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Problem Statement

The transmission and perpetuation of values related to Maternal Filial Piety (MFP) appears to negatively influence the psychological well-being of professional Black West Indian women (PBWIW) in the British Virgin Islands (BVI).

What is Maternal Filial Piety?

Attitudes governing how children should demonstrate instrumental and emotional caretaking toward their maternal figure across the lifespan of the child and parent. Maternal Filial Piety, values, expectations, and obligations were used interchangeably in this study.

Purpose & Significance

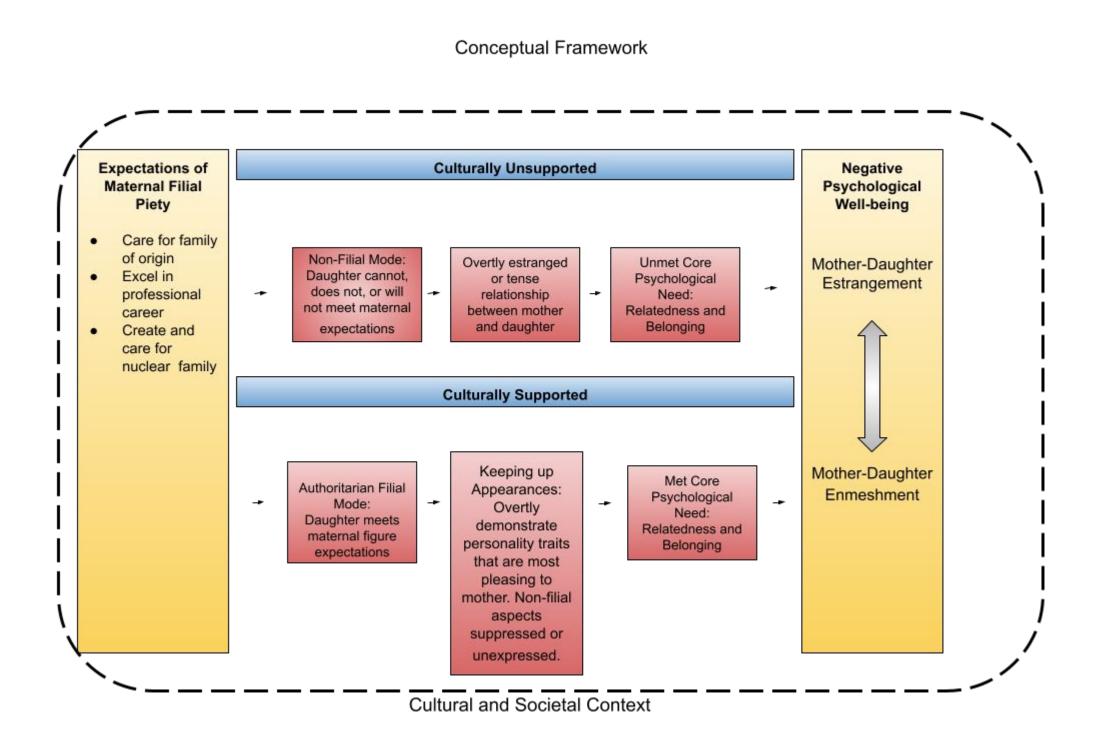
Filial values are universal. The purpose of this study is to explore how the transmission and perpetuation of values related to maternal filial piety (MFP) negatively influence the psychological well-being of PBWIW.

Results will contribute to the paucity of literature on the influence of parenting styles on psychological well-being and attitudes toward MFP or intergenerational care for PBWIW and provide valuable insights to guide and inform interventions to prevent mental illness, promote positive mental well-being, and strengthen practices of MFP and intergenerational caregiving for PBWIW in the BVI.

Theoretical Framework



Conceptual Framework



Hypothesis

Filial values between mothers and daughters socialized in matrifocal households influence perceptions of well being of professional Black West Indian women living in the British Virgin Islands (BVI).

Research Questions

RQ1: What behaviors and actions do PBWIW in the BVI perceive to be maternally driven filial expectations?

RQ2: How were maternal filial expectations communicated to PBWIW?

RQ3: How do PBWIW in the BVI communicate filial values?

RQ4: How do PBWIW in the BVI demonstrate filial values?

RQ5: How does maternally driven filial expectations influence the mother-daughter relationship?

RQ6: What aspects of maternal filial values are experienced as risk and/or protective factors toward negative psychological well-being?

Methods

Qualitative approach using 8 focus groups stratified into three professional levels (Early Career (n=3), Mid-Career (n=3), Senior-Career (n=2) with a semi-structured interview format led by the researcher.

All participants (N=21) were recruited by purposive sampling and pre-screening. Each participant met all inclusion criteria: (1) \geq 18 years of age, (2) live and work in the BVI, (3) identify as a professional, (4) be female, (5) racially identify as Black, (6) ethnically identify as West Indian, (7) speak English, (8) have been raised in the household with a maternal figure, (9) has a living maternal figure or surrogate if birth mother is deceased.

- Focus groups were held at the D. Orlando Smith Hospital in Road Town, Tortola
- Focus Groups were 60-120 minute in length
- Participants completed electronic or manual informed consent

Participant Characteristics

Participants (*N*=21)

- \circ **Professional Career Level:** Early (n=6); Mid (n=10); Senior (n=5)
- \circ **Ages** 24-59, M=34, SD=9.3
- **Highest Education Level**: high school diploma (n=1), some college (n=1), professional certificate (n=3), associate's degree (n=2) bachelor's degree (n=7), master's degree (n=6), doctoral degree (n=1).
- **Birth Countries:** British Virgin Islands (n=9), USA/US Territory (n=4), Antigua (n=1), Jamaica (n=3), Trinidad (n=2), Guyana (n=1), Dominica (n=1)
- **Immigrant Parent:** (n=17) of participants were born to at least one parent born outside of the
- **Marital Status:** Married (N=5), Separated/Divorced (N=2), Single/Unmarried (N=14)
- **Parenting:** No children (N=10), Has Children (N=11)

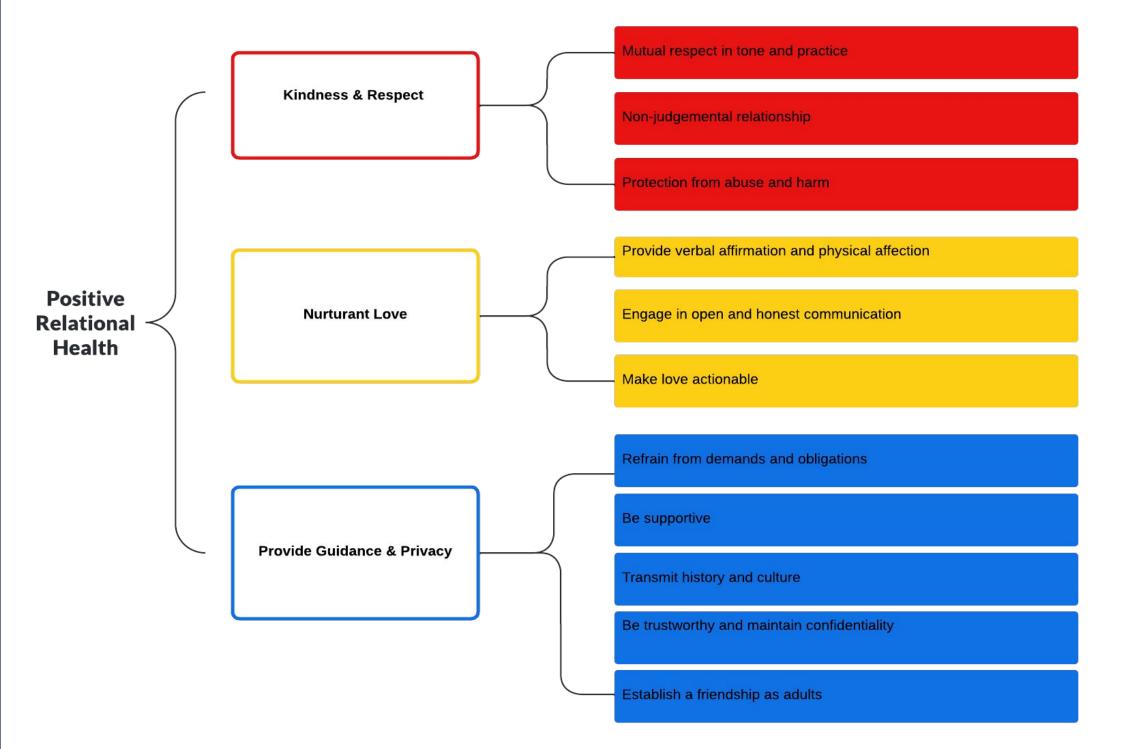
Limitations of the Study

- Researcher's identity as an "outsider" may cause suspicion in small community
- Political context and timing a. Commission of Inquiry
- b. Premier detained on criminal charges in USA c. Election season
- Time to complete the study
- Small sample size—not generalizable to local or regional population
- Participant preferences
- a. Individual interviews or questionnaires
 - b. Desire for anonymity c. Focus Group Location

Findings

Overall this study found that as an expression of MFP participants were expected to follow their mothers advice or instruction and seamlessly navigate changes in instruction or advice. Instructions, guidance, and advice is communicated in various ways, some utilizing positive reinforcement and other negative reinforcement strategies. The study found that participants communicated "new values" (as distinct from values transmitted during childhood) that centered kindness and respect; nurturant love; and guidance and privacy. Participants shared that these "new values" either enhanced the MFP values acquired in their childhood or are totally different from values held by their mothers.

New MFP Values & Preferred Communication Practices



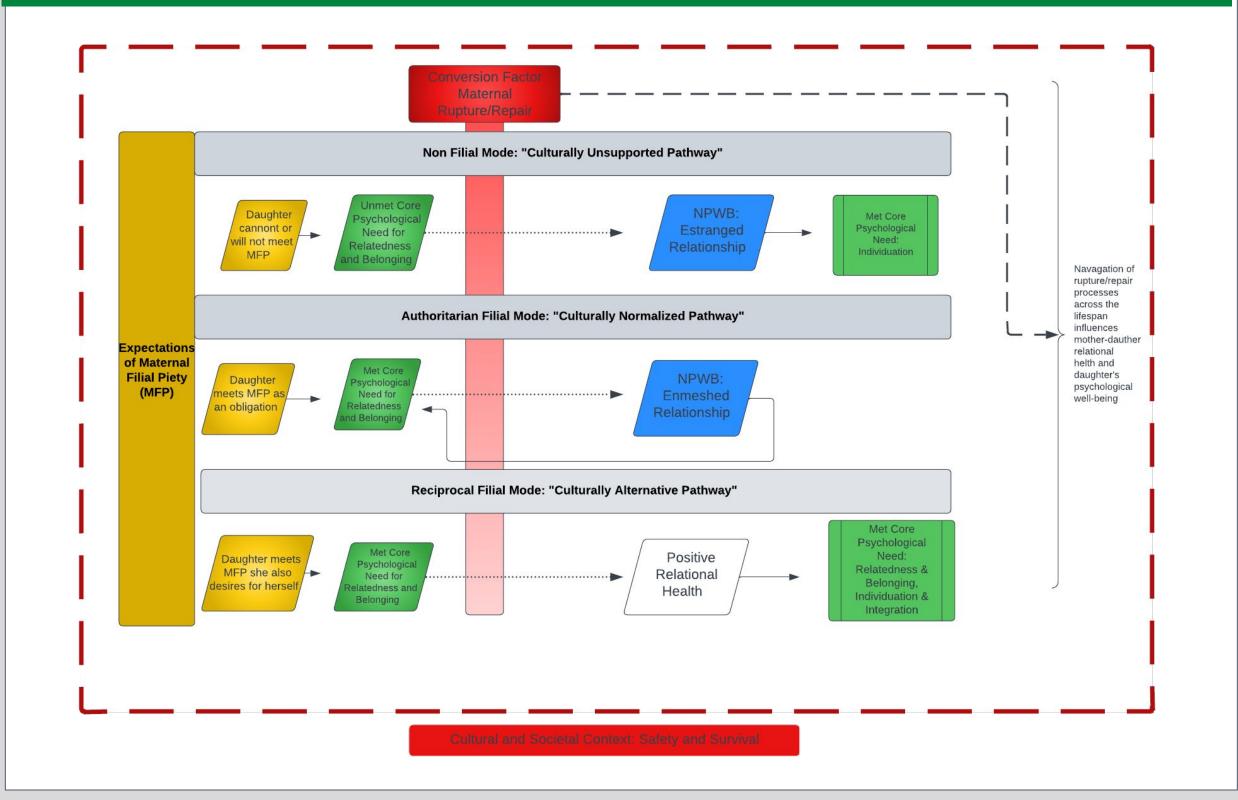
MFP Risk and Protective Factors

An analysis of participant responses revealed that maternal filial values had no direct impact on their perspectives of psychological well-being, as participants considered these values to be neutral without any evident risk or protective influence. However, participants specified that the method and degree of intensity utilized during MFP value transmission and navigation of "normal" relational ruptures (e.g., negative reinforcement or positive reinforcement) could serve as a risk or protective factor toward psychological well-being. Negative impacts on psychological well-being were illustrated by participants discussing experiences of estrangement, enmeshment, feeling trapped, stress, resentment, manic, and anxious. Participants identified risk factors as MFP values expressed as obligatory and communicated through negative reinforcement.

Protective factors toward positive psychological well-being were expressed as MFP values communicated and transmitted as an expectation that, when unmet, was addressed by positive reinforcement (inclusive of boundary acceptance) or lenient consequences to encourage alignment with the MFP expectation. When this occurred, participants spoke of MFP value fulfillment as reciprocated acts of love, respect, and deference.

These findings led the researcher to revise the initial conceptual framework to better explain modes and pathways associated with MFP in the BVI

Revised Conceptual Framework



Conclusions

- Definitional differences between a MFP expectation (e.g., lenient consequence if unmet) and a MFP obligation (e.g., harsh consequence if unmet)
- Mother-Daughter ruptures are normal and vary in intensity
- Professional status appeared to be less relevant to any changes in the mother-daughter dynamic • Characteristics of mother-daughter dynamic present in workplace
- Participant's objective and subjective definitions of adulthood influences the mother daughter dynamic
- Gendered parenting practices as value transmission (RQ2)
- Brother receives more affection
- Brother absolved from care
- Maintain matrifocality of society
- Motherhood shifted participant's MFP Perspectives (RQ3)
- New MFP Values
- Fears (e.g., "I have to keep this baby alive")
- Refusing to parent due to fear of subconscious transition of childhood values
- Paternal influence appeared to be a moderating influence on mother-daughter relational dynamics
- Specific to father and grandfathers (RQ5)
- Protective influence
- Risk influence

Discussion

- Filial Piety
- Original Chinese construct with applicability across cultures
- Function to meet core psychological needs (e.g., relatedness, connection, belonging, and collective identity (Bedford and Yeh, 2019)
- Meets community need for intergenerational caregiving and elder care
- Additional considerations for the BVI cultural context
- Core psychological need for individuation and integration within a collective identity
- Navigation of "a child" versus "my child" • Mothering as Social Determinant of Mental Health
- Protective factor
- Risk factor
- Broader cultural context
- Generational parenting practices were shaped by participant's cultural context including religious expectations, the status and rights of women, and historical impacts of colonization.
- The MFP value transmission process may have been influenced by the mothers or family's need for safety and survival
- Participant MFP values may represent cultural adaptations necessary for safety and survival in the BVI

Implications for Prevention and Intervention Strategies

- Primary and Universal Prevention:
 - Adapt mental health educational campaigns to explicitly include information on familial relationships as a social determinant of mental health for adults in any cultural context.
 - Include MFP relational protective factors (e.g., kindness, respect, nurturant love, guidance, privacy) within health promotion efforts across the territory
- Secondary and Selective Prevention:
 - Clinicians should screen for enmeshment and estrangement risk before and during clinical encounters

Selected References

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