find-support-groups>

Resources for Group II participants:

- Therapy Route website for Indians to find and seek mental health professionals providing mental health services in their area:
<https://www.therapyroute.com/therapists/india/1>
- AASRA Helping People in Despair (suicide and crisis hotline numbers for most states in India: <http://www.aasra.info/helpline.html>

- AASRA crisis hotline available 24/7: +91-9820466726
- Carers Worldwide India (information for caregivers to seek their own mental health support): <https://carersworldwide.org>
- The Mind Clan (information for support groups, help lines, resources, therapists all in your area in India): https://themindclan.com/sharing_spaces/
- Hope Trust (Family support services in India): <https://hopetrustindia.com/service/family-support-services/> or +91-9000850001 or +91 40 40055010
- Counsel India (information on support groups and individual support services, online support services): <https://www.counselindia.com>
- Sangath Foundation (Adult mental health services information, other mental health, physical health, addictions, and workshops information available):
<https://sangath.in/adult-mental-health/>

Appendix B

Recruitment Flyer

Interested in contributing to a Clinical Psychology research study and willing to share your experiences in a confidential interview?

Participants are needed for psychology study exploring emotional relationships between an adult child and their living parent. Only the adult child will be interviewed for this study.

What makes you eligible to participate?

If you ...

- Are 21-60 years old
- Have at least one living parent who you feel comfortable talking about
- Are fluent in speaking and reading conversational English

Participants will be recruited from India and from the United States and eligible as follows:

- Indian participants must have lived in India for their entire lives
- Participants in the U.S. must be immigrants from India to the U.S. and not have lived in any other country

Check if you are eligible by completing a 5 minute eligibility screener here:
<https://tinyurl.com/yckdy6k2>

Eligible participants will be invited to:

- Participate in a 1:1 confidential interview (60-70 minutes)
- Complete a demographic questionnaire (7-10 minutes)

Benefits: No known financial benefits or compensation for participating.

Risks: No known severe risks.

This study is a Clinical Psychology Doctoral Dissertation project conducted by Vilasini M. Arun at the University of San Francisco (USF) and had been approved by the USF Institutional review Board.

Faculty Chair of this dissertation project is Dhara Meghani, PhD.

For questions and concerns please contact Vilasini at vmarun@dons.usfca.edu

Appendix C

Eligibility Screener

In order to participate in the study, the following questions needed to be answered via Qualtrics to assess whether a potential participant was eligible for the study.

1. Do you speak and understand English?

Yes

No

2. Are you between the ages of 21-60 years:

Yes

No

3. Have you ever lived in a country other than India and/or the United States for longer than 6 months?

Yes

No

4. Where do you currently live?

India

United States

Other

5. Did you immigrate from India to the United States?

Yes

No

(Next two questions were only for individuals who answered “Yes” to above question. Those who answered “No” was moved to the question after the below two questions)

(If # above is United States):

6. If you emigrated from India to the United States, please answer the following:

I lived in India for at least 21 years before immigrating to the United States

I lived in India for less than 21 years before immigrating to the United States

I currently live in India, so this question is not applicable to me

7. How long have you lived in the United States?

Less than 6 months

6 months or more

I have never lived in the United States

8. Do you have at least one parent/primary caregiver who is currently alive?

Yes

No

9. Have you ever been diagnosed with a severe mental illness that can affect your daily functioning and memory functioning or believe you were showing symptoms of a potential diagnosis?

Yes

No

10. Have you ever been hospitalized in a psychiatric facility?

Yes

No

11. Have you ever attempted suicide?

Yes

No

12. Would you like to set up a time for your interview with the researcher via this survey?

If yes, please enter your preferred days and times of the week when you were available for 1 hour and 15 minutes. Please also mention your time zone as “PST” for Pacific Standard Time or “IST” for Indian Standard Time.

If no, please contact the researcher to schedule a time and day to meet virtually for the interview.

You may use the below email ID to contact the researcher:

Researcher email ID: vmarun@dons.usfca.edu

Researcher name: Vilasini Meenakshi Arun

Clinical Psychology PsyD Student

University of San Francisco

Appendix D

Interview Script and Questions

Below were the questions that the researcher asked each participant. Probing questions were also included. The same interview questions were asked for Group II and a slightly varied set of questions was asked for Group IIM as their cultural identities and geographical locations were different:

Group II Script, Questions and Probes:

Script: Thank you for joining this Zoom meeting for your interview. The first 10 minutes have been set aside to share information with you about the study, and to discuss how your confidentiality and privacy was maintained in the study, after which I will need to obtain your informed consent with an electronic signature. After this, the audio recorded 60 minute interview will begin, after which I will request for you to complete a demographic questionnaire which may take 7-10 minutes. I will provide you with the link for the same. The last 5 minutes was for the closing statement and to give you time to ask questions. Before we begin, can you please tell me if you were in a private space such that no one can understand and hear the content you share during the interview, for the entire duration of this interview? Will you be able to stay in this location for the entire duration of the interview?

I am in a private space, and no one can hear me and no one can hear you as I am wearing headphones, and no one can see you other than me.

My name is Vilasini Meenakshi Arun. I am a third year PsyD Clinical Psychology student at the University of San Francisco. This study and interview is to support my Clinical Dissertation, a requirement of my doctoral program. The purpose of the study is to explore how you perceive and view your relationship with your primary caregiver or parent who was involved

in raising you. Typically, this would be the person who you felt closest to while growing up and the person who was in charge of caring for you. This study will include individuals from two groups: Indians living in India and Indians who lived in India and immigrated to the United States to explore whether there were similarities and differences that US clinicians need to consider. The aim of the study is to understand how you perceived and viewed your relationship with your parent/caregiver in childhood, and how you view that same relationship now, as an adult. I'll also ask you questions about what you believe impacted this relationship positively and negatively, what factors made you feel that the relationship changes or remained the same. The results of the study were one of the many sources that will inform the US mental health professions how/what impacts or influences a parent and adult child relationship in the two groups, and give these professionals the opportunity to consider how to modify their treatment/interventions to meet the needs of these two groups, effectively.

Please note that my role is to understand your experiences and hear your narration of your relationship with your parent. The purpose of this interview is not for any counseling/therapy, but I will provide support resources in your area or online, via email, after the interview.

(Researcher will review the Informed Consent form that participant completed after eligibility screener to ensure that participant understands statements); apart from me, the researcher, my dissertation committee and research assistant(s), no one will have access to the information you share and/or have provided in this study.

You can withdraw from this study at any time, and/or you can say you do not wish to answer certain questions, and you were not obligated to provide a reason for withdrawing from the study or not answering a question(s). Your decision will not impact you in any way, in

relation to the study and I will not use the data you have already provided, if you do not want me to use it. Would you like to proceed to signing the informed consent form?

(Obtain participant's electronic signature for informed consent. If participant wants to withdraw, end zoom meeting and thank participant for their time).

Now, we will proceed to the second part of today's meeting: the interview.

The interview will need to be audio recorded such that your responses were obtained clearly and not misinterpreted. Do you provide consent to an audio recording? If I audio record, your video will also be recorded. Is this ok? If not, you can turn off your video if you wish to do so. If you wish to keep your video on, do you provide consent for your video to also be recorded? I will inform you before I start recording and when I have stopped recording.

Do you have any questions before we begin?

I was starting the recording now.

(Ask all below eligibility criteria questions again and request participant for verbal response to each question.)

- Please tell me about where you live in India currently.
- Have you always lived in X city/state in India?
- If not, where did you live previously and whom did you live with?
- Did your family or you have plans to live in another place?
- Tell me about the decision to live in X city/state in India with as much detail as you can provide.

Probe 1: Was this decision voluntary or involuntary?

Probe 2: Did anyone decide whether you would stay in X city/state or another city/state?

- What were your feelings towards the decision?
- Where does your parent live now?

Probe 1: How far away?

Probe 2: How much interaction/communication occurs between you and your parent?

Probe 3: How do you feel about it? Would you want more interaction? Less interaction?

Probe 4: How does the distance benefit you/not benefit you?

- Who do you currently live with?
- For the purpose of the interview, I would like you to think of and describe the relationship you have with one still living primary caregiver. Between your parents, who was your primary caregiver? One way you can consider choosing this person is to indicate who you felt closest to while growing up? Or, who was most in charge of your caregiving? Are they still alive? If not, then we will choose the other person.
- (If considering another person as caregiver): Could you please describe the relationship you have with this individual? Are they still alive? Were they in charge of your caregiving while you were growing up? If your parent was not your primary caregiver, or did not meet the criteria mentioned in the previous question, who would you would like to consider as your caregiver for the purposes of this study.
- Now, we're going to move to some more specific questions about you childhood and relationship with your parent. Keeping in mind the parent you identified for this study, please share what it was like to grow up with this parent.

Probe 1: What do you hold as important and valuable to you that you remember

- When you experience a positive and/or negative event, situation, and/or emotion, did you share this with your parent? If yes, why and what is the interaction like? If no, why and who do you share this interaction with?

Probe 1: How do you feel during and after sharing the information about the experience(s)?

- What made you feel close to your parent during your childhood?
- What made you feel distant from your parent during your childhood?
- Did this relationship change when you became an adult? If yes, how so?

Probe 1A: What has changed? What have your experiences been?

Probe 1B: How do you feel about these changes you have described?

Probe 1C: As an adult, when you experience a positive and/or negative event, situation, and/or emotion, did you share this with your parent? If yes, why and what is the interaction like? If no, why and who do you share this interaction with?

Probe 2A: What has not changed? What have your experiences been?

Probe 2B: How do you feel about there being no changes in the relationship?

- What made you feel close to your parent during your childhood?
- What made you feel distant from your parent during your childhood?
- It is likely that a myriad of events or practices or occurrences or values or cultures can impact us. Currently, what do you think impacts your daily living? You can answer with your perception of the question.

Probe 1: Do your traditional values and rituals impact daily living?

Probe 2: Do your career decisions and goals impact daily living?

Probe 3: Do your religious practices impact your daily living?

- If yes, can you please describe your religious practices that impact your daily living? (If no, move to next question)

Probe 1: Are these practices same or different to your parent?

Probe 2: Tell me the importance of religion in your life?

Probe 3: Would you say you were more or less religious than your parent? How and why?

Probe 3A: Does this create any feeling towards your parent?

- Currently, what do you think impacts your relationship with your parent?

Probe 1: Please provide positive and negative impacts on the relationship if applicable

- Is the relationship currently how you wish it would be or do you wish it was any different?

Probe: What do you seek from this relationship at your current stage in life? If yes, why, if no, why not?

- Is there anything about this relationship that I have not asked you about, that you feel is relevant and would like to share with me?

Script: (Stop recording) We have reached the end of the interview, were there any questions you have about the study that I can answer for you at this time? Thank you for taking this time to participate in this interview. As I mentioned earlier, your personal information such as your contact information, immigration status and all demographic information will not be identifiable as all your information was de-identified. This video/audio will not be shared with anyone. The transcript of the audio was saved as a de-identified document that I, my dissertation committee and research assistants can access but none of them will know which individual has participated.

After the dissertation defense, the data was deleted from all files including trash files, such that no one, including me, can access the file.

I will email you some resources in your area to seek any services such as counseling, support groups, and/or online resources, please look out for this information.

We have now reached the final part of today's agenda: the demographic questionnaire. I will send you a link to the Zoom chat now. Please click the link and complete this survey. You can turn off your audio and video if you prefer. Please let me know once you have finished the demographic questionnaire, but please make sure you do not close the page after you finish the survey.

(Participant informs researcher that they have completed questionnaire)

Great. Can you please read to me what you see on the screen after you finished the survey?

(Participant reads the Qualtrics page that says "Thank you for completing this survey. You can now exit this page.")

Thank you for taking the time to filling out the survey, and thank you again for your participation in the interview. Do you have any further questions for me at this time?

Thank you again.

Group IIM Script, Questions and Probes:

Script: Thank you for joining this Zoom meeting for your interview. The first 10 minutes have been set aside to share information with you about the study, and to discuss how your confidentiality and privacy was maintained in the study, after which I will need to obtain your informed consent with an electronic signature. After this, the audio recorded 60 minute interview will begin, after which I will request for you to complete a demographic questionnaire which

may take 7-10 minutes. I will provide you with the link for the same. The last 5 minutes was for the closing statement and to give you time to ask questions. Before we begin, can you please tell me if you were in a private space such that no one can understand and hear the content you share during the interview, for the entire duration of this interview? Will you be able to stay in this location for the entire duration of the interview?

I am in a private space, and no one can hear me and no one can hear you as I am wearing headphones, and no one can see you other than me.

My name is Vilasini Meenakshi Arun. I am a third year PsyD Clinical Psychology student at the University of San Francisco. This study and interview is to support my Clinical Dissertation, a requirement of my doctoral program. The purpose of the study is to explore how you perceive and view your relationship with your primary caregiver or parent who was involved in raising you. Typically, this would be the person who you felt closest to while growing up and the person who was in charge of caring for you. This study will include individuals from two groups: Indians living in India and Indians who lived in India and immigrated to the United States to explore whether there were similarities and differences that US clinicians need to consider. The aim of the study is to understand how you perceived and viewed your relationship with your parent/caregiver in childhood, and how you view that same relationship now, as an adult. I'll also ask you questions about what you believe impacted this relationship positively and negatively, what factors made you feel that the relationship changes or remained the same. The results of the study was one of the many sources that will inform the US mental health professions how/what impacts or influences a parent and adult child relationship in the two groups, and give these professionals the opportunity to consider how to modify their treatment/interventions to meet the needs of these two groups, effectively.

Please note that my role is to understand your experiences and hear your narration of your relationship with your parent. The purpose of this interview is not for any counseling/therapy, but I will provide support resources in your area or online, via email, after the interview.

(Researcher will review the Informed Consent form that participant completed after eligibility screener to ensure that participant understands statements); apart from me, the researcher, my dissertation committee and research assistant(s), no one will have access to the information you share and/or have provided in this study.

You can withdraw from this study at any time, and/or you can say you do not wish to answer certain questions, and you were not obligated to provide a reason for withdrawing from the study or not answering a question(s). Your decision will not impact you in any way, in relation to the study and I will not use the data you have already provided, if you do not want me to use it. Would you like to proceed to signing the informed consent form?

(Obtain participant's electronic signature for informed consent. If participant wants to withdraw, end zoom meeting and thank participant for their time).

Now, we will proceed to the second part of today's meeting: the interview.

The interview will need to be audio recorded such that your responses were obtained clearly and not misinterpreted. Do you provide consent to an audio recording? If I audio record, your video will also be recorded. Is this ok? If not, you can turn off your video if you wish to do so. If you wish to keep your video on, do you provide consent for your video to also be recorded? I will inform you before I start recording and when I have stopped recording.

Do you have any questions before we begin?

We will now proceed to the second part of today's agenda: the interview.

The interview will need to be audio recorded such that your responses were obtained clearly and not misinterpreted. Do you provide consent to an audio recording? If I audio record, your video will also be recorded. Is this ok? If not, you can turn off your video if you wish to do so. If you wish to keep your video on, do you provide consent for your video to also be recorded? I will inform you before I start recording and when I have stopped recording.

Do you have any questions before we begin?

I was starting the recording now.

Ask all eligibility criteria questions again and request participant for verbal response to each question.

- Please tell me about where you live in the United States currently.

Probe 1: How long have you live here?

Probe 2: Have you always lived in X city/state in the United States for X years/months?

Probe 3: if not, where did you live previously and whom did you live with?

Probe 4: Did you or your family have plans to live in another place?

- Please tell me about your immigration experience from India to the United States in as much detail as you can provide

Probe 1: Did you have any positive and negative experiences? What? Where? With who?

Probe 2: Did you immigrate by yourself or with others?

Probe 3: Did you at any point want to change your mind about the decision? Why? Why not?

Probe 4: Did you feel emotionally, financially supported during your period of immigration? By who? How did this impact your immigration experience?

- Tell me about your decision to live in X city/state in the United States with as much detail as you can provide.

Probe 1: Was this decision voluntary or involuntary?

Probe 2: Did anyone decide whether you would stay in X city/state or another city/state?

- What were your feelings towards the decision?
- What was your family's reaction when you began the process of immigration and successfully immigrated?

Probe 1: What was your parent's reaction (the parent you were considering in this study)

- Where does your parent live now?

Probe 1: How much interaction/communication occurs between you and your parent?

Probe 2: How do you feel about it? Would you want more interaction? Less interaction?

Probe 3: How would you describe your relationship with this parent currently?

Probe 4: How does the distance benefit you/not benefit you?

- Who do you currently live with?
- For the purpose of the interview, I would like you to think of and describe the relationship you have with one still living primary caregiver. Between your parents, who was your primary caregiver? One way you can consider choosing this person is to indicate who you felt closest to while growing up? Or, who was most in charge of your caregiving? Are they still alive? If not, then we will choose the other person.
- (If considering another person as caregiver): Could you please describe the relationship you have with this individual? Are they still alive? Were they in charge of your caregiving while you were growing up? If your parent was not your primary caregiver, or

did not meet the criteria mentioned in the previous question, who would you would like to consider as your caregiver for the purposes of this study.

- Now, we're going to move to some more specific questions about you childhood and relationship with your parent. Keeping in mind the parent you identified for this study, please share what it was like to grow up with this parent.

Probe 1: What do you hold as important and valuable to you that you remember

- When you experience a positive and/or negative event, situation, and/or emotion, did you share this with your parent? If yes, why and what is the interaction like? If no, why and who do you share this interaction with?

Probe 1: How do you feel during and after sharing the information about the experience(s)?

- What made you feel close to your parent during your childhood?
- What made you feel distant from your parent during your childhood?
- Did this relationship change when you became an adult? If yes, how so?

Probe 1A: What has changed? What have your experiences been?

Probe 1B: How do you feel about this changes you have described?

Probe 1C: As an adult, when you experience a positive and/or negative event, situation, and/or emotion, did you share this with your parent? If yes, why and what is the interaction like? If no, why and who do you share this interaction with?

Probe 2A: What has not changed? What have your experiences been?

Probe 2B: How do you feel about there being no changes in the relationship?

- What made you feel close to your parent during your childhood?
- What made you feel distant from your parent during your childhood?

- It is likely that a myriad of events or practices or occurrences or values or cultures can impact us. Currently, what do you think impacts your daily living? You can answer with your perception of the question.

Probe 1: Do your traditional values and rituals impact daily living?

Probe 2: Do your career decisions and goals impact daily living?

Probe 3: Do your religious practices impact your daily living?

- If yes, can you please describe your religious practices that impact your daily living? (If no, move to next question)

Probe 1: Are these practices same or different to your parent?

Probe 2: Tell me the importance of religion in your life?

Probe 3: Would you say you were more or less religious than your parent? How and why?

Probe 3A: Does this create any feeling towards your parent?

- Currently, what do you think impacts your relationship with your parent?

Probe 1: Please provide positive and negative impacts on the relationship if applicable

- Is the relationship currently how you wish it would be or do you wish it was any different?

Probe: What do you seek from this relationship at your current stage in life? If yes, why, if no, why not?

- Is there anything about this relationship that I have not asked you about, that you feel is relevant and would like to share with me?

Script: (Stop recording) We have reached the end of the interview, were there any questions you have about the study that I can answer for you at this time? Thank you for taking this time to participate in this study. As I mentioned earlier, your personal information such as your contact information, immigration status and all demographic information will not be identifiable as all your information was de-identified. This video/audio will not be shared with anyone. The transcript of the audio was saved as a de-identified document that I, my dissertation committee and research assistants can access but none of them will know which individual has participated. After the dissertation defense, the data was deleted from all files including trash files, such that no one, including me, can access the file.

I will email you some resources in your area to seek any services such as counseling, support groups, and/or online resources, please look out for this information.

We have now reached the final part of today's agenda: the demographic questionnaire. I will send you a link to the Zoom chat now. Please click the link and complete this survey. You can turn off your audio and video if you prefer. Please let me know once you have finished the demographic questionnaire, but please make sure you do not close the page after you finish the survey.

(Participant informs researcher that they have completed questionnaire)

Great. Can you please read to me what you see on the screen after you finished the survey?

(Participant reads the Qualtrics page that says "Thank you for completing this survey. You can now exit this page.")

Thank you for taking the time to filling out the survey and thank you again for your participation in the interview. Do you have any further questions for me at this time?

Thank you again.

Appendix E

Demographic Questionnaire

The following questionnaire will take approximately 7-10 minutes to complete. The questions in this survey format questionnaire will request you to type or choose the best option for your answer to each question. Each question requests for background information about your age, gender, marital status and other general background information that would provide more information for the researcher to understand patterns and differences among those with similar or different backgrounds. Please answer all questions to the best of your knowledge and ability.

What is your age in years?

Please specify -----

What gender do you most identify with:

Please specify -----

What is your marital status:

Married

In a committed relationship

Single

Other

Prefer not to say

What religion do you most identify with (if you prefer not to say please type “prefer not to say”):

Please specify -----

What is your highest level of education (if you prefer not to say please type NA):

Less than high school

Some high school

Completed high school

Completed Undergraduate degree

Completed Graduate degree

What is your occupation (if not employed please say “not employed” and/or “full time parent” if relevant):

Please specify -----

What is your income range (if you prefer not to say please type NA):

Please specify -----

What is your place of birth:

Please specify -----

Where do you currently live (city, state and country):

Please specify -----

Who do you currently live with:

Please specify -----

Do you have children?

Yes

No

Please specify the age range of your child(ren) (if one child please say “1(12 years)” if 2 children please say “1(6 years), 2(1 year)”):

Please specify -----

Which of the following identity labels do you most identify with?

Indian American

Indian

Indian immigrant

More than one (please specify) -----

Other (please specify) -----

Which immigration status do you most identify with? (Please note that your immigration status will not be shared with any authority such as immigration agents/officers, United States Immigration and Customs Enforcement and other institutions/organizations. Additionally, you will not be asked to provide proof/documentation of your immigration status)

United States citizen

Indian citizen

Indian citizen holding any United States visa

Indian citizen holding permanent residency status/Green card in the United States

Not a citizen of the United States and India

How long do you plan to live in the United States? (This question does not require a binding answer, and your response can be approximate)

Less than 5 years from today

More than 5 years from today

I do not live in the United States

For this study, I was asking you to reflect on and describe the relationship you have with a primary caregiver such as a parent or someone was most in charge of your caregiving when you were growing up. I will also ask about the relationship you have with this person now, in your adult life. For this reason, I'd like you to identify a parent or primary caregiver who is still alive and who you would say you felt closest to while growing up. .

Please specify -----

The individual you mentioned above was referred to as the 'caregiver' for the next few questions. What is your caregiver's age:

Please specify-----

What is your caregiver's current marital status:

Married

Never married

Widowed

Divorced or separated

What is the gender of your caregiver?

Biological male

Biological female

Transgender

Other (please specify) -----

What is the birth order of your caregiver within their birth family?

First born child

Second born child

Third born child

Other (please specify) -----

What is the caregiver's highest education level attained?

Less than high school

High school diploma

Undergraduate degree

Graduate degree

No education background

I don't know

What is your caregiver's current citizenship status?

Indian citizen

United States citizen

Other citizenship

What does your caregiver currently live?

India

United States

Other country

What is your caregiver's occupation? If retired or not currently employed, please shwere their past occupation if applicable.

Please specify-----

Appendix F

Consent Form



CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Below is a description of the research procedures and an explanation of your rights as a research participant. You should read this information carefully. If you agree to participate, you will sign in the space provided to indicate that you have read and understand the information on this consent form. You are entitled to and will receive a copy of this form.

You have been asked to participate in a research study conducted by Vilasini Meenakshi Arun, a graduate student in the Department of Health Professions at the University of San Francisco. This faculty supervisor for this study is Dr. Dhara Thakur, Meghani, a professor in the Department of Health Professions at the University of San Francisco.

WHAT THE STUDY IS ABOUT:

The proposed study aims to examine the differences between two groups: Indian citizens who were born, raised, and currently live in India with no history of immigration, and Indians who migrated to the United States in adulthood, and specifically, aims to understand how attachment differs across individuals from these two groups. Also, to identify and highlight the factors that could contribute to the maintenance/change in the emotional relationships between a parent and their adult child, within members of the proposed sample group.

WHAT WE WILL ASK YOU TO DO:

Eligible and willing participants will be asked to join the 60 minute interview and the researcher or I will review the consent form with you, the participant. After obtaining your signature on the informed consent form, you will be reminded that the interview will begin shortly and will be audio recorded. The entire interview will be conducted in English. Questions will request for your early childhood experiences, relationship with your parent, experiences living in the country you currently live in and your decisions and emotions towards all these experiences. During the interview, you are free to refuse any questions at any time and withdraw from the study at any time without your decision impacting the study. After the interview, you will be asked to complete a demographic questionnaire via Qualtrics, while remaining online during the meeting, but you are free to turn your video and audio off for this survey. The survey will take approximately 7 to 10 minutes to complete. After completion, you will need to describe to me the page you see, for me to confirm that your participation is complete. After this, you will be thanked for your participation, reminded of identity protection and resources that will be sent to you via email. You can then leave the meeting.

DURATION AND LOCATION OF THE STUDY:

Your participation in this study will involve completion of an eligibility screener lasting 5-7 minutes; completion of informed consent form after review of the form lasting 5-10 minutes; completion of an audio recorded interview via Zoom lasting 60 minutes; and completion of a demographic questionnaire lasting 7-10 minutes. The study will take place via online mediums only (Zoom and online Qualtrics survey method).

POTENTIAL RISKS AND DISCOMFORTS:

The research procedures described above may involve the following risks and/or discomforts: The researcher or I does not anticipate any physical, social, psychological, legal and economic risks for you in this study. However, you may feel emotional distress when asked to recall your early periods of childhood and/or adulthood experiences as well as any immigration experiences. If you wish, you may choose to withdraw your consent and discontinue your participation at any time during the study without penalty.

BENEFITS:

There are no known benefits to participants in this study.

PRIVACY/CONFIDENTIALITY:

(NOTE: Anonymity means that no identifying information such as name or student ID number is collected, so the privacy of participants is assured. Confidentiality means that the researcher (or perhaps the instructor) will have a record of who participated but the data will be kept private.)

Any information you provide in this study will be kept confidential unless disclosure is required by law. In any report we publish, we will not include information that will make it possible to identify you or any individual participant. Only the researcher will have access to your name and email ID which will be protected. The study's research assistant (RA) will have access to your audio recording in order to transcribe interviews. The RA and study's committee members will have access to the typed transcriptions. The video and/or audio recordings will be deleted immediately after the transcriptions for each interview is completed. Your name and email ID will be deleted immediately after the study is published in the University of San Francisco Library Repository. The consent forms (obtained just before the interview begins) will be destroyed 3 years after the study is published in the University of San Francisco Library Repository.

COMPENSATION/PAYMENT FOR PARTICIPATION:

There is no payment or other form of compensation for your participation in this study.

VOLUNTARY NATURE OF THE STUDY:

Your participation is voluntary and you may refuse to participate without penalty or loss of benefits. Furthermore, you may skip any questions or tasks that make you uncomfortable and may discontinue your participation at any time without penalty. Nonparticipation or withdrawal from the study will not affect your employment status, immigration status and any professional and/or personal status. In addition, the researcher has the right to withdraw you from participation in the study at any time especially if the study appears to cause you any distress or compromise to your private space during the interview.

OFFER TO ANSWER QUESTIONS:

Please ask any questions you have now. If you have questions later, you should contact the principal investigator: Vilasini Meenakshi Arun at vmurun@dons.usfca.edu or faculty supervisor Dr. Dhara Thakar Mehani at (415) 422-4246 or dtmeghani@usfca.edu. If you have questions or concerns about your rights as a participant in this study, you may contact the University of San Francisco Institutional Review Board at IRBPHS@usfca.edu.

I HAVE READ THE ABOVE INFORMATION. ANY QUESTIONS I HAVE ASKED HAVE BEEN ANSWERED. I AGREE TO PARTICIPATE IN THIS RESEARCH PROJECT AND I WILL RECEIVE A COPY OF THIS CONSENT FORM.

PARTICIPANT'S SIGNATURE

DATE

