QUESTIONING THE MYTH: EXAMINING FACTORS THAT IMPACT HELP-SEEKING AMONG SOUTH ASIAN AMERICANS

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DEDICATION

Robb and Sef, you came to me at a time in my life when I needed you most.

Our journey as a family has been the backdrop to this Ph.D.

Now that I have you, I am never letting go.

To my parents, thank you for supporting me endlessly.

Even when at times I doubted myself, you never doubted me for a moment.

Lastly, to my Nani, thank you for teaching me from my earliest moments.

My love for learning comes from you.

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ABSTRACT

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QUESTIONING THE MYTH: EXAMINING FACTORS THAT IMPACT HELP-SEEKING AMONG SOUTH ASIAN AMERICANS

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South Asian Americans represent a rapidly growing segment of the United States (US) population, yet few have researched help-seeking behaviors among South Asian Americans. Like many minority groups, South Asians face acculturation conflicts as they adapt to mainstream US culture. They also face the added task of grappling with the model minority stereotype. South Asian Americans cope with minority stress (i.e., racism and discrimination), stigma, and shame. The researcher of the current investigation aimed to explore the relationships between internalization of the model minority myth, acculturation, life stress, shame, and attitudes toward seeking professional psychological help. The researcher hypothesized that 1) participants with low internalization of the model minority stereotype will express more openness to professional psychological help-seeking, and participants who highly internalize the model minority stereotype will express less openness to professional psychological help-seeking; 2) participants who identify as highly acculturated will express more openness toward professional psychological help-seeking; 3) participants who highly identify with the model minority stereotype will experience high life stress; 4) participants who have high identification with the model minority stereotype will experience more shame; 5) that internalization of

the model minority stereotype will moderate the relationship between life stress and professional help seeking; and 6) that internalization of the model minority stereotype will moderate the relationship between shame and professional help seeking. A final sample of 79 participants completed a series of questionnaires. The researcher conducted correlation and regression analyses to explore the relationships between the variables, with the role of internalization of the model minority stereotype as the moderator of the relationship between life stress and professional help seeking, and shame and professional help seeking. Statistical analysis revealed a significant negative correlation between one aspect of the model minority stereotype known as M-Mobility, and shame. The results also revealed significant moderation in the relationships between internalization of the model minority stereotype, shame, and willingness to seek professional psychological help. This study highlights the compounding nature of shame paired with the model minority stereotype, and future research might build upon this work by further exploring unique qualities of South Asian Americans.

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CHAPTER I

INTRODUCTION

On February 6, 2015, 57-year-old Sureshbhai Patel was partially paralyzed following an attack by multiple police officers in a residential area in Alabama (Harpalani, 2015). The South Asian grandfather was visiting his son's family in the US and did not speak English. He was slammed to the ground and aggressively restrained for alleged suspicious behavior while walking in his son's neighborhood. The police later discovered that Patel was merely taking a morning stroll. This misunderstanding caused a backlash among the South Asian community, leading to a formal apology by the Governor of Alabama to the Indian Government and adding to rising tensions regarding racialized behavior in the US (Harpalani, 2015).

Amid an often-contentious debate regarding the treatment, status, and rights of people of color, immigration is widely discussed in the US in a climate where ongoing political discourse leads to critical decisions about diverse immigrant populations (Samari, Alcalá, & Sharif, 2018; Valentino, Brader, & Jardina, 2013). Immigration has been an issue of particular salience in the US because of the inconsistent and frequently hostile beliefs surrounding immigration. Although some Americans view immigrants as an important, enriching addition to this nation's diverse fabric, others view them as problematic (Ostfeld, 2015).

While immigration itself is not a recent phenomenon, the latter half of the 20th century was punctuated with a particularly substantial increase in individuals migrating to

the US The 1965 Immigration and Nationality Act replaced a restrictive national quota system, removing some of the challenging, existing barriers that prevented many immigrants from relocating to the US (Lopez, Bialik, & Radford, 2018). Many individuals took advantage of the legislative change, including those from Asian countries (Schacter, 2014).

Along with the promise of greater professional and academic opportunities in the US, the 1965 Immigration and Nationality Act attracted highly educated South Asians (Thakore, 2014). The earliest wave of South Asian immigration primarily included high-skilled workers with science, mathematics, and engineering backgrounds. Once established, however, many South Asian families later encouraged their extended relatives to join them in the US and enter the workforce in low-skilled fields. This immigration pattern led to an influx of South Asians into the US representing diverse socioeconomic statuses (Thakore, 2014).

South Asian Americans are increasingly depicted in the media (Thakore, 2014) although stereotyped representations hinder the ability to understand who South Asian Americans are. Although references to South Asian Americans might conjure images of people from India and Pakistan, the vast region refers to a broader group of nations, including Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka (Rahman & Rollock, 2004). The majority of South Asians residing in the US are Asian Indians, followed by Pakistanis, Bangladeshis, and Nepalese (Tummala-Narra, Alegria, & Chen, 2012). Leonard (1997) highlighted the importance of understanding the

language, customs, religion, and values of South Asians in order to better serve and understand this population.

South Asian cultures are often described as collectivist, referring to a mindset in which group goals are valued over individual needs and personal identity (Oyserman, Coon, & Kemmelmeier, 2002; Sue & Sue, 2012). South Asian families are typically large, flexible, and fluid, with family members moving between households and establishing an intricate support system (Das & Kemp, 1997). South Asian families create an interdependent system of people focused on the betterment of the group rather than individual goals. This collectivist approach is based on the assumption that being part of a group binds and mutually obligates individuals (Oyserman et al., 2002). The collective support system in the South Asian community is a strength, fostering resiliency through spiritual well-being, positive communication, and family-togetherness (Das & Kemp, 1997; Sue & Sue, 2012; Xia, Do, & Xie, 2013). Simultaneously, however, collectivism can serve as a barrier to addressing individual needs by generating a focus on group needs above all else (Singh & Hays, 2008; Xia et al., 2013).

The ethnic diversification of people in the US has prompted the need for psychologists and other mental health professionals to consider multicultural factors in their work with clients (Schoen, 2005). Practices continue to be revised to address changes in multicultural theory and contexts. For instance, recently updated guidelines published by the American Psychological Association (APA) address an ecological approach to context, identity, and intersectionality, reconsidering diversity and multicultural practice within the field (APA, 2017).

To develop cultural competence with Asian Americans, psychologists need to further their understanding of the unique cultural features, needs, and concerns of this population (Sue & Sue, 2012). Asian Americans are often labeled as achievement-oriented, with one consistent stereotype that Asians are skilled at math and science (McGee, Thakore, & LaBlance, 2017). Asian Americans are typically viewed as successful, but an overreliance on this stereotype obfuscates the real struggles and unique differences of this population (Chae, 2001) and hinders their ability to obtain mental health services.

Acculturation refers to a process of continuous contact between two different cultures whereby an individual actively negotiates the inevitable issues of identifying with a majority culture as well as their minority culture of origin (Chae, 2001). Through the process of acculturation, immigrants identify which traditional values they want to retain while adapting to new cultural norms, values, and practices (Omizo, Kim, & Abel, 2008). Asian immigrants, including South Asian immigrants, face several distinct challenges in the US, including feelings of loss, separation, and anxiety about a new cultural environment (Tummala-Narra et al., 2012). Asian Americans often grapple with resulting acculturation conflicts, such as a clash of traditional collectivist family values with new individual-oriented values (Chae, 2001).

More than 50 years ago, the term *model minority* was coined, emphasizing the reported success of Asian Americans in the US after the destruction and devastation of World War II (WWII; Peterson, 1966). The term was meant to characterize the success

achieved by Asian Americans during post-war decades; however, it led to a myth that minimized their real struggles for decades to come (Chae, 2001).

The *model minority myth* is the misleading and prevalent belief that Asians have successfully adapted to US culture without the struggles and hardships of other groups (Atkin, Yoo, Jager, & Yeh 2018). The myth does a disservice to Asian Americans because it minimizes experiences of overt racism and discrimination (Atkin et al., 2018; Chae, 2001) as well as more covert acts, including subtler microaggressions (Kim, Kendall, & Cheon, 2017). The model minority myth perpetuates the idea that Asians are free of problems and are unquestionably successful, polite, achievement-oriented, and respectful (Sue & Sue, 2012). The model minority stereotype consists of two related parts; first, that they are more successful than other racial groups, and second, that they are successful due to their work ethic and belief in the American dream (Yoo, Burrola, & Steger, 2010).

Tummala-Narra et al. (2018) explored multiple factors impacting help-seeking among Asian American college students, noting that some aspects of the model minority stereotype exacerbated the perceived effects of racism on depressive symptoms. The model minority stereotype maintains that success can be achieved through hard work, yet the system of racism cannot be simply overcome through perseverance. Thus, overidentification with and internalization of the model minority myth may serve as a barrier to seeking psychological help (Tummala-Narra et al., 2018).

Stress leads to deleterious effects on individuals' physical and mental health (Shields & Slavich, 2017). Meyer (2003) initially developed the minority stress model to

explain the stress impacting lesbian, gay, and bisexual (LGB) people; this work has since been expanded to address other marginalized identities. Minority stress includes external experiences, such as harassment, as well as internal struggles, such as internalized social stress (Meyer, 2003). Along with the fundamental life stressors most individuals experience, minority individuals grapple with racism, discrimination, and prejudice associated with their minority status (Meyer, 2003). Asian Americans cope with stressors such as blatant and subtle racism, stereotyping, discrimination, and stigma (Lee, Ditchman, Fong, Piper, & Feigon, 2014; Sue & Sue, 2012).

Minority stress has a particularly negative impact on Asian individuals (Xia et al., 2013). Asian immigrant families cope with the transition and changes associated with moving to a new country. Immigration often fractures existing social networks, creates tension within families, and leads to complex feelings regarding reconciling two vastly different cultures (Xia et al., 2013). This acculturative stress adds to the existing stressors associated with immigration, including financial and familial stress (Xia et al., 2013).

Shame serves as an additional stressor and barrier to help-seeking in Asian Americans (ChenFeng, Kim, Wu, & Knudson-Martin, 2017; Das & Kemp, 1997). Traditional Asian families emphasize the importance of avoiding shame and bringing honor to the family, leading to a deeply ingrained and socialized value among Asian individuals (Chae, 2001). Mokkarala, O'Brien, and Siegel (2016) found that South Asian American participants who believed that mental illness had biological origins experienced more shame and endorsed less support for seeking psychological help than

their White counterparts. These findings highlight the role of shame and cultural values in help-seeking attitudes (Mokkarala et al., 2016)

Scholars have determined that Asian Americans underutilize counseling and other mental health services for a variety of reasons, including socioemotional difficulties, discrimination within mental health practices, or specific cultural values which discourage speaking freely about emotional health (Soorkia, Snelgar, & Swami, 2011; Sue & Sue, 2012). Underutilization of mental health services is particularly concerning given that culturally-appropriate mental health services have been shown to contribute to positive changes in behavior, attitude, and confidence among Asian people (Masood et al., 2015).

Help-seeking refers to the willingness to seek psychological support for mental health concerns (Fischer & Turner, 1970). Some researchers have explored help-seeking behaviors among Asians residing in the US, but few have addressed help-seeking among South Asian Americans. For example, Lee et al. (2014) identified ways cultural values and stigma influence attitudes toward help-seeking among South Korean international students, finding that strong adherence to Asian cultural values decreased participants' willingness to seek help for psychological concerns. Soorkia et al. (2011) explored attitudes toward help-seeking among South Asian students residing in Britain, similarly noting that adherence to Asian cultural values decreased participants' willingness to seek professional psychological help; their study was limited to South Asian students in London and focused primarily on young adults. The researcher of the current investigation aims to build on existing foundational literature and explore help-seeking

attitudes among South Asians residing in the US who represent a broader range of ages than in previous studies.

Weng and Spaulding-Givens (2017) explored the needs of Asian American community members, noting existing cultural, language, and transportation barriers to receiving mental health services. Participants shared that not all Asian communities were equal beneficiaries of efforts to implement better mental health services (Weng & Spaulding-Givens, 2017). Additionally, participants shared a growing concern for older Asian adults with limited language proficiency and difficulty integrating into mainstream American society (Weng & Spaulding-Givens, 2017).

Much of the existing literature regarding Asian Americans generalizes themes to the whole Asian population, rather than addressing nuances and diverse variables among Asian subgroups (Masood et al., 2015). Due to homogenized research designed to address Asian Americans as one group, the perpetuation of the model minority stereotype, compounded minority stress, and a largely Westernized framework associated with counseling and psychological services, South Asian Americans routinely underutilize mental health services despite evidence highlighting the increased need for adequate mental health care in this immigrant community.

The researcher of the current study noted the gaps in the literature pertaining to the specific, unique experiences of South Asians living in America and aimed to explore the relationships between help-seeking attitudes, internalization of the model minority myth, and stress among South Asian Americans.

The research questions that guided the investigation are as follows:

1. Is there a relationship between identification with the model minority stereotype and help-seeking attitudes among South Asian Americans?
2. Is there a relationship between acculturation status and help-seeking attitudes among South Asian Americans?
3. Is there a relationship between stress and identification with the model minority stereotype among South Asian Americans?
4. Is there a relationship between shame and identification with the model minority stereotype among South Asian Americans?
5. Is there an interaction between identification with the model minority stereotype, life stress, and help-seeking?
6. Is there an interaction between identification with the model minority stereotype, shame, and help-seeking?

CHAPTER: II

LITERATURE REVIEW

Immigration in the United States

Currently, the US has more immigrants than any other country in the world. The US foreign-born population reached 43.7 million in 2016, accounting for 13.5% of the overall US population (Lopez et al., 2018). Since 1965 when US immigration laws replaced a national quota system, the number of immigrants living in the US has more than quadrupled (Lopez et al., 2018). Immigration to the US has been both a fulfilling and optimistic aspect of this country's landscape as well as a historically complex one. Positive, welcoming images such as the Statue of Liberty often come to mind when considering immigration, though the process of individuals seeking a new life in the US has also been marked by trauma, mistakes, and corruption at various points throughout history (Wilkins, Whiting, Watson, Russon, & Moncrief, 2013).

For example, the system of slavery meant an entire displaced population was compelled to this country via force rather than free will, a process that resulted in devastating residual effects among Black Americans, including emotional pain, confusion, contradictory messages, and a mistrust toward social institutions (Wilkins et al., 2013). US history has been propelled forward through times of ingenuity and progress, though has sometimes remained stagnant during periods of oppressive attitudes

and policies. Immigration is a complex process, incorporating a wide array of relocation circumstances (Yakushko, 2009).

The US has undergone periods of open-door policies toward newcomers followed by restrictive regulations based on rigid, anti-immigrant sentiment; for example, policies encouraging Mexican labor in the US countered severe labor shortages during World War II, though this occurred after a mass deportation of Mexican individuals during the Great Depression in the 1930s (Wallace & de Trinidad Young, 2018). Attitudes toward immigration has been fluid, serving particular political or social interests. The extent to which immigrants assimilate into mainstream US culture influences their place within American hierarchy, and their place within the social hierarchy also determine their success (Thakore, 2014).

Public debate about immigration status and policies is active, both in the US and around the world (Valentino et al., 2013). Tensions between natives and newcomers exist globally, and public rhetoric often highlights the cost, burden, and dangers of immigration without discussing the benefits (Valentino et al., 2013). For example, public rhetoric in recent years has often focused on the fiscal burdens and heavy market competition immigration engenders rather than the influx of new ideas and insights immigrants can offer. Immigrants are often associated with overpopulation, pollution, increased violence, depleted resources, terrorism, and an erosion of cultural values; in the media, immigrant individuals are often portrayed as criminal, poor, violent, and uneducated (Yakushko, 2009). This rhetoric regarding immigrants paints the image of a welfare state and depleted economy, though there is little evidence to support the claim

that immigration consistently leads to these high economic costs (Massey, 1995; Valentino et al., 2013). Instead, there is evidence to support that immigration has an overall positive impact on the US economy. Researchers have found that both high and low-skilled immigrant workers are critical to sustained economic growth (Gubernskaya & Dreby, 2017). Immigrants' entrepreneurship and investment in education fuels the economy in crucial ways (Gubernskaya & Dreby, 2017).

While real economic interests and stressors may lead to public concern and debate, other factors appear to be more at play when it comes to cultivating negative attitudes toward immigrant populations. There is evidence to support that group attitudes and *ethnocentrism*, the preference for and positive attitude toward one's own ethnic or racial group, may play a significant role in negative perceptions of immigration (Valentino et al., 2013; Yakushko, 2009). People may feel a particular allegiance toward or need to protect their own ethnic group. Additionally, fear of cultural change (i.e., changes in spoken language), as well as a fear of losing dominance and power, may contribute to anti-immigrant sentiment (Massey, 1995).

There are significant differences between immigrant groups based on their relocation circumstances, yet immigrants typically encounter largely negative attitudes by the host community (Yakushko, 2009). The term *xenophobia*, a form of attitudinal, affective, and behavioral prejudice toward immigrants and those perceived as foreign, has historically been used to emphasize a sense of fear toward outsiders (Yakushko, 2009). More recently, however, xenophobia has been linked specifically to ethnocentrism, for an attitude of superiority appears to fuel the sense of justified hatred toward outsiders. The

majority host group may feel threatened by realistic threats (i.e., jobs being given to members of an out-group) or symbolic threats stemming from beliefs and stereotypes about the out-group (Yakushko, 2009).

Immigrants face unique challenges. Arredondo-Dowd (1981) discussed the personal loss and grief immigrant groups often experience, highlighting the stages of incorporating a new national identity into an existing one. To immigrate to the US is to close the door on part of one's unique history, as moving to a new country is vastly different from vacationing or relocating for a few weeks or months; it is typically a permanent decision resulting in a change of customs and routine (Arredondo-Dowd, 1981). Immigration can limit social support and comfort, and it typically leads to mixed reactions and responses based on the individuals' circumstances. Resulting feelings typically include loss, sadness, and shock (Arredondo-Dowd, 1981; Das & Kemp, 1997). Furthermore, growing accustomed to the lifestyle and norms of Western culture can make returning to one's country of origin strained and difficult, which can further exacerbate a growing sense of disconnection and sadness (Das & Kemp, 1997).

Immigrants also experience unique language and cultural barriers, rendering them more vulnerable to pain and powerlessness as a population (Gonçalves & Matos, 2016; Singh & Hays, 2008). Immigrants may experience additional layers of stressors upon their day-to-day existence, such as fear of deportation, loss of visa status, lack of support system, and lack of knowledge about legal rights (Gonçalves & Matos, 2016). Some immigrant women may be at a higher risk for intimate partner violence due to their lack of visibility, social isolation, uncertain legal status, and limited language skills

(Gonçalves & Matos, 2016; Singh & Hays, 2008), all of which can serve as deterrents for immigrant women seeking protection from police or accessing social and mental health services to assist them. Discrimination and hate crimes are more likely to be reported by immigrants who are visibly different from the majority community (Yakushko, 2009).

A hostile atmosphere surrounding immigration can fuel negative political discourse, leading to detrimental effects on those targeted by prejudice (Yakushko, 2009). Immigrants are portrayed in the media inconsistently, from scheming and violent to lazy and uneducated (Yakushko, 2009). For example, Muslim words have been misappropriated in extremist ways. News outlets have consistently used the term *jihad* to signify military war waged by Islamic states, whereas the term actually refers to a broader concept regarding an individual's struggle to follow God (Abbas, 2001). This cooptation portrays Muslims in a negative, aggressive manner. The term *illegal immigrants* has become widely used, evoking images of people who intentionally break the law. This population, however, includes those who flee their native countries to seek political asylum, which is legal. Terminology used around immigration can lead to low support and lack of sympathy among the majority population (O'Doherty & Lecouteur, 2007).

Restrictive policies and negative attitudes toward immigration affect immigrants' access to important resources, such as health insurance, protective legislation, and education. Negative attitudes can also result in stigma, discrimination, hopelessness, and chronic stress. Immigration is therefore a public health issue that needs to be addressed carefully (Wallace & de Trinidad Young, 2018).

Recent political shifts in the US, such as the President Trump-era Muslim Ban on immigrants to the US from specific nations (Gubernskaya & Dreby, 2017), has contributed to a rise in Islamophobia, fear directed toward Muslims (Samari et al., 2018). Islamophobia undermines public health equity and reduces help-seeking behaviors among individuals who identify as Muslim, most of whom come from the Middle East, North Africa, and South Asia. Discrimination of Muslims in majority White, Christian countries is a growing phenomenon that has concurrently led to a rise in hate crimes, social stigma, and prejudiced political discourse (Samari et al., 2018). In 2015 and 2016, violent assaults against Muslims in the US surpassed the peak number reached after 2001, when anti-Muslim sentiments were particularly high in the aftermath of the September 11 attacks (Samari et al., 2018). Discrimination against Muslims in the US is associated with negative health outcomes including depression and a reduced willingness to seek help for serious health issues (Samari et al., 2018).

Research on diverse immigrant groups, including Asian Americans in particular, has traditionally been lacking, an omission the researcher of the current study addressed. Through greater discourse, an improved understanding of this immigrant population's specific needs becomes possible (Sue, Bucceri, Lin, Nadal, & Torino, 2009). Understanding the complexities and needs of various groups is necessary for improving national public health efforts and access to resources.

The current study examined the degree to which specific culture-bound variables are associated with professional psychological help-seeking among South Asians residing in the US Findings from broader Asian populations have often been generalized to South

Asian populations (Arora, Metz, & Carlson, 2016). This researcher recognized the diverse experiences among Asian subgroups and intentionally utilized generalized research regarding Asian Americans where gaps in the literature existed for addressing the unique experiences of South Asian Americans. While there are some similarities between Asian American subgroups, this researcher also recognized and valued the heterogeneity that exists within this diverse group of people.

South Asia: A Brief History

Asians represent a diverse demographic of people with origins in the far East, Southeast Asia, and the Indian Subcontinent (Hoeffel, Rastogi, Kim, & Shahid, 2012). Across the US, the Asian population has grown faster than any other immigrant group. Between 2000 and 2010, the Asian population grew almost four times faster than the total growth of the US population (Hoeffel et al., 2012). California, New York, and Texas have the largest Asian populations (Hoeffel et al., 2012). The Asian American population continues to increase rapidly in the US, with 19.4 million people and an annual growth rate of 2.9% in 2013 (Brown, 2014).

Asian Americans form a large, varied group within the US This diverse population encompasses numerous countries, cultures, religions, and customs, although researchers continue to focus primarily on one collective Asian group with little attention placed on the vastly different intracultural experiences of Asian subgroups (Rahman & Rollock, 2004). An estimated 28 subgroups represent the Asian American population, each with their own unique values, languages, and socioeconomic backgrounds (Xia et al., 2013). There are many subgroups and nationalities among Asian Americans,

including Chinese, Filipino(a), Japanese, Indian, Korean, Vietnamese, Cambodian, Laotian, Thai, Bangladesh, and Sri Lanka, among others. Historically, these groups have settled along coastal areas of the US in California, New York, and New Jersey (Schoen, 2005). The Asian population is still highest in California at 6.5 million, followed by New York at 1.8 million Asian American residents (U.S. Census Bureau, 2017). The common political use of the term Asian American often includes South Asians, though this is not always the case (Schacter, 2014). Because this population is quickly expanding in the US, furthering research endeavors related to South Asian Americans can better identify and address their specific needs.

South Asia serves as a specific region within the continent of Asia. The South Asian Association for Regional Cooperation (SAARC) is a regional intergovernmental organization comprised of 8 countries: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka (Rahman & Rollock, 2004; Wasay, Khatri, & Kaul, 2014). India, Pakistan, and Bangladesh together constituted India prior to 1947, which is important to note in terms of understanding these nations' populations and connections to each other (Leonard, 1997). Of the South Asian countries, the largest numbers of immigrants to the U.S. come from India and Pakistan (Leonard, 1997). South Asia includes some of the most heavily populated countries in the world and contributes significantly to the global economy (World Economic Outlook Database, 2018). In the US, more than 75% of Asian adults are foreign-born, compared with 49% of Hispanic Americans, 11% of Black Americans, and 5% of White Americans. The Asian

community is indeed diverse and complex, with South Asians often representing one of the largest among the US Asian population (Gao, 2016).

Understanding South Asian culture, including the languages, religions, and cultural norms practiced by South Asians, is critical to understanding the population (Leonard, 1997). The early Indus Valley people maintained a sophisticated civilization with sewage and sanitation systems, a written language predating Sanskrit, a broad agricultural base, and extensive trade reaching Mesopotamia (Leonard, 1997).

Establishing religion served as the next significant stage of historical development. Three religions were foundational to South Asian culture: Hinduism, Jainism, and Buddhism (Leonard, 1997). While Hinduism has no known founder, Hindu philosophers and teachers created powerful and influential concepts to address life's mysteries, such as questions about death. For instance, the idea of *karma* emphasizes how one's actions determines one's present status and progress toward liberation, or *nirvana.* This liberation could be achieved by adhering to one's *dharma,* the duty according to one's position in life, which varies according to age, gender, marital status, and caste (Leonard, 1997).

The caste system in Hinduism divides the population into ranked categories, which represent broad occupational categories: *Brahmans* included priests and scholars, *Kshatriyas* were warriors and rulers, *Vaisyas* were merchants, *Sudras* were artisan workers, and *Untouchables* were considered the lowest peasants. Brahmans were considered pure enough to interact with the gods, and they arranged children's marriages at early ages to prevent mixed-caste unions. Brahmans often worked as family priests,

temple servants, or custodians of pilgrimage sites, and they were typically employed by rulers. This led to a dynamic between governing bodies and religious priests, and Brahmans and Kshatriyas often influenced one another (Leonard, 1997). Untouchables were considered impure, holding jobs such as disposing human waste and washing dirty clothing, and women ranked below men in each caste (Leonard, 1997). One's place in the caste system was dependent on dharma, and one could achieve salvation through higher births and rebirths. Socioeconomic inequality was therefore justified (Leonard, 1997).

Jainism and Buddhism differ from Hinduism in important ways, producing their own sacred texts and rejecting the caste system. These belief systems emphasize the value of achieving salvation through education, discipline, and meditation (Leonard, 1997). Jainism emphasizes nonviolence to all living beings, and Buddhism rejects sacrificial rituals (Leonard, 1997).

Muslim rulers in South Asia firmly established Islam as another major religion in this region. Muslim traders arrived first, bringing new customs and beliefs. The Mughal empire reigned supreme, establishing an Indo-Muslim civilization in present-day Pakistan, India, and Nepal while pushing Buddhism east into Tibet, China, and other Asian countries (Leonard, 1997). Urdu, which continues to be a language spoken in South Asia, became a common language during the Mughal rule (Leonard, 1997). Islam and Hinduism contrasted in many ways, contributing to tension between both faith systems; Hindus sought knowledge about a divine fore that had many names and forms while Muslims sought to follow the messages of an all-powerful Allah. In both, however, men monopolized early religious scholarship and leadership.

Religion, language, and culture are intertwined in South Asia, and all have influenced the region in important ways. For example, Northern Indian diets incorporate more meat while Southern Indians tend to eat more rice. This diet is based on the agrarian economies of both regions (Leonard, 1997). Polygyny and polyandry, the practice of men with multiple wives and women with multiple husbands, respectively, arose in isolated areas of present-day Nepal and Bhutan based on land shortages as an effort to protect the lineages attached to cultivated lands, and arranged marriages were prevalent in India because of the caste system. Arranged marriages often led to dowries, the payment offered when a daughter gets married, which resulted in the view of women as an economic burden (Leonard, 1997).

British rule followed the Mughal empire, and British colonialism spread over South Asia almost entirely by the late 18th century (Leonard, 1997). While British migration to India was small, the influence of Great Britain on South Asia was great. For instance, British culture valued Western ideas of independence and rationality and discounted indigenous practices such as the caste system (Leonard, 1997). British colonialism brought economic expansion to India; however, it excluded many Indians from voting on policy and reform (Leonard, 1997).

Leaders such as Mohandas Gandhi led Indian workers and merchants in civil disobedience movements against British colonial rule beginning in the early 1900s. Gandhi rejected unfair taxation policies and worker exploitation, and he urged Indians to revive handicrafts to become more independent from British rule. He led the Salt March in 1930, leading others in walking to the sea to gather salt, which led to the arrest of

60,000 people by the British government (Leonard, 1997). Gandhi also drew women into the discussion on Indian nationalism after they had been largely rejected from political discourse. Gandhi mobilized Indians while appealing to the organized nature of the British government (Leonard, 1997).

Lawyer Mohamed Ali Jinnah also rose as a leader, becoming head of the Muslim League, which maintained that Hindus and Muslims were two nations and not a joined effort. He called for one nation, Pakistan, to be the Islamic homeland where Muslims could be the majority. In 1947 India and Pakistan achieved independence, albeit during large-scale violence and rioting. Despite the leaders' efforts, the transfer of power between political entities was not peaceful (Leonard, 1997; Mitra & Ray, 2014). More than half a million lives were lost and many more became refugees as Muslims left India for present-day Pakistan, and Hindus and Sikhs left Pakistan for India (Leonard, 1997). Pakistan, facing the difficulty of geographic separation, language barriers, and political disagreements, separated into two nations: Pakistan and Bangladesh (Leonard, 1997).

Bangladesh is a Muslim-majority nation. While education, public health, and the elevated status of women have generally improved, Bangladesh continues to face economic instability, population density, and high unemployment (Leonard, 1997). In more recent decades, and as evidenced by ongoing political discourse, Bangladesh has become a refugee site to thousands of Rohingya refugees from Myanmar, though Bangladesh receives limited support and aid to protect the vulnerable refugee population. Bangladesh continues to face political dilemma and instability (Ullah, 2011).

South Asian countries such as India and Pakistan continue to face politically divisive problems around religion, language, and caste. While many Muslims left India, Muslims still make up 12%-13% of India's population (Leonard, 1997; Mitra & Ray, 2014). Muslims in India tend to be poorer and less educated compared to Hindus (Leonard, 1997; Mitra & Ray, 2014). Kashmir, a mountainous region located in present-day northern India, is important to nationalist movements in both India and Pakistan. Kashmir was ceded to India in the wake of the 1947 partition despite its Muslim-majority population. Because both India and Pakistan hold this region as sacred, Kashmir has been fought over since India's independence, leading to multiple conflicts and many unresolved political disputes (Leonard, 1997).

In India, Hindi was named the national language even though it is only widely-spoken in northern India, which led to disagreement regarding language education in schools (Leonard, 1997). In Sri Lanka, the declaration of Sinhala as the national language in 1956 also led to significant conflict and tension (Leonard, 1997). While India attempts to move away from the caste system, the government has also provided a quota system as compensation for past injustices; therefore scholarship, land, and government service allotments are divided based on caste affiliation; discrimination in India persists (Leonard, 1997; Mitra & Ray, 2014). Caste is no longer a census category in India, but it continues to be a significant element in Indian life. Arranged marriages within caste reinforces this old system, and especially in rural communities (Leonard, 1997).

There are fundamental commonalities between the US and South Asia when it comes to nation building. For instance, both India and the US established nationalist

movements against British colonial rule, albeit during different centuries (Leonard, 1997). Like the US, India is a country with diverse groups differing in languages, cultures, and customs, and political discourse attempts to address these diversity variables. The US grapples with issues around the rights and representation of minority groups, as does India (Leonard, 1997). South Asian workers have become transnational migrants with a rich history in the US.

South Asian Americans

Defining what it means to be Asian, in terms of an ethnic minority identity, is socially constructed, and in the US, has its roots in the Asian American Movement (AAM), which took place primarily in the 1970s and 1980s (Schacter, 2014). AAM activists responded to a rise in racially-charged events and hate crimes targeting Asians, such as the 1982 murder of Vincent Chen, a Chinese man killed by White individuals who were frustrated with Japan's economic dominance. While this was by far not the first instance of discrimination against Asian individuals in the US, this event highlighted the problematic lack of racial differentiation among Asians, a need for the community to band together for racial protection and has often been considered as the catalyst for a pan-ethnic Asian American movement (Schacter, 2014).

South Asian immigration increased drastically in the 1980s and 1990s after the AAM had already formed and advocated for greater visibility and legal protection, and these South Asian immigrants typically arrived with higher education and English language skills (Schacter, 2014). South Asian immigrants were largely urban and

professional, and many came to the US in pursuit of higher education and applied for a change of status from international student to permanent resident (Das & Kemp, 1997).

Conversely, earlier immigrants from nations such as China, Japan, Vietnam, and the Philippines tended to come from working-class backgrounds and therefore bonded over common interests, needs, and goals (Schacter, 2014). During conversations about Asian countries and immigration in the US, countries such as China and Japan have been more heavily focused on. This may be partially related to the WWII-era controversies and policies (Hess, 1969). South Asian countries such as India, however, have been comparably ignored due to minimal controversies with the former imperial government of India (Hess, 1969). Many South Asians have lacked the same political or economic struggle that unified other Asian groups and have therefore been less integrated into the Asian community as a whole (Schacter, 2014).

South Asian immigration to the US has been more indirect and occurred more recently than other groups (Hess, 1969). Written accounts indicate that South Asian immigrants came to the US as early as the 19th century as low-skilled farm laborers, though migration increased drastically between 1965 and 1990 when legislative changes and employment needs removed immigration barriers and increased opportunities for this group (Zong & Batlova, 2017). The 1965 Immigration and Nationality Act signed by President Lyndon B. Johnson allowed highly educated South Asians to enter the US to achieve greater monetary and professional success (Thakore, 2014). Between 1966 and 1977, 83% of Indian immigrants who arrived in the US had backgrounds in science, technology, engineering, and math (STEM) fields, including over 40,000 engineers,

20,000 PhD-level scientists, and 25,000 physicians (Thakore, 2014). This trend persists, and by 2016, Indians formed the second-largest group of international students in the US and the highest number of recipients of the H-1B temporary visa for high-skilled workers (Zong & Batlova, 2017).

Family-based immigration has been a cornerstone of US immigration policy since 1965. The US admits immigrants with family connections to Americans more than any other category of immigrant with large applicant pools from India, China, Mexico, and the Philippines (Gubernskaya & Dreby, 2017). After settling in the US, many South Asian American families chose to invest in small businesses, shops, and franchises including motels, convenience stores, and fast-food restaurants. They later used their established businesses, along with family reunification immigration policies, to bring other relatives from South Asia to work for them. The influx of less-educated South Asian workers led them to more "blue-collar" employment, such as working in factories or driving taxis (Thakore, 2014, p. 152).

US media outlets stereotyped ethnic minorities including South Asian immigrants who have been subjected to stereotypes in film and television. South Asians tend to be portrayed in one of two ways: either as a minority among majority White characters or as a stand-in for Arab and Muslim characters (Thakore, 2014). South Asians were depicted in films occasionally throughout the 20th century. Early representations of South Asian characters in Hollywood primarily depicted Indians in India, such as the savage Indian character heroically defeated by a White savior. While these overt stereotypes in the media are less common today, covert stereotypes remain (Thakore, 2014).

The migration of low-skilled South Asian workers to the US informed the blue-collar stereotype; however, South Asians in professional fields (i.e., engineers, doctors, and professors) were rarely depicted in the media during the 1970s and 1980s (Thakore, 2014). Instead, professional middle-class, White majority ideologies were perpetuated, putting South Asian immigrants in consistently lower-ranking roles. Because South Asians continue to be viewed as *other* and *less than* in the US racial hierarchy, they are depicted in more subjugated roles in television and film (i.e., a South Asian cab driver providing comedic relief next to the serious White professional). The goal might be to evoke humor; however, it perpetuates widely-held negative stereotypes regarding South Asian immigrants (Thakore, 2014). In the 21st century, South Asian Americans were cast in a wider array of roles, including highly skilled scientists or medical professionals.

Research regarding Asian Americans has often been either underexplored or undifferentiated, and there has been limited research regarding the South Asian American population alone (Sue et al., 2009). The author of this dissertation therefore focused on Asian Americans with a particular emphasis on the specific experiences of South Asian Americans.

The Model Minority Myth

The relative dearth of research regarding the experiences of Asian Americans may be the result of numerous factors, including the way society views Asian Americans as a *model minority*, which implies that Asians have become successful in this society without enduring similar hardships of other minority groups, such as racism, prejudice, and discrimination (Atkin et al., 2018; Chae, 2001; ChenFeng, Kim, Wu, & Knudson-Martin,

2017; Das & Kemp, 1997; Gupta, Szymanski, & Leong, 2011; McGee et al., 2017; Sue et al., 2009). The model minority designation contributes to lower institutional prioritization and interests in the needs of Asian Americans (Chae, 2001). While the stereotype is strong in the US, it is a myth because it does not account for and minimizes the struggles, diversity, cultural contexts, and selective immigration of Asian American families (Atkin et al., 2018). Proponents of the *model minority myth* have concluded that Asians are more educated than other groups, score higher on standardized tests, work diligently and methodically, and tend to perform better in math and science (Chae, 2001).

The term *model minority* was originally devised by University of California Berkeley Professor William Peterson (1966) as a way to highlight the economic and academic success achieved by Asian Americans, Japanese Americans specifically. He noted that in just two decades after WWII, and after experiencing the stress and trauma of internment camps, Japanese Americans led a generally affluent, Americanized life (Peterson, 1966). He described education, respect for authority, and honoring family and cultural traditions as their keys to success in the US, even highlighting how Japanese Americans had a longer life expectancy than the average American White person (Peterson, 1966). The author minimized the role prejudice plays in the US and contrasted a perceived failure of specific minority groups with the success of Japanese Americans (Peterson, 1966). He did not, however, adequately address the unique hurdles of other ethnic minority groups, such as Hispanic and Black Americans.

While the model minority term initially referenced Japanese Americans, it has become a designation applied to all Asian subgroups (McGee et al., 2017). White authors

used the model minority idea to applaud Asian Americans' successes and promote the idea of American meritocracy, perpetuating the idea that there were no racial barriers to success (Atkin et al., 2018). The model minority designation rationalized the idea that systemic racism could not exist if this particular minority group could succeed (Atkin et al., 2018; Sperling, Zwahr-Castro, Cruz, & Montalvo, 2017).

While changes in immigration policy during the 1960s invited a select group of highly educated Asian immigrants to the US, the Civil Rights Movement simultaneously occurred with Black Americans demanding systemic change and greater equality (Kiang, Huynh, Cheah, Wang, & Yoshikawa, 2017). The model minority myth pit Asian Americans against other minority groups, maintaining the false belief that if this group achieved economic and social success, then other groups should easily achieve the same status and privilege (Chae, 2001; ChenFeng et al., 2017; Gupta et al., 2011; Sue et al., 2009). The myth is used to silence the claims of social inequality and discrimination made by other minority groups, arguing that race is not a handicap in the US (Chae, 2001). The model minority myth ensures racial division and leads to the preservation of White privilege, perpetuating the White-dominated social structure (Chae, 2001).

The model minority myth may appear to be positive on the surface, portraying an entire ethnic group as an American success story, though closer examination reveals a more problematic nature (Gupta et al., 2011; Kiang et al., 2017). There is a misconception that it is less harmful to praise than to criticize a minority group (Sperling et al., 2017). The model minority myth pigeonholes Asian Americans into a limited, restricted set of experiences, compelling a unidimensional social identity on Asian

Americans rather than accepting and understanding a range of varied cultural experiences (Kiang et al., 2017). The myth objectifies Asian Americans and unnecessarily imposes high, unrealistic standards and pressure (ChenFeng et al., 2017; Kiang et al., 2017). For instance, there is evidence to show that when the model minority stereotype is evoked, it can negatively impact test performance because of the high stakes attached to meeting others' expectations (Kiang et al., 2017). Stereotypes can ultimately have damaging psychological effects.

Due to the model minority myth, some scholars argue that US racial hierarchy is stratified into three tiers, with White individuals at the top, Black and Hispanic individuals at the bottom, and Asian Americans as *honorary Whites* in the middle (Kiang et al., 2017; McGee et al., 2017; Thakore, 2014). This message offers the illusion that Asian Americans experience superiority over other minority groups; however, invoking the model minority myth confines Asian Americans, reinforces stereotypes, and promotes racial inequality (Kiang et al., 2017).

White Americans sometimes dichotomize racial concerns in terms of Black or White issues, which may obscure the complex experiences of Asians who are consistently overshadowed by other groups (Sue et al., 2009). The model minority myth minimizes the racism and discrimination experienced by South Asian immigrants who have undergone discrimination like other minority ethnic groups (Thakore, 2014). This myth overlooks or otherwise minimizes the oppression, marginalization, inequity, and struggle that many Asians experience (ChenFeng et al., 2017). Portraying a limited range

of very low-skilled workers or highly skilled professionals as perfect, achieving students in the media is a direct manifestation of the model minority myth (Thakore, 2014).

The model minority myth also rejects intragroup variation, lumping all Asians into a singular model minority category. The myth perpetuates the idea that all Asians are well adapted to US society, maintain a strong work ethic against all odds, and do not experience emotional or psychological distress (Chae, 2001; Gupta et al., 2011; Sue & Sue, 2012). Categorizing Asian Americans into a singular group may be the result of bias and selective attention. Politically oppressed and financially disempowered Asian Americans are residentially and academically segregated from affluent areas where wealthy White individuals reside, so affluent White individuals may claim that Asian Americans are successful due to a limited perspective on this group (Sperling et al., 2017). Statistics regarding Asian Americans' success can be misleading, and certain subgroups of Asian Americans (e.g., Chinese Americans and South Korean Americans) outperform other subgroups, such as Vietnamese Americans (Sperling et al., 2017). As with other groups across the US, socioeconomic differences within the Asian American community may account for disproportionate differences in access to quality housing, good schools, and employment opportunities (Sperling et al., 2017).

An overgeneralized view of Asian Americans is problematic because it overlooks the resources that many Asian Americans need, focusing solely on achievement and success (Kiang et al., 2017). For instance, some Asian American youth experience academic success; however, others struggle in school and would benefit from academic support (Kiang et al., 2017). Struggling Asian American youth need alternative support

and assistance in school, though assumptions about their exceptional work ethic and capabilities cause them to slip through the cracks (Sperling et al., 2017). Asian Americans are often denied access to services and programs because they are not believed to be truly oppressed (Sperling et al., 2017). The model minority myth minimizes real struggles and psychological distress (Kiang et al., 2017).

McGee et al. (2017) conducted a qualitative study to examine the experiences of 23 high-achieving Asian American college students pursuing STEM fields. The researchers explored the participants' experiences of the model minority myth relative to their chosen STEM field. Several participants shared that some Asian students are encouraged to pursue STEM-based fields despite having a wide array of career interests, an expectation based on the false perception that they would not be successful in other fields (i.e., English, religion, or history). Participants noted that the model minority myth could be motivating and helpful, driving them to live up to high expectations and become high achievers. Simultaneously, the model minority myth could be damaging and limiting, causing others to overlook their unique identity variables beyond their chosen STEM careers (McGee et al., 2017).

The stereotypes resulting from the model minority myth minimize perceptions about mental health functioning among Asian Americans (Sue et al., 2009). Cheng, Chang, O'Brien, Budgazad, and Tsai (2016) explored the influence of the model minority stereotype on mental health functioning among Asian American and White individuals. Participants were exposed to a range of vignettes describing experiences of either White or Asian American college students. When primed with a positive (model minority)

stereotype, participants perceived the individual target in the vignettes, regardless of race or ethnicity, as having higher mental health functioning than the targets in the unprimed conditions. The data suggested that priming of a positive/model minority stereotype creates an image of a well-adjusted individual with few mental health concerns or clinical symptoms, consistent with the model minority myth stereotype (Cheng et al., 2016).

Sue et al. (2009) argued that *microaggressions*—seemingly small, innocuous actions that impact the daily lives of people of color— are used to perpetuate the model minority myth. Microaggressions are typically short exchanges that convey verbal, behavioral, and communicative insults that potentially have a negative and harmful impact on the target group (Sue et al., 2009; Sue & Sue, 2012). They are automatic and typically overlooked. There is a widely-held attitude that Asian Americans are immune to psychological distress, racism, and discrimination, and the model minority myth is used to justify comments and actions meant to downplay Asian Americans' experiences (Sue et al., 2009). Asian Americans are likely to experience microaggressions around assumptions of intelligence, invisibility, and invalidation of interethnic differences (Sue et al., 2009).

Sue et al. (2007) proposed a taxonomy of racial microaggressions, classifying them under three categories: *microassault*, *microinsult*, and *microinvalidation*. Microassaults are defined as explicit, deliberate attacks meant to hurt the person of color. Microinsults and microinvalidations operate unconsciously, and they tend to be unintentional (Sue et al., 2007). A microinsult, such as regarding Asian Americans as perpetual foreigners, conveys rudeness and insensitivity, and a microinvalidation is a

subtle behavior that debases or minimizes an individual's racial heritage, such as assuming all Asian Americans are good at math and science (Sue et al., 2007).

Gee, Ro, Shariff-Marco, and Chae (2009) conducted a meta-analysis in which they assessed the relationship between discrimination and health among Asian Americans, noting that discrimination by microaggressions is associated with poorer physical and mental health quality among Asian Americans. Microinvalidations may represent the subtlest, yet most harmful, form of microaggression because they minimize the role identity plays in the lives of minority individuals and undercut opportunities that may be of vital importance to minority individuals (Ong, Burrow, Fuller-Rowell, Ja, & Sue, 2013). Microinvalidations deny the psychological thoughts or feelings of a target group. For instance, the comment, "You speak excellent English," masks an underlying comment, "You are not a true American." Prior findings suggest that Asian Americans experience microinvalidations more than any other form of microaggression (Ong et al., 2013).

Ong et al. (2013) concluded that racial microaggressions are consequential to Asian Americans' daily well-being; individuals who reported more experiences of microaggressions report poorer psychological adjustment. Microaggressions have a cumulative effect on health and well-being, compounded by public beliefs that Asian Americans are model minority citizens who are somehow immune to the effects of racism and discrimination (Gee et al., 2009; Ong et al., 2013; Sue et al., 2009; Sue & Sue, 2012). Furthermore, prior research indicates that reports of daily microaggression are

associated with poorer sleep quality among Asian Americans (Ong, Cerrada, Lee, & Williams, 2017).

Collectivism

Like many minority groups in the US, Asian families tend to have a collectivist orientation in which group goals are valued over individual needs and personal identity (Fuligni, Tseng, & Lam, 1999; Sue & Sue, 2012). *Collectivism* refers to a broad range of values, attitudes, and beliefs with the assumption that being part of a group binds and mutually obligates individuals (Oyserman et al., 2002). Conversely, *individualism* assumes that people are independent of each another. Individualism maintains that rights are more important than duties and emphasizes personal autonomy and self-fulfillment. Individualism encourages one to pay attention to past performance, future goals, and emotional arousal. Individualism is considered an essential American trait, while other cultural groups embrace a collectivist relational style (Oyserman et al., 2002).

Asian Americans have many strengths, including a collective support system in the family and community that fosters connection and resilience (Sue & Sue, 2012; Xia et al., 2013). Deeply connecting with an ethnic identity may be a source of pride and support, which promotes strength against oppression, discrimination, and racism (Sue & Sue, 2012). Many Asian immigrants work to establish a cultural community in the US through social and religious organizations, which create a sense of meaning, belonging, and comfort. Contact with one's primary heritage culture may affirm a sense of self and reinforce identity development, benefitting psychological health. Additional strength

themes found among Asian families include spiritual well-being and the ability to balance host and heritage cultures (Xia et al., 2013).

Conversely, collectivism, may also prevent South Asian Americans from focusing on personal needs. For instance, there is evidence that South Asian women are less likely to seek help for domestic violence compared to women from other groups largely due to the emphasis on the collective over the individual. Concerns about disrupting the family or being rejected by the community discourage South Asian survivors of domestic abuse from speaking up or accessing mental health resources (Singh & Hays, 2008).

Acculturation

Immigrants often experience a complex process of holding on and letting go of customs, traditions, and values when integrating into a new society, which can be described through a process of *acculturation* and *enculturation*. Immigrants engage in acculturation by adapting to the normative experiences of the dominant culture. Conversely, enculturation is marked by retaining the values of the original culture (Omizo et al., 2008). These values are determined by what one believes to be important or desirable, such as traditionally Asian values around collectivism or European American values around autonomy (Omizo et al., 2008).

Acculturation differs from assimilation in specific ways. Acculturation results from continuous contact with two cultures and allows for the retention of values, customs, and traditions. Assimilation, on the other hand, operates on a low-high continuum where the individual rejects the minority culture and adapt to the dominant culture (Chae, 2001).

There are currently two primary perspectives on acculturation in the research literature (Chae, 2001). According to proponents of the first perspective, acculturation is described on a low to high spectrum, and it is viewed as a linear process. In the second perspective, acculturation is viewed as nuanced, complex, and nonlinear (Chae, 2001). Because adjusting to a new culture is a complicated process, the second perspective appears to be a more appropriate lens through which to view minority acculturation (Chae, 2001). Additionally, individuals may struggle to balance the importance they assign to their culture of origin as well as the importance they assign to the majority culture. Reconciling and managing these differences can conjure a myriad of complex feelings and issues.

Asian Americans experience acculturation conflicts while negotiating values between two cultures. For instance, the focus on interdependence and communal value in many Asian cultures may contrast many aspects of individually-focused, autonomous US culture (Chae, 2001). New immigrant families may therefore experience acculturative stress from adapting to a novel environment, struggling with a new language, and separating from family members, which is especially relevant to refugee families from war-torn countries.

The acculturation process impacts parenting and parent-child relationships, as parents and children may adjust to a new environment and culture at different speeds. Acculturative stress can therefore result from gaps in Asian American families where younger generations are able to acculturate rapidly while parents are rendered dependent on their children for language and social interaction assistance (Xia et al., 2013). When

children adopt Western values that differ from their parents' values, conflict and stress may result.

Stress

Humans strive for dynamic homeostasis, though specific perceived or actual physical or psychological events can threaten this desired equilibrium. Behavior is therefore targeted toward addressing stressors to increase stability (de Kloet, Joels, & Holsboer, 2005). In response to stress, people typically experience a surge in arousal, alertness, vigilance, and focused attention. Our innate stress response rapidly activates the sympathetic nervous system, triggering a series of physiological responses aimed at reinstating homeostasis. When a situation is perceived as stressful, the brain activates many neuronal circuits (de Kloet et al., 2005; Shields & Slavich, 2017). A perceived stressor activates the hypothalamus-pituitary-adrenal (HPA) axis, triggering a release of hormones (de Kloet et al., 2005; Lupien, McEwen, Gunnar, & Heim, 2009; Shields & Slavich, 2017). Other major physiological systems, such as the body's immune system, are also activated during stressful circumstances (Shields & Slavich, 2017). The stress response, therefore, is an adaptive measure, enabling people to cope with stressful circumstances. It is designed to coordinate physiological systems, protecting people from danger and harm (de Kloet et al, 2005).

Stressors can be acute life events, such as a life-threatening accident, or chronic difficulties, such as caretaking for a terminally ill relative (Shields & Slavich, 2017). If a stress response is excessive or prolonged, the cost of pursuing equilibrium becomes high. Lifetime stress is associated with poor health outcomes (Shields & Slavich, 2017). Stress

can tax individuals' physiological symptoms, and traumatic stressors or chronic stressors can challenge a person's ability to cope adequately (de Kloet et al., 2005; Lupien et al., 2009). Physiologically, a stress response can lead to accelerated breathing, sweating, tachycardia, headache, fatigue, nausea, and excessive gastric acidity. On an emotional level, stress can cause interpersonal difficulties, apathy, discouragement, irritability, and anxiety (Cardoso da Costa & Freire Pinto, 2017).

Stress exposure can impair cognitive functioning, decreasing one's ability to accomplish tasks (Shields & Slavich, 2017). Chronic stress can cause neuronal disturbances that impact mental and physical health in numerous ways, from leading to depression to increasing risk for obesity (de Kloet et al., 2005). Repeated exposure to stress has enduring effects on the brain, modifying the developmental trajectory of the brain and impacting brain functioning at every stage of life (Lupien et al., 2009).

Asian Americans experience many stressors, and specific factors such as lacking English language skills, limited transportation, worries about relatives still living abroad, concerns about their future in the US, exacerbate the general stress experienced by many Asian Americans (Xia et al., 2013). Along with the acculturative stress experienced by Asian Americans, this population may also experience financial stress related to family obligations and filial piety, such as taking care of aging relatives (Xia et al., 2013).

Minority Stress Model

Researchers continuously explore the association between stressors and physical or mental health outcomes among minority groups. *Minority stress* refers to the specific, excessive stress that is experienced as a result of one's identification with a stigmatized

group (Franco & O'Brien, 2018; Meyer, 2003; Wei et al., 2010). Minority stress is distinct from general stress in that it has a unique impact on minority individuals' mental health (Franco & O'Brien; Wei et al., 2010). Minority stress adds to the general stress experienced by all people (Franco & O'Brien; Wei et al., 2010), is chronic in nature, refers to relatively stable identity structures, and is socially based as it stems from processes and institutions beyond the individual (Meyer 2003).

Meyer (2003) initially proposed his minority stress model to explain the impact of discrimination, prejudice, stigma, and other factors on adverse mental health outcomes among LGB individuals; the model has since expanded to apply to those who identify as transgender and queer (LGBTQ). The researcher of the current study aims to use the minority stress model (Meyer, 2003) to apply to and study the unique experiences of Asian Americans, specifically South Asian Americans.

Minority Stress Model Applied to Asian Americans

Meyer (2003) conceptualized stress as composed of both internal and external processes. External minority stressors include outward experiences of harassment, rejection, prejudice, and discrimination based on one's minority status (Szymanski & Sung, 2018). These are "events or conditions that are taxing to individuals and exceed their capacity to endure, therefore having potential to induce mental or somatic illness" (Meyer, 2003, p. 2). External racist stressors among Asian Americans are related to higher levels of depression, higher psychological distress, and lower levels of life satisfaction (Szymanski & Sung, 2018). Racial discrimination is associated with additional negative outcomes, including substance abuse and suicidal ideation.

Furthermore, perceived racism is associated with elevated levels of anxiety among Asian Americans (Tummala-Narra et al., 2018).

Internalized stress is another pervasive form of stress, and in his minority stress model, Meyer (2003) lists *degree of outness* and *internalized heterosexism* as important internalized stress constructs. While general stress can lead to negative outcomes, internalized social stress in particular can lead to detrimental physical and mental effects (Meyer, 2003). While unique from more outward expressions of violence and attack, prejudice and discrimination related to social class, racism, sexism, and homophobia can trigger adaptive measures, and these events can therefore be described as stressful (Meyer, 2003). Furthermore, research findings indicate that minority stress is negatively related to self-esteem and positively correlated with psychological distress in Asian Americans (Wei et al., 2010).

Another potential stressor impacting many Asian Americans' psychological well-being is *racial identity invalidation*, which refers to the denial or misperception of another's racial identity, persisting at multiple relational and societal levels despite the negative impact of this stressor on multiracial individuals (Franco & O'Brien, 2018). While not all Asian Americans identify as multiracial, Asian Americans integrate multiple cultural identities as they acculturate and adjust to US society (Chae, 2001). Franco and O'Brien (2018) noted that behaviors that do not adhere to racial stereotypes contribute to racial identity invalidation. Asian/White multiracial individuals are more likely to be perceived as White or multiracial compared to Black/White multiracial

individuals, who are more likely to be perceived as African-descended (Franco & O'Brien, 2018).

Asian Americans experience discrimination in unique ways, compared to other minority groups in the US; they are often perceived as exotic, a model minority, or perpetual foreigners and aliens (Tummala-Narra et al., 2018). Asian Americans consistently experience explicit and implicit racism (Tummala-Narra et al., 2018). According to Iwamoto, Negi, Partiali, and Creswell (2013), discrimination and racism impact racial and ethnic identity development among South Asian Americans.

Iwamoto et al. (2013) interviewed 12 South Asian participants to better understand the specific challenges with discrimination and racism that occurred throughout the participants' lifespan. South Asian participants shared experiences of rejection and discrimination after the terrorist attacks on September 11, 2001, stating that others looked at them with suspicion and caution based on their physical appearance alone (Iwamoto et al., 2013). Workplace discrimination toward South Asian Americans contributes to a defeated feeling of not being able to fit in with the majority culture (Iwamoto et al., 2013). Experiences of implicit and explicit racism deeply influence a minority individual's worldview (Iwamoto et al., 2013).

Holding a marginalized minority identity indeed adds a complex, nuanced layer to existing stress. Marginalized groups with intersecting identities experience additional stressors (Szymanski & Sung, 2018). For instance, scholars suggest that the intensity of heterosexism is heightened in Asian cultures as compared to the current dominant US culture because homosexuality challenges many traditional Asian values (Szymanski &

Sung, 2018). LGBTQ persons of color experience general heterosexist and racist stressors; however, Asian American LGBTQ individuals may experience additional stress stemming from the heterosexism within the Asian American community and racism within the LGBTQ community (Ching, Lee, Chen, So, & Williams, 2018; Szymanski & Sung, 2018). LGBTQ Asian Americans must therefore navigate discrimination stemming from multiple corners of their lives. Racism, homophobia, and transphobia can result in traumatization, leading to feelings of shock, humiliation, and confusion (Ching et al., 2018).

In their proposed integrative model of stress and trauma in LGBTQ Asian Americans, Ching et al. (2018) posited that structural/cultural factors (i.e., oppression and stigma), interpersonal discrimination, internalized oppression (i.e., internalized racism and the model minority stereotype), and limited coping and social support contribute to mental and sexual health outcomes in LGBTQ Asian Americans. Intersectional stress can lead to deleterious mental health outcomes, including depression, self-harm, suicidality, anxiety, and posttraumatic stress disorder (Ching et al., 2018).

The minority stress model (Meyer, 2003) is relevant to this proposed study because it addresses the internalized stress experienced by many Asian Americans resulting from the model minority myth (Atkin et al., 2018). For Asian Americans, internalization of the model minority myth refers to identification with the stereotype, including widely-held beliefs about achievement and unrestricted mobility (Atkin et al., 2018). Internalizing the myth leads to a heavy psychological burden to live up to pertaining to society's expectations about Asian Americans' work ethic, intelligence, and

success. It assumes that all students are high achievers, which can become a source of chronic stress for Asian American adolescents (Atkin et al., 2018). Findings support that the educational expectations of the myth results in feelings of inadequacy and self-doubt, psychological distress, and suicide among Asian American high school students (Atkin et al., 2018, Gupta et al., 2011).

Minority members often respond to the stress of prejudice with coping and resilience, with Meyer (2003) noting that group solidarity and cohesiveness serve as protective factors against stress, which connects to existing literature about the strengths of collectivist groups (Sue & Sue, 2012; Xia et al., 2013).

Help-Seeking Attitudes

In their influential paper, Fischer and Turner (1970, p. 79) defined attitudes toward seeking professional psychological help as the "tendency to seek or resist professional aid during a personal crisis or following prolonged psychological discomfort." Researchers continue to use this foundational framework to examine help-seeking attitudes, and findings have suggested that positive attitudes toward professional psychological help-seeking were associated with a 2.5-fold increase in mental health service utilization (Arora et al., 2016).

Mental health literacy reflects people's knowledge and awareness of psychological symptoms, aiding in their recognition, treatment, and prevention (Jorm, 2012). Mental health literacy, which includes both knowledge about mental health as well as knowledge about help-seeking options and available treatments, represents a Western conceptualization that may conflict with minority individuals' cultural beliefs (Jorm,

2012). Kim and Zane (2016) found that minority students, including Asian Americans, tend to experience lower mental health literacy than White students. Asian Americans may not recognize their psychological struggles, thereby reducing their motivation to seek professional psychological help (Kim & Zane, 2016).

Barriers to psychological help-seeking among Asians include limited access to care, cultural responsiveness, and lack of awareness of services (Soorkia et al., 2011). Cultural factors play a significant role in fostering positive or negative attitudes toward professional help-seeking (Arora et al., 2016; Kim & Zane, 2016). While many individuals in psychological distress do not seek mental health treatment, Asian Americans considerably underutilize mental health services relative to their level of need (ChenFeng et al., 2017; Kim & Zane, 2016; Soorkia et al., 2011; Yamashiro & Matsuoka, 1997). Researchers have offered that one reason for this underutilization is that Asian Americans may seldom endorse emotional or interpersonal problems as a central issue when discussing their personal lives (Yamashiro & Matsuoka, 1997). Additionally, language in some Asian cultures does not adequately capture all that individuals think and feel; therefore, language may not be used as a primary means for expressing feelings. Rather than utilizing verbal communication, people from some Asian cultures may instead endorse symbolic gestures or physical and intuitive sensations to describe their feelings (Yamashiro & Matsuoka, 1997). Asians may view mental health struggles as primarily physical or spiritual in nature (ChenFeng et al., 2017).

Internalization of the model minority myth is negatively correlated with help-seeking attitudes (Atkin et al., 2018). Cultural factors, including shame and

embarrassment, may inhibit Asian Americans from seeking help and support for these negative psychological experiences, contributing to feelings of loneliness or isolation (Iwamoto et al., 2013). Iwamoto et al. (2013) found that second-generation South Asian American youth and their parents may avoid discussing discrimination due to culturally associated feelings of shame.

Adherence to Asian cultural values may serve as a barrier to psychological help-seeking; individuals with more traditional values are less tolerant of the stigma attached to psychological disorders and more reluctant to discuss problems with a mental health service provider (Soorkia et al., 2011). Furthermore, many Asian American families endorse values such as self-reliance and independence, discouraging their children from speaking up about personal concerns (Yamashiro & Matsuoka, 1997). The tendency to avoid reaching out to mental health providers may be partially attributed to a legacy of mistrust toward any social institutions that are largely controlled by White individuals, for representatives of these institutions may have historically misunderstood or misrepresented Asian American individuals' interests (Soorkia et al., 2011; Yamashiro & Matsuoka, 1997). Asian American parents may encourage their children to be skeptical of the services institutions operated by White individuals offer (Yamashiro & Matsuoka, 1997).

Kim and Zane (2016) noted that psychological distress and impaired functioning do not always co-occur but indicated that impaired functioning may prompt some individuals to seek mental health services. People generally appraise their day-to-day functioning on a consistent basis, though Asian American college students tend to delay

help-seeking until problems become quite severe, such as a significant decrease in academic achievement (Kim & Zane, 2016).

Individualistic ideals in psychotherapy, such as openly expressing emotions and seeking help outside of the family, may conflict with Asian Americans' cultural beliefs (Das & Kemp, 1997; Kim & Zane, 2016; Mokkarala, O'Brien, & Siegel, 2016). Asian cultures place greater emphasis on emotional suppression, social conformity, self-control, and acceptance of difficult situations (Das & Kemp, 1997; Kim, 2011; Kim & Zane, 2016). A public display of emotion, including symptoms of mental illness, may be viewed as a poor reflection on an Asian individual's family or community (Arora et al., 2016; Kim, 2011). Cultural messages impact overall perception of distress and Asian Americans tend to emphasize a more holistic mind-body view of distress compared to White Americans (Kim & Zane, 2016).

Despite their population growth and prevalence of mental health concerns, South Asian Americans tend to hold negative attitudes toward professional help-seeking. Arora et al. (2016) found that personal stigma and identifying as male were negatively associated with attitudes toward professional help seeking among South Asian college students. Men may ascribe to gender ideals within South Asian culture, such as pressures to appear in control and strong (Arora et al., 2016). South Asian men may be encouraged to be self-reliant without showing signs of pain or emotion (Arora et al., 2016).

Researchers found that experiences of racism and perceived discrimination are associated with negative help-seeking attitudes among Asian American college students (Tummala-Narra et al., 2018). Asian American college students report more depression

and stress than White American college students (Kim & Zane, 2016); however, Asian American college students are the group least likely to seek mental health services on college campuses (Kim & Zane, 2016; Tummala-Narra et al., 2018).

Stigma and Shame

Stigma is a sociocultural process by which individuals are labeled as abnormal, shameful, or otherwise undesirable (Michaels, Lopez, Rusch, & Corrigan, 2012). The stigma of mental illness is a global concern, impacting individuals' quality of life across the world. Stigma is a trait that is socially discrediting, leading to a person's unjust rejection by others. Stigma serves as a barrier to seeking professional psychological help, and internalized stigma leads to feelings of shame (Corrigan, Druss, & Perlick, 2014).

Mental illness is often associated with stigma as well as an internalized feeling of culpability and responsibility, which is particularly true for South Asians who may avoid seeking help due to perceived social stigma (ChenFeng et al., 2017; Das & Kemp, 1997; Mokkarala et al., 2016). Those from collectivist cultures believe that individual actions reflect upon the group; therefore, seeking mental health support may lead to feelings of shame (ChenFeng et al., 2017; Das & Kemp, 1997; Mokkarala et al., 2016).

Additionally, family members from collectivist cultures, such as South Asian Americans, may blame themselves for their loved ones' struggle with mental illness. Even when the cause of mental illness is described as biological, South Asian family members may also feel pulled to distance themselves from their relatives struggling with mental illness. Mokkarala et al. (2016) found that South Asian Americans were more

than twice as likely to perceive character deficiencies as the cause of mental illness compared to White participants.

Shame is not exclusively associated with mental illness. According to Cowburn, Gill, and Harrison (2015), South Asian values are honor-based, and family honor is paramount to a family's position in their community. Women are viewed as the symbol of a family's honor; their actions and social performances are highly emphasized. Any perceived negative actions on the woman's part can therefore bring shame and dishonor upon her family, thus perpetuating patriarchal views about male dominance and control. Families strive to avoid shame, and as a result, they become less inclined to expose rape, sexual abuse, harassment, and violence (Cowburn et al., 2015). Culturally and socially constructed notions of shame make it difficult for South Asian women to leave an abusive situation or relationship, making them stay to avoid dishonoring their families (Cowburn et al., 2015).

College students from immigrant families experience pressure to succeed academically for social and economic mobility, putting them at increased risk for developing mental health struggles (Han & Pong, 2015). Asian American college students who view mental illness as controllable and personal are less likely to seek professional psychological help compared to students who do not view mental illness as controllable and personal. Self-control methods rooted in cultural values may lead this population to delay or avoid seeing professional psychological help, and Asian American college students may instead believe that they should suffer in silence (Han & Pong,

2015). Shame is a strong deterrent to seeking treatment for mental health concerns among Asian Americans (Han & Pong, 2015).

Rationale for the Current Study

Immigrant and minority individuals add to the diverse, rich tapestry of the US While minority groups have varied immigration experiences, each group faces unique hardships and acculturation experiences when adapting to US society. Previous literature supports that everyday stressors exist; however, minority populations must cope with the added layer of discrimination (Sue et al., 2007), stigma (ChenFeng et al., 2017; Das & Kemp, 1997; Mokkarala et al., 2016), and acculturative stress (Chae, 2001, Tummala-Narra, et al., 2012; Xia et al., 2013). Compounding stressors may lead some individuals to seek professional psychological help; however, immigrant and minority populations experience additional barriers to help-seeking based on their marginalized status (Sue & Sue, 2012).

Research regarding help-seeking attitudes among Asian Americans has expanded over the years. Kim et al. (2016) investigated the relationships among racial microaggressions, cultural mistrust, and mental health in a sample of Asian American college students. Their research contributed to a growing dialogue regarding mental health within the Asian American community; their findings indicated that an increase in microaggression experience was related to an increase in mistrust, which decreased well-being. The authors noted a distinct lack of South Asian participants in their sample (Kim et al., 2016). The researcher of the current study acknowledges that there have been fewer studies regarding the specific experiences of South Asian Americans. Combining all

Asian American populations into one category obfuscates the cultural nuances and distinct characterizations of each Asian group.

The model minority stereotype can have lasting deleterious effects on the targets of sweeping generalizations. Rodriguez-Operana, Chen, and Mistry (2017) explored Filipino(a) American adolescents' experiences of the model minority stereotype, focusing on 9th-12th grade participants. The authors noted that Filipino(a) Americans, like other Asian Americans, are often typecast as model minorities. Some participants shared that they were regularly stereotyped by others, and that both students and teachers were perpetrators of microaggressions (Rodriguez-Operana et al., 2017). The researchers' findings highlighted the significant relationships between internalization of the model minority stereotype and academic performance, peer relationships, and quality of family life. While this research adds to a growing body of literature devoted to understanding the lived experiences of Asian Americans, the authors cited their focus on second-generation youth as a limitation of the study, as the collected data may not apply to a broader population.

Among many South Asian individuals, the model minority myth serves as a specific barrier to help-seeking (Tummala-Narra et al., 2018). The model minority myth perpetuates the idea that Asian individuals are exceptional, hard-working, and immune from the painful effects of discrimination and marginalization (Chae, 2001). Atkin et al. (2018) investigated the relationship between internalization of the model minority myth and psychological distress among Asian American student participants. Students who had significantly internalized the model minority stereotype faced problematic outcomes

around academic pressure and psychological distress. Furthermore, the model minority myth inhibits individuals from speaking openly about their emotional experiences, leading to feelings of shame and isolation (Iwamoto et al., 2013).

Given that numbers of South Asian Americans are steadily rising in the US (Das & Kemp, 1997; Schacter, 2014; Thakore, 2014), this population is deserving of current, relevant research pertaining to mental health. Due to collectivist culture ideals, a history of stigma and discrimination in the US, and the perpetuation of the model minority myth, South Asian immigrants are traditionally reluctant to speak openly about emotional needs. Thus, looking beyond a Westernized mental health framework will help clinicians serve South Asian Americans in culturally appropriate ways. The researcher of the current study hopes that adding to the existing literature will further inform culturally sensitive mental health treatments for South Asian Americans.

The researcher of the current study aimed to investigate the relationships between stress, internalization of the model minority myth, shame, acculturation, and attitudes toward professional psychological help-seeking. To this researcher's knowledge, no study has examined these variables in relation to South Asian Americans, and the findings from this study will contribute to a growing body of literature pertaining to this population. Additionally, rather than focus on South Asian American university students, the researcher aimed to capture the experiences of South Asian Americans who represent more age and social class diversity than are often represented in similar studies.

Hypotheses

The researcher, based on the existing literature, predicted the following hypotheses:

Hypothesis 1 predicted that participants with low internalization of the model minority stereotype (subscales a and b) would express more openness to professional psychological help-seeking. Conversely, participants who highly internalize the model minority stereotype (subscales a and b) would express less openness to professional psychological help-seeking.

Hypothesis 2 predicted that participants who identify as highly acculturated would express more openness toward professional psychological help-seeking.

Hypothesis 3 predicted that participants who highly identify with the model minority stereotype would experience high life stress.

Hypothesis 4 predicted that participants who have high identification with the model minority stereotype would experience more shame.

Hypothesis 5 predicted that internalization of the model minority stereotype (subscales a and b) would moderate the relationship between life stress and professional help-seeking.

Hypothesis 6 predicted that internalization of the model minority stereotype (subscales a and b) would moderate the relationship between experienced shame and professional help-seeking.

CHAPTER III

METHOD

Participants

Consistent with the study's design, the researcher set specific parameters for recruitment to gather the necessary representative sample. To be eligible to participate in the study, participants were required to identify as an adult (age 18 or older), be able to understand English, and be of South Asian origin or descent (from Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, or Sri Lanka). Participants could identify as a first-generation immigrant who came to the US from a South Asian country (i.e., a graduate student from India with a student visa) or as a subsequent-generation South Asian descendent (i.e., a person born in the US with one or more South Asian-born parents or grandparents). Any English-proficient adult who identified as South Asian in the U.S. was eligible to participate in this study.

Participants were intentionally recruited to represent a diverse sample across age, gender, and social class. The researcher recruited participants from both a public Southwestern US university primarily for women and online through the social media networking website, Facebook. Using Facebook, the researcher aimed to connect with a variety of subgroups devoted to the South Asian community, including professional networking groups, religious-affiliated groups, and university-affiliated cultural groups.

To observe a medium effect with an alpha level of .05 in a multiple regression with 3 predictor variables, a minimum sample of 77 participants was necessary for a power of .80 (Faul, Erdfelder, Lang, & Buchner, 2007). The researcher planned to

account for possible participant dropout, incomplete responses, and ineligibility by aiming for 200 participants. The final sample of participants consisted of 79 participants.

Procedure

Following approval from the Institutional Review Board (IRB), participants were recruited through SONA, an online system used to recruit and provide undergraduate students access to studies. Additionally, participants were recruited through the social media networking site, Facebook. The researcher reached out to numerous Facebook groups affiliated with the South Asian community to gather information from a wide range of individuals.

All surveys and questionnaires were posted online through PsychData, a secure-data collection website. Before beginning the study, all participants were provided with an informed consent form (see Appendix A). The informed consent document specified that participation in the study was completely voluntary and participants could withdraw from the study at any point without penalty. The informed consent form provided participants with information about the study and information about incentives for participating in the study. Each page of the surveys consisted of fill-in, multiple choice, or Likert-type questions.

The researcher aimed to protect the confidentiality of those who participated in the study. Participants were given the option to participate in a drawing for a chance to win one of five $20 gift cards and/or to receive the final study results via email if they chose; email addresses were kept separate to protect participants' confidentiality.

Instrumentation

Guided by an integrative contextual framework that was based on the minority stress model (Meyer, 2003), participants completed a series of questionnaires. These questionnaires included a demographic survey as well as five psychometrically validated questionnaires. See Table 1 for an overview of the data for all of the questionnaires used in this study.

Table 1.

Instrumentation Statistics

Scale	*Possible Range*	*Range*	*Minimum*	*Maximum*	*Mean*	*SD*
IM-4 Achievement	1-7	59	11	70	54.95	12.73
IM-4 Mobility	1-7	30	5	35	14.67	6.05
Help Seeking	1-4	29	10	39	21.51	5.53
Life Stress	1-5	62	33	95	72.72	13.64
Shame	1-4	70	25	95	54.01	17.73
Acculturation	1-5	86	52	138	100.54	17.06

Demographic Questionnaire

An author-generated demographic questionnaire (see Appendix B) was created to gather descriptive information about the participants. The brief questionnaire contained 10 questions pertaining to age, gender, sexual orientation, education level, socioeconomic status, generational status, place of birth, years of residence in the US, and South Asian cultural affiliation.

Internalization of the Model Minority Myth Measure

The Internalization of the Model Minority Myth Measure (IM-4) was used to measure the extent to which participants internalized the model minority stereotype. The IM-4 (Yoo, Burrola, & Steger, 2010) is a 15-item self-report measure of the extent to which individuals of Asian descent identify with the model minority myth (see Appendix C). This measure evaluates the psychological implications of Asian individuals who are uniquely racialized with a positive but distorted label (Yoo et al., 2010). The IM-4 is comprised of two subscales: The Model Minority Myth of Achievement Orientation (M-Achievement) and The Model Minority Myth of Unrestricted Mobility (M-Mobility). The 10-item M-Achievement subscale measures the belief that Asian Americans are more successful than other minority groups due to their hard work and perseverance. An example item is, "Asian Americans get better grades in school because they study harder." The 5-item M-Mobility subscale assess the belief that Asian Americans are more successful than other minority groups due to a lack of perceived racism or barriers in life. An example item is, "Asian Americans are less likely to face barriers at work."

All IM-4 responses are measured using a 7-point Likert-type scale (1 = *strongly disagree*, 7 = *strongly disagree*). A higher score on the IM-4 indicates greater internalization of the model minority myth. In previous studies, internal consistency reliabilities have ranged from .75 to .77 for M-Mobility and .91 to .92 for M-Achievement (Atkin et al., 2018; Tummala-Narra et al., 2018; Yoo et al., 2010). Yoo et al. (2010) have established statistical support for the two-subscale model.

Attitudes Toward Seeking Professional Psychological Help

The Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF; Fischer & Farina, 1995) was used to assess help-seeking attitudes (see Appendix D). The ATSPPH-SF has been used with Asian American participants in previous studies (Kim et al., 2016; Tummala-Narra et al., 2018). This self-report measures 10 items on a 4-point Likert-type scale (0 = *disagree*, 3 = *agree*), with a higher score indicating an increased likelihood of seeking professional psychological help. A sample item was "I would want to get psychological help if I were worried or upset for a long period of time." Fischer and Farina (1995) reported strong reliability (α = .84) as well as evidence for validity.

Life Stress

The Life Stress Scale (LSS; Ashing-Giwa, Padilla, Tejero, & Kim, 2004) was used to assess participants' degree of active and current stress among multiple life contexts, such as family life and financial stressors (see Appendix E). This self-report scale measures 19 items on a 5-point Likert-type scale (1 = *extreme stress*, 5 = *no stress*), with a lower score indicating elevated stress. Participants were asked to indicate how much stress has been experienced during the past 3 months across a series of domains (e.g., "money or finances" and "getting proper medical care"). Scores were averaged to receive a total life stress score. Ashing-Giwa et al. (2004) reported a α ranging from .86-.88 in studies with multiethnic samples. The researcher selected this stress

assessment due to its prior established use with multiethnic samples (Ashing-Giwa et al., 2004).

Shame

The Experience of Shame Scale (ESS) was used to assess participants' experience of internalized shame. The ESS (Andrews, Qian, & Valentine, 2002) is a self-report scale composed of 25 items (see Appendix F). Responses are completed on a 4-point Likert-type scale with higher scores indicating higher shame (1 = *not at all*, 4 = *very much*). Each item indicates the frequency of experiencing, thinking, and avoiding shame in the past year, with items such as, "Have you ever felt ashamed of any of your personal habits?" and "Have you tried to conceal from others the sort of person you are?" In their study, Andrews et al. (2002) found this scale to have high internal consistency (α = .92) with strong test-retest reliability.

Acculturation

The general ethnicity questionnaire (GEQ) was used to measure acculturation, and it is a measure that has been adapted from pre-existing, commonly used acculturation and cultural orientation measurement scales (Tsai, Ying, & Lee, 2000). It has been previously used with Asian American populations. This self-report scale (see Appendix G) measures 38 items on a 5-point Likert-type scale (1 = *strongly disagree*, 5 = *strongly agree)* to evaluate participants' agreement with statements regarding their cultural orientation (e.g., "I was raised in a way that was American"). For items that inquire about participants' language proficiency, the scale ranges from 1 = *very much* to 5 = *not at all*

(e.g., “How much do you speak English at home?”). Tsai et al. (2000) found this scale to have high internal consistency (α = .92) with strong test-retest reliability.

Internal Reliability Scores for Measurements

Internal reliability scores for each scale were analyzed, and all scales demonstrated moderate to strong reliability. Cronbach’s α on the IM-4 Achievement Scale (M-Achievement) was .94 and the IM-4 Mobility (M-Mobility) as .85, indicating strong reliability. Cronbach’s α on the ATSPPH-SF was .71, indicating moderate reliability. Cronbach’s α on the LSS was .89, indicating strong reliability. Cronbach’s α on the ESS was .96, indicating strong reliability. Finally, Cronbach’s α on the GEQ was .76, indicating moderate reliability.

Data Analysis

Descriptive statistics and correlations were calculated to describe the dataset. Frequencies and percentages for all categorical variables were assessed, and a correlation matrix was run for all continuous variables. A simple regression or Pearson correlation was used to calculate Hypotheses 1-4.

1. Hypothesis 1a predicted that identification with the model minority stereotype subscale a (M-Achievement) is negatively related to psychological help-seeking. Similarly, Hypothesis 1b predicted that identification with the model minority stereotype subscale b (M-Mobility) is negatively related to psychological help-seeking.

2. Hypothesis 2 predicted that acculturation is positively related to professional psychological help seeking. That is, those who identify as highly acculturated express more openness to seeking help.
3. Hypothesis 3a predicted that identification with the model minority stereotype subscale a (M-Achievement) is positively related to life stress. That is, those who highly identify with the model minority stereotype experience more life stress.

   Hypothesis 3b predicted that identification with the model minority stereotype subscale b (M-Mobility) is positively related to life stress.
4. Hypothesis 4a predicted that identification with the model minority stereotype subscale a (M-Achievement) is positively related to shame.

   Hypothesis 4b predicted that identification with the model minority stereotype subscale b (M-Mobility) is positively related to shame.

To test Hypotheses 5-6, the researcher conducted a hierarchical multiple regression analysis. Aiken and West's (1991) test of moderation was used to assess the interaction between identification with the model minority stereotype, life stress, and professional psychological help-seeking. The continuous variables were centered and interaction terms created.

5. Hypothesis 5 predicted that identification with the model minority stereotype (subscales a and b) moderates the relationship between life stress and professional help-seeking.

6. Hypothesis 6 predicted that identification with the model minority stereotype (subscales a and b) moderates the relationship between experienced shame and professional help-seeking.

CHAPTER IV

RESULTS

Descriptive Statistics

A total of 143 participants began the questionnaires, and the final sample comprised of 79 participants who completed the questionnaires and met the study criteria (N = 79). In regards to ineligible participants, 64 participants were eliminated from this sample because they did not fully complete the surveys (n = 49), did not identify as South Asian (n = 14), or identified as younger than 18 years of age (n = 1). Participants who wrote a non-South Asian country in the free response section, such as Vietnam or Philippines, were eliminated from the study.

The ages of participants in this study ranged in age from 18 to 71 (M = 31.5, SD = 12.8), and 40.5% of participants identified as under the age of 25. Most of the sample consisted of women (78.5%). Regarding generation status, nearly half (48.1%) of the sample identified as first-generation South Asian Americans, 40.5% of the sample identified as second-generation, and 8.9% identified as third-generation. Most of the sample (83.5%) was comprised of US citizens with 49.4% of participants identifying their place of birth as South Asia. Over half of the sample identified their household income before taxes as above $90,000 (58.2%), 10.1% identified their household income as $75,000 to $90,000, and 11.4% identified their household income as $60,000 to $75,000. Regarding education status, 67% of the sample identified as having earned a bachelor's degree or higher.

A series of Pearson correlation analyses were used to explore differences between generation status, and the exploratory analyses revealed no significant differences between these groups. One item on the demographic questionnaire read, "South Asian nationality/ heritage/ country of origin," prompting participants to write in their own response. See Table 2 for an overview of reported countries of origin.

Table 2.

Participant Reported South Asian Country of Origin (N = 79)

Country	*Frequency*	*Percent*
China/Afghanistan	1	1.3
India	73	92.4
Nepal	2	2.5
Pakistan	3	3.8
Total	79	100

Findings

Prior to conducting the analyses, the researcher conducted assumption checks. First, all scales and subscale scores were computed. Normality was assessed by examining skewness and kurtosis.

Skewness and kurtosis were examined for each of the scale scores to determine if the assumption of normality was met. Absolute values greater than 3 for skewness and greater than 8 for kurtosis indicate a non-normal distribution. The highest kurtosis value was 2.6 and the largest skewness value was -1.4.

Z-scores were calculated to identify outliers with a value above an absolute value of 3. Two cases were identified as having a *z*-score of 3.4 and 3.5 (M-Achievement). The researcher ran analyses with and without these cases and found that it did not make a difference in the results. Thus, ultimately these cases were retained for the sample.

A series of Pearson correlation analyses were used to calculate Hypotheses 1-4. Hypothesis 1 predicted that participants with low internalization of the model minority stereotype (subscales a and b) would express more openness to professional psychological help-seeking. The relationship between M-Achievement (subscale a) and professional psychological help-seeking was not significant ($r = .09$, $p = .44$). Similarly, the relationship between M-Mobility (subscale b) and professional psychological help-seeking was not significant ($r = .04$, $p = .73$).

Hypothesis 2 predicted that participants who identify as highly acculturated would express more openness toward professional psychological help-seeking. The relationship between acculturation and professional psychological help-seeking was not significant ($r = .11$, $p = .34$)

Hypothesis 3 predicted that participants who highly identified with the model minority stereotype (subscales a and b) would experience high life stress. The relationship between M-Achievement and life stress was not significant ($\rho = .023$, $p = .82$). The relationship between M-Mobility and life stress was also not significant ($\rho = .10$, $p = .37$).

Hypothesis 4 predicted that participants who reported higher identification with the model minority stereotype (subscales a and b) would experience more shame. The

relationship between M-Achievement and shame was not significant (ρ = -.09, p = .43). However, there was a significant finding in the negative correlation between M-Mobility and shame (ρ = -.27, p = .02), such that those participants those who highly identified with the M-Mobility model minority stereotype experienced less shame.

Hierarchical multiple regression analyses were used to test Hypotheses 5 and 6, which assessed the interactions between identification with the model minority stereotype, life stress, experienced shame, and professional psychological help-seeking.

Hypothesis 5 predicted that internalization of the model minority stereotype (subscales a and b) would moderate the relationship between life stress and professional psychological help-seeking. The first analysis included two predictors: M-Achievement and stress. These variables did not account for a significant amount of variance in psychological help-seeking, R^2 = .02, F(2, 76) = .62, p = .54. The second analysis examined M-Mobility and stress. These variables also did not account for a significant amount of variance in psychological help-seeking, R^2= .01, F(2, 71) = .43, p = .65.

To test Hypothesis 6, which predicted that internalization of the model minority stereotype (subscales a and b) would moderate the relationship between shame and professional psychological help-seeking, two hierarchical multiple regression analyses were conducted.

To avoid potentially problematic high multicollinearity with the interaction term, the variables were centered and an interaction term between M-Achievement and shame was created using PROCESS (Aiken & West, 1991). The first analysis included two

predictors: M-Achievement and shame. These variables did not account for a significant amount of variance in psychological help-seeking, R^2 = .02, $F(2, 71)$ = .78, p = .46.

In the second step, the interaction term between M-Achievement and shame were added to the regression model, which accounted for a significant proportion of the variance in willingness to seek professional psychological help. This yielded an ΔR^2 = .104. The model with the main effects were not significant; however, M-Achievement and shame with the interaction term accounted for a significant amount of variance in willingness to seek professional psychological help, indicating there was a potentially significant moderation between M-Achievement and shame and willingness to seek professional psychological help, R^2 = .13, $F(3, 70)$ = 3.36, $p < .05$. Examination of the interaction plot indicated that when M-achievement was low, there was a positive relationship between shame and help-seeking; however, when M-achievement was high there was a negative relationship between shame and help-seeking. See Figure 1 below.

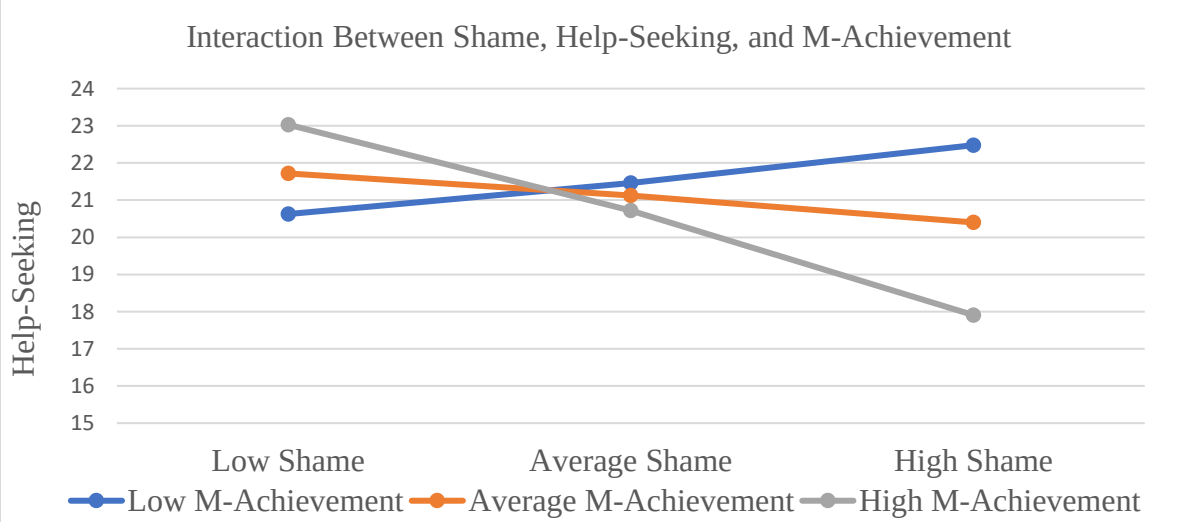

Figure 1: Interaction Between Shame, Help-Seeking, and M-Achievement

The second analysis examined M-Mobility and shame. In the first step, M-Mobility and shame, without the interaction term, did not account for a significant amount of variance in willingness to seek professional psychological help, $R^2 = .02$, $F(2, 71) = .68$, $p = .51$.

Next, the interaction term between M-Mobility and shame was added to the regression model, which accounted for a significant proportion of the variance in willingness to seek professional psychological help. This yielded an $\Delta R^2 = .19$. M-Mobility and shame with the interaction term did account for a significant amount of variance in willingness to seek professional psychological help, indicating there was potentially significant moderation between M-Mobility and shame and willingness to seek professional psychological help, $R^2 = .21$, $F(3, 70) = 6.01$, $p < .05$.

Examination of the interaction plot showed that those who identify with the M-Mobility aspect of the model minority myth at high levels and experience high shame are less willing to seek professional psychological help. See Figure 2 below.

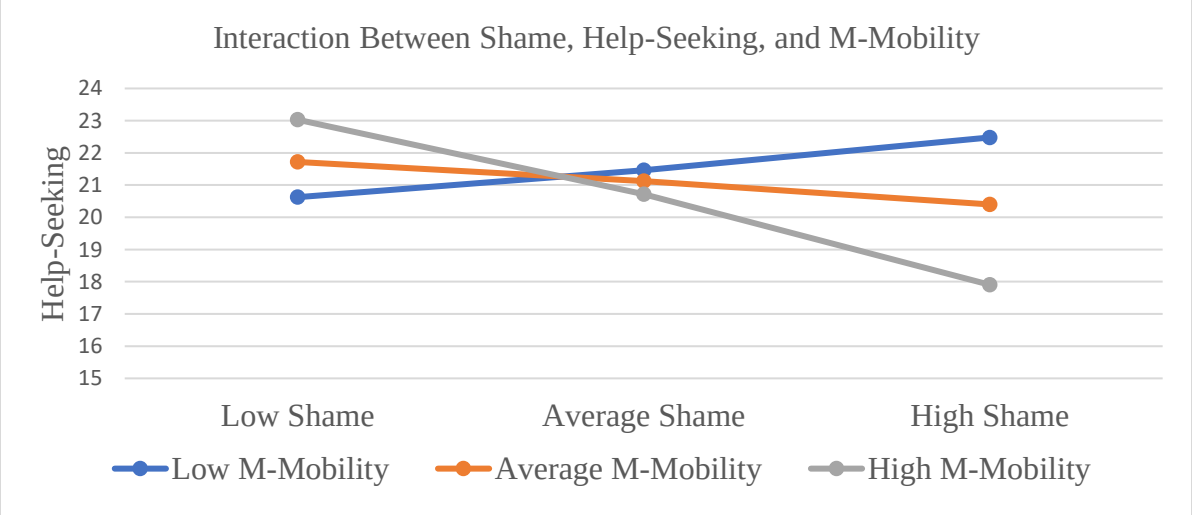

Figure 2: Interaction Between Shame, Help-Seeking, and M-Mobility

CHAPTER V

DISCUSSION

Asian Americans are a growing and diverse community, and South Asian Americans represent an understudied subset of this population. Most researchers to date have failed to capture important distinctions among Asian Americans by not studying specific ethnic groups, thus overlooking nuances and specific cultural traits (Kim et al., 2017). Particularly considering recent issues surrounding immigration, bias, discrimination, and minority stress, further research regarding the lived experiences of South Asian Americans is necessary. As psychologists aim to improve the quality of care offered to marginalized populations (Sue & Sue, 2012), there is a vital need to understand help-seeking behaviors among South Asian Americans.

The researcher utilized the minority stress model (Meyer, 2003) as a framework for understanding help-seeking attitudes among a broader sample of South Asian American adults. The minority stress model acknowledges that marginalized groups with intersecting identities experience added stressors in their day-to-day lives (Meyer, 2003), and Asian Americans experience stress in unique ways compared to other minority groups in the US. Thus, the researcher used the framework to conceptualize nuanced layers of stress, including life stress and the impacts of the model minority stereotype.

While previous literature was primarily conducted abroad (Soorkia et al., 2011), with college students (Kim & Zane, 2016; Tummala-Narra et al., 2018), and with homogenous Asian groups (Kim et al., 2017; Masood et al., 2015), this study aimed to incorporate more diverse South Asian groups. The current study contributes to a growing

body of literature aimed to improve understanding and psychological support for this community. This chapter reviews the major findings of the study and discusses the clinical significance of the results. Finally, the limitations of the study and future directions for research are discussed.

Summary of Major Findings

The researcher did not find support for Hypotheses 1-3. The researcher had predicted a relationship between internalization of the model minority stereotype and professional psychological help-seeking, a relationship between acculturation and professional psychological help-seeking, and a relationship between internalization of the model minority stereotype and life stress. Ultimately, there were no significant relationships between these variables.

First, although there was enough statistical power to conduct the analysis for the current study, the small sample size limits generalizability. The final sample size (N = 79) met the minimum criteria for this study; however, a larger sample size may have improved the analysis and impacted the findings of the study. A larger sample size addresses issues related to statistical significance, chances of detecting differences between groups, and variability of data (Biau, Kernéis, & Porcher, 2008).

The researcher also understands that this is a new topic of exploration in the field and that some of the questionnaires she utilized may not be relevant to this sample. For instance, the LSS has been used with minority, multiethnic populations (Ashing-Giwa et al., 2004), though not specifically with South Asian American participants.

Third, the measures included in the study were based on self-report. While the researcher took measures to ensure privacy and security and did not interact with the participants directly, self-report questionnaires may be affected by participants' inclination toward socially desirable responses choices or by fatigue (van de Mortel, 2008). Lastly, the data gathered were cross-sectional and correlational; therefore, causal relationships cannot be established among the variables. Future studies may benefit from gathering longitudinal data in order to observe how individuals understand their circumstances over time.

The Relationship Between M-Mobility and Shame

Analyzing Hypothesis 4 revealed an unexpected significant negative correlation between M-Mobility and shame such that those who highly identified with the M-Mobility stereotype of the model minority myth reported less shame (Yoo et al., 2010).

The researcher initially predicted that those who highly identified with the M-Mobility aspect of the model minority myth would experience more shame due to the distressing nature of the stereotype; however, the results did not support this prediction.

The M-Mobility subscale of the IM-4 assesses the belief that Asian Americans are more successful than other minority groups due to a lack of perceived racism or barriers in life (Yoo et al., 2010). Thus, one interpretation the researcher posits is that identifying with the model minority myth could distance one from their experience of shame. Those who attribute their success to their hard work and perseverance may experience less internalized shame because they believe hard work justifies their actions and helps them

get their needs met. Individuals may minimize or overlook experiences of racism, prejudice, and discrimination.

Additionally, believing that an outcome is dependent on hard work may allow individuals to feel a sense of control and pride over their circumstances. An internal locus of control refers to the belief that positive events are due to individuals' own behaviors or skills. According to Spector, Sanchez, Siu, Salgado, and Ma (2004), individuals from Eastern cultures are often erroneously viewed as passive, but these individuals actively seek control in areas which will benefit the collective group (i.e., relationships or performance in the workplace). This locus of control dimension provides insight into a possible protective quality of the stereotype, for the stereotype captures the idea that Asian Americans are persistently hardworking. Future researchers could expand upon this notion by examining various aspects of the model minority stereotype further.

The model minority stereotype is an all-encompassing term; it is indeed comprised of smaller beliefs that appear positive on the surface but promote negative ideas (Gupta et al., 2011; Kiang et al., 2017). The IM-4 subscales (Yoo et al., 2010) examined the mobility and achievement dimensions of the model minority stereotype but did not delve deeper into additional dimensions of the stereotype, including protective qualities and internalized racism.

Additional Findings

The researcher predicted, via Hypothesis 5, that internalization of the model minority stereotype (subscales a and b) would moderate the relationship between life

stress and professional psychological help-seeking. Ultimately, these variables did not account for a significant amount of variance in psychological help-seeking.

The LSS was initially chosen for this study because of its previous applicability to diverse populations; however, most of the participants in this study were economically homogenous and privileged, with 58.2% having a household income greater than $90,000. In 2018, the median household income in the United States was $61,937 (Guzman, 2019). Therefore, stressors captured by the LSS were not likely endorsed by this participant group. As the LSS explored areas such as money, housing, use of public services, and neighborhood safety, a high household income serves a protective factor against these life stressors.

Moderation Findings

Researchers have previously identified shame as a barrier to psychological help seeking among Asian Americans (ChenFeng et al., 2017; Das & Kemp, 1997), though without considering the model minority stereotype; thus, the researcher sought to examine the effect of shame on help-seeking when the model minority stereotype was explored as a moderating factor. An examination of Hypothesis 6 revealed significant moderation between M-Achievement, shame, and willingness to seek professional psychological help. The interaction plot showed that when M-achievement was low, there was a positive relationship between shame and help-seeking; however, when M-achievement was high, there was a negative relationship between shame and help-seeking. In other words, those who were less encumbered by the belief that Asian Americans are more successful than other minority groups due to hard work and

perseverance may feel more willing to seek help during times when they experience high shame.

Conversely, those who are burdened by the belief that Asian Americans are innately driven and successful may feel that if they work hard enough, they will be able to manage their struggles without professional help. They may also believe their struggles are unique; thus, the shame they experience could promote isolation and deter them from speaking up. This finding supports the idea that the model minority myth indeed serves as a barrier, preventing those from seeking help when they experience psychological distress.

Regarding Hypothesis 6, there was also significant moderation between M-Mobility, shame, and willingness to seek professional psychological help. Examination of the interaction plot showed that those who identify with the M-Mobility aspect of the model minority myth at high levels and experience high shame were less willing to seek professional psychological help. Those who marginally identified with the M-Mobility aspect of the model minority myth and who experienced higher levels of shame were more likely to seek professional psychological help.

It is possible that individuals who believe that they are more successful than other minority groups due to perceived lack of racism and barriers believe that they must manage their psychological distress independently, for they are more fortunate and well-equipped than others. In sum, this finding shows that the model minority myth may indeed serves as a barrier to seeking professional help for psychological distress.

Integration of Findings with Existing Literature

The current study provides some consistency compared with existing research regarding the model minority stereotype and its effect on help-seeking behavior. The stereotype is seemingly positive on the surface for promoting Asians as "honorary Whites" and models of success in America, but it may be more complex with both protective and deeply negative consequences (Kiang et al., 2017, p. 34).

For instance, the researcher's finding that the M-Mobility aspect of the model minority stereotype was negatively correlated with shame epitomizes the seemingly innocuous, yet complex, nature of the stereotype. On the surface it may appear that the model minority stereotype protects individuals from shame. The moderation analysis, however, indicated that the stereotype serves as a barrier between shame and help-seeking. Thus, South Asian Americans may openly endorse less shame, but they may subsequently resist seeking psychological support when they are experiencing mental health concerns and distress.

This study advances the existing literature by highlighting the compounding effects of shame paired with the model minority stereotype. Shame is an emotion associated with stigma and dishonor (Chen Feng et al., Cowburn et al., 2015; Das & Kemp, 1997; Mokkarala et al., 2016), and it hinders individuals from seeking mental health support (Han & Pong, 2015). Because shame is not always talked about openly, particularly among South Asian Americans (Mokkarala et al., 2016), this study shines light on a less examined aspect of mental health for this population.

Implications for Theory, Practice, and Training

The image of well-adjusted, highly functioning Asian Americans persists in US American culture, and this common misperception may influence how clinicians judge Asian Americans' mental health needs. According to Cheng et al. (2016), when a sample of majority White, undergraduate student participants were exposed to elements of the model minority stereotype, this influenced their perceptions regarding the mental health functioning of Asian Americans. Participants saw Asian Americans as high functioning even when a situation called for mental health intervention. Clinicians could therefore benefit from becoming more aware of their own biases and perceptions of Asian Americans, specifically South Asian Americans. Marketing materials, assessment approaches, and therapeutic interventions can be better informed by a deeper understanding of these themes.

The researcher proposes that offering psychoeducation regarding the model minority stereotype to clients in an informed, culturally-sensitive way could enhance the therapeutic relationship, normalize clients' experiences, and give concrete language to a complex and lifelong perspective that many South Asians endorse and by which they may be burdened, particularly as it impacts help-seeking. The researcher also recognizes that many South Asian Americans may never actively seek therapy, so advocacy and community outreach might help normalize mental health concerns and present therapy as a safe and helpful resource.

Studies like this shed light on the impact of the model minority stereotype on psychotherapy clients, and this research presents fairly strong evidence for the

relationship between shame and help-seeking. By understanding how difficult it is for clients to ask for help initially, clinicians can better support their clients' specific concerns and needs.

Vulnerability, for instance, is a quality that is highly valued in mainstream therapy (Lereux, Sperlinger, & Worrell, 2007), but this standard may be very difficult to achieve for clients who hold cultural values which contraindicate the benefits of displaying vulnerability. Similarly, Western culture poses personal uniqueness as both a human need and an important social value, yet this contradicts many Asian beliefs regarding passivity and conformity (Boucher & Maslach, 2009). When working with Asian American clients who value emotional self-control, it is important for practitioners to be sensitive to clients' potential discomfort or inexperience with sharing personal concerns with a mental health professional (Wang & Kim, 2010). Clinicians can benefit from co-creating a plan with their clients to support their goals. For instance, clinicians might approach this by understanding South Asian Americans as a distinct group of people with unique cultural values and traits, examining differences between collectivist and individualist values, and addressing the model minority stereotype directly with clients.

Training and Professional Development

Psychologists are encouraged to understand the role of the physical and social environments on the lives of the individuals they work with, and they are encouraged to use culturally appropriate and informed skills (APA, 2017). Regarding multicultural training and coursework, the researcher understands that information about Asian American experiences are often excluded (Wang & Kim, 2010). The researcher hopes

that by contributing to this literature, multicultural competence for working with South Asian Americans will not only be considered a subset of training for clinical work, but a form of necessary and ethical care.

Multiculturally-skilled clinicians can make a difference in establishing comfort and safety for Asian American clients. For instance, a study conducted by Zhang and Dixon (2001) found that Asian international student clients rated culturally responsive counselors higher than culturally neutral counselors in several areas, including expertness and trustworthiness.

Psychologists are encouraged to utilize a strengths-based approach when working with individuals within their sociocultural context (APA, 2017), and Asian Americans have many unique strengths worth highlighting in therapy. Some examples of these strengths include resilience, connection with ethnic identity, and family support (Sue & Sue, 2012; Xia et al., 2013)

Strengths and Limitations

While many researchers study participants representing accessible, fixed age groups such as emerging adults, this study captured the experiences of participants from a wide age range (18-71 years). This is an important strength of the study because it highlights trends over a lifespan. Additionally, while many researchers who have conducted studies of the South Asian population have discussed academic stress, this study adds to the literature by examining broader concerns applicable to a wider range of individuals (i.e., life stress, shame).

The sample also represented a range of individuals between first- and second-generation South Asian Americans. The researcher conducted a series of exploratory statistical analyses and found no major differences between these subgroups. This is a strength of the study because the sample highlights how help-seeking barriers and concerns may not be limited to one generational status over another.

The current study's limitations can be categorized into two major areas: sampling and instrumentation. With respect to sampling, the researcher attempted to diversify the homogenous sampling which exists in much of the literature on Asian Americans, but the majority of the participants in the current study were of Indian origin. It would be interesting to see the results of a more diverse South Asian participant group. Additionally, most of the participants identified as women (78.5%) and were socioeconomically advantaged individuals with household incomes over $90,000. It is possible that the lack of gender and economic diversity in this population influenced the results.

According to Singh and Hays (2008), South Asian women were more likely to seek help for intimate partner violence from friends and family members over helping professionals. The authors expressed that due to cultural considerations regarding disclosure, minority women utilize informal helping networks over formal, professional helping networks. As South Asians tend to hold negative attitudes toward help-seeking (ChenFeng et al., 2017; Das & Kemp, 1997; Mokkarala et al., 2016), and South Asian women are even more reluctant to seek professional psychological help, it is

understandable that this majority women-identified sample did not convey a strong inclination toward psychological help-seeking.

The researcher also noted that most of the sample (67%) identified as having earned a bachelor's degree or higher. This is a noteworthy limitation of the study because the model minority stereotype itself emphasizes the myth of mobility and achievement, and it is possible that this sample represents a high-achieving sub-group of South Asian Americans based on education status and income level. Many South Asian Americans came to the US in the 1980s and 1990s after the Asian American Movement, and with higher education and greater job prospects (Das & Kemp, 1997; Schacter, 2014). It is possible that these individuals are better represented by the sample than the individuals who came later with less education and lower-wage jobs (Thakore, 2014).

The smaller sample size, in part due to participant drop-out and exclusionary criteria (i.e., age requirements), limits the statistical power of the study to detect significant associations. A similarly designed study with a larger sample size could produce enhanced results.

With respect to instrumentation, the LSS (Ashing-Giwa et al., 2004) may not have been relevant to this sample of South Asian-identified Americans. The questionnaire includes a variety of topics such as money/finances, housing, employment, neighborhood environment, and education. This scale does not, however, address concerns such as familial pressure, workplace conflict, or microaggressions. While the LSS has been used with other minority groups, it is possible that this questionnaire did not adequately capture the stressors of this particular sample. An alternative scale might be a better fit

for a population that is economically advantaged compared to the average United States household.

Additionally, as over half (51.9%) of the sample identified as under the age of 30 and nearly a third (30.4%) identified as 21 years old or younger, it is possible that these life stressors were not applicable to many of the participants. Future researchers could utilize scales that are more relevant to issues surrounding emerging and early adulthood.

Despite the limitations, this research has important implications in understanding help-seeking behaviors. Help-seeking is a multilayered experience influenced by individual and broader cultural factors (Tummala-Narra et al., 2018). This study challenges mainstream, Eurocentric beliefs regarding accessing mental health support. An overarching strength of this research is that it sheds light on the complexity of this issue and the unique challenges facing South Asian Americans.

Future Directions for Research

As this work explores new territories in psychology, there are many opportunities to build upon this framework in future studies. Again, the sample evaluated in this work represents a highly educated and financially successful subgroup of South Asian Americans. Future research might benefit from a more geographically, academically, and economically diverse group of South Asian Americans. As financially empowered Asian Americans are residentially segregated from politically oppressed and financially disempowered Asian Americans (Sperling et al., 2017), future researchers could explore ways to find a more geographically, academically, and economically varied sample.

An interesting direction for future research lies in marriage and family therapy. Other researchers have explored how family environments impact resiliency and socialization among South Asian families (Kaduvettoor-Davidson & Inman, 2011). While the present study focused on individuals' willingness to seek professional psychological support for personal reasons, it would be fascinating to better understand help-seeking behaviors that are related to family communication and functioning. This could enhance existing training for family therapists, so they may better serve individuals from collectivist cultures.

Another underexplored avenue for future research is related to the caste system. The Hindu caste system divides the population into ranked categories, thus creating a societal hierarchy (Leonard, 1997). The caste system historically justified systemic socioeconomic inequality (Leonard, 1997). Coping with intergenerational economic challenges might well impact people's experiences of the model minority stereotype. Future researchers might inquire about participants' assigned caste and how salient their caste identity is to their present circumstances.

While the present study explored generation status rather than age group, understanding the differences between young, middle-aged, and older adults is a helpful direction for future research. Previous studies have focused on South Asian emerging adults, highlighting the differences in depression symptoms between Asian American and White students (Kim & Zane, 2016; Tummala-Narra et al., 2018). Comparing age groups can show differences in symptoms, coping behaviors, and attitudes. Future research can also benefit from exploring gender differences.

Due to the nature of the model minority myth and its focus on the image and representation of Asian Americans, it may be useful for future researchers to assess and control for social desirability. The researcher found that those who highly identified with the model minority stereotype reported less shame, with one explanation for this negative relationship that those who are more likely to buy into the stereotype might be less willing to admit shame.

Finally, while much research highlights the struggles of marginalized populations, future research might focus on the protective qualities, resilience, and unique strengths of South Asian Americans. From family closeness to social support, and culturally-based roots in mindfulness and meditation, South Asian Americans possess many strengths. Western counseling can continue to benefit from exploring new approaches to mental health in culturally relevant ways.

Conclusion

This study explored the model minority stereotype, which is a complex and persistent theme that impacts the lives of Asian Americans, specifically South Asian Americans. The study was built against the complex backdrop and history of South Asia, a colorful group of nations characterized by centuries of war, transformation, and imperialism. It highlighted cultural nuances that are specific to South Asians, historical experiences of bias and racism, and the trying immigration process which many South Asians endured to build a better life for themselves in the US.

Asian Americans have been historically marginalized, discriminated against, and pitted against other minority groups in America. Because South Asian Americans are a

complex group experiencing a variety of unique stressors, the minority stress model proposed by Meyer (2003) was used to conceptualize internal experiences of stress for South Asian Americans. Internal experiences of stress include the model minority stereotype and shame. As the South Asian community underutilizes mental health resources (ChenFeng et al., 2017; Kim & Zane, 2016; Soorkia et al., 2011; Sue & Sue, 2012; Yamashiro & Matsuoka, 1997), the researcher was particularly interested in exploring barriers to seeking mental health support.

Participants completed a series of questionnaires to explore demographics, identification with the model minority stereotype, shame, life stress, and attitudes toward seeking professional psychological help. The first significant finding was the relationship between the model minority stereotype and shame. While the researcher predicted that those who highly identified with the M-Mobility aspect of the model minority myth would experience more shame due to the distressing nature of the stereotype, the data revealed a significant negative relationship between M-Mobility and shame. The second key finding was a significant, moderating relationship between M-Achievement, shame, and willingness to seek professional psychological help.

These results are consistent with and extend existing literature regarding Asian Americans, and they highlight the compounding impact of shame and the model minority stereotype on help seeking attitudes. Most of the individuals in this sample were in a high-income bracket and identified as highly educated, yet the results still revealed a relationship between internalized shame, the model minority stereotype, and willingness to seek psychological help. Stereotyping South Asian Americans as high achieving yet

unaffected by distress is inaccurate. Furthermore, the assumption that all South Asians are successful, and are therefore in less need of mental health support than other groups, will continue to overlook the subset of South Asian Americans who do not have the financial or education resources of this sample.

The researcher hopes that this study will better inform clinicians who intend to work with South Asian Americans, help enhance multicultural trainings related to clinical work with diverse populations, and further contribute to a movement toward de-stigmatizing mental health support for South Asians.

REFERENCES

Abbas, T. (2001) Media capital and the representation of South Asian Muslims in the British press: An ideological analysis. *Journal of Muslim Minority Affairs, 21*, 245-257. doi: 10.1080/1360200120092833

Aiken, L. S., & West, S. G. (1991). *Multiple regression: Testing and interpreting interactions*. Thousand Oaks, CA: Sage.

American Psychological Association. (2017). Multicultural guidelines: An ecological approach to context, identity, and intersectionality. Retrieved from: http://www.apa.org/about/policy/multicultural-guidelines.pdf.

Andrews, B. Qian, M., & Valentine, J. D. (2002). Predicting depressive symptoms with a new measure of shame: the experience of shame scale. *British Journal of Clinical Psychology, 41*, 29-42. Retrieved from http://search.ebscohost. com. ezp.twu.edu/login. aspx?direct=true&db=mnh&AN=11931676&site=ehost-live

Arora, P. G., Metz, K., Carlson, C. I. (2016). Attitudes toward professional psychological help seeking in South Asian Students: Role of stigma and gender. *Journal of Multicultural Counseling and Development, 44*, 263-284. doi: 10.1002/12053

Arredondo-Dowd, P. M. (1981). Personal loss and grief as a result of immigration. *Personnel & Guidance Journal, 59*, 376. doi: 10.1002/ j.2164-4918.1981.tb00573

Ashing-Giwa, K. T., Padilla, G. V., Tejero, J. S., & Kim, J. (2004). Breast cancer survivorship in a multiethnic sample. *American Cancer Society, 101*, 450-465. doi: 10.1002/cncr.20370

Atkin, A. L., Yoo, H. C., Jager, J., & Yeh, C. J. (2018). Internalization of the model minority myth, school racial composition, and psychological distress among Asian American adolescents. *Asian American Journal of Psychology, 9*, 108-116. doi:10.1037/aap0000096

Biau, D. J., Kernéis, S., & Porcher, R. (2008). Statistics in brief: the importance of sample size in the planning and interpretation of medical research. *Clinical orthopaedics and related research*, *466*(9), 2282–2288. doi: 10.1007/s11999-008-0346-9

Boucher, H., & Maslach, C. (2009). Culture and individuation: The role of norms and self-construals. *Journal of Social Psychology*, *149*(6), 677–693. doi: 1080/00224540903366800

Brown, A. (2014). US and Hispanic populations growing, but for different reasons. *Pew Research Center*. Retrieved September 18, 2018, from http://www.pewresearch.org/fact-tank/2014/06/26/u-s-hispanic-and-asian-populations-growing-but-for-different-reasons/

Cardoso da Costa, B. R., & Freire Pinto, I. C. J. (2017). Stress, burnout, and coping in health professionals: A literature review. *Journal of Psychology and Brain Studies, 1*(4), 1-8. Retrieved from http://www.imedpub.com/articles/stress-burnout-and-coping-in-healthprofessionals-a-literature-review.pdf

Chae, M. (2001). Acculturation conflicts among Asian Americans: Implications for practice. *The New Jersey Journal of Professional Counseling, 56,* 24-30.

ChenFeng, J., Kim, L., Wu, Y., & Knudson-Martin, C. (2017). Addressing culture, gender, and power with Asian American couples: Application of socio-emotional relationship therapy. *Family Process, 56,* 558-573. doi: 10.1111/famp.12251

Cheng, A. W., Chang, J., O'Brien, J., Budgazad, M. C., and Tsai, J. (2016). Model minority stereotype: Influence on perceived mental health needs of Asian Americans. *Journal of Immigrant and Minority Health, 19*, 572-581. doi: 10.1007/s10903-016-0440-0.

Ching, T. W., Lee, S. Y., Chen, J., So, R. P., & Williams, M. T. (2018). A model of intersectional stress and trauma in Asian American sexual and gender minorities. *Psychology of Violence*. doi: 10.1037/vio0000204

Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, *15*(2), 37-70. doi: 10.1177/1529100614531398

Cowburn, M., Gill, A. K., & Harrison, K. (2015). Speaking about sexual abuse in British South Asian communities: Offenders, victims and the challenges of shame and reintegration. *Journal of Sexual Aggression*, *21*(1), 4–15. https://doi-org.ezp.twu.edu/10.1080/13552600.2014.929188

Das, A. K., & Kemp, S. F. (1997). Between two worlds: Counseling South Asian Americans. *Journal of Multicultural Counseling & Development*, *25*(1), 23-33. https://doi.org/10.1002/j.2161-1912.1997.tb00313.x

de Kloet, R. E., Joels, M., & Holsboer, F. (2005). Stress and the brain: From adaptation to disease. *Nature Reviews Neuroscience, 6*, 463-475. doi:10.1038/nrn1683

Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, *39*, 175-191. Retrieved from http://www.gpower.hhu.de

Fischer, E. H., & Farina, A. (1995) Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development*, *36*, 368-373. doi: 10.1037/t05375-000

Fischer, E. H., & Turner, J. I. (1970). Orientations to seeking professional help: Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology*, *35*(1), 79–90. https://doi-org.ezp.twu.edu/10.1037/h0029636

Franco, M. G., & O'Brien, K. M. (2018). Racial identity invalidation with multiracial individuals: An instrument development study. *Cultural Diversity and Ethnic Minority Psychology, 24*, 112-125. doi: 10.1037/cdp0000170

Fuligni A., Tseng V., & Lam, M. (1999). Attitudes toward family obligations among American adolescents with Asian, Latin American, and European backgrounds. *Child Development, 70*, 1030-1044.

Gao, G. (2016). The challenges of polling Asian Americans. *Pew Research Center*. Retrieved Sept 14, 2018, from http://www.pewresearch.org/fact-tank/2016/05/11/the-challenges-of-polling-asian-americans/

Gee, G. C. Ro, A. Shariff-Marco, S., & Chae, D. (2009). Racial discrimination and health among Asian Americans: Evidence, assessment, and directions for future research. *Epidemiologic Reviews, 31*, 130-151. doi: /10.1093/epirev/mxp009

Gonçalves, M., & Matos, M. (2016). Prevalence of violence against immigrant women: A systematic review of the literature. *Journal of Family Violence, 31*, 697-710. doi: 10.1007/s10896-016-9820-4

Gubernskaya, Z. & Dreby, J. (2017). U.S. immigration policy and the case for family unity. *Journal on Migration and Human Security, 5*, 417-430. doi: 10.14240/jmhs.v5i2.91

Gupta, A., Szymanski, D. M., & Leong, F. L. (2011). The 'model minority myth': Internalized racialism of positive stereotypes as correlates of psychological distress, and attitudes toward help-seeking. *Asian American Journal of Psychology, 2*, 101-114. doi:10.1037/a0024183

Guzman, G. (2019). New data show increase increased in 14 states and 10 of the largest metros. Retrieved from https://www.census.gov/library/stories/2019/09/us-median-household-income-up-in-2018-from-2017.html.

Han, M., & Pong, H. (2015). Mental health help-seeking behaviors among Asian American community college students: The effect of stigma, cultural barriers, and acculturation. *Journal of College Student Development, 56*(1), 1-14. doi: 10.1353/csd.2015.0001

Harpalani, V. (2015). To be White, Black, or Brown? South Asian Americans and the race-color distinction. *Global Perspectives on Colorism, 14*, 609-635. Retrieved from: https://ssrn.com/abstract=2615461

Hess, G. (1969). The "Hindu" in America: Immigration and naturalization policies and India, 1917-1946. *Pacific Historical Review, 38*, 59-79. doi:10.2307/3636886

Hoeffel, E. M., Rastogi, S., Kim, M. O., & Shahid, H. (2012). The Asian population: 2010. Retrieved from https://www.census.gov/prod/cen2010/briefs/c2010br-11.pdf

Iwamoto, D. K., Negi, N. J., Partiali, R. N., & Creswell, J. W. (2013). The racial and ethnic identity formation process of second-generation Asian Indian Americans: A phenomenological study. *Journal of Multicultural Counseling & Development, 41*, 224-239. doi:10.1002/j.2161-1912.2013.00038.x.

Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for better mental health. *American Psychologist, 67,* 231-243. doi:10.1037 /a0025957

Kaduvettoor, D. A., & Inman, A. G. (2012). Predictors of cultural values conflict for Asian Indian women. *Journal of Multicultural Counseling & Development*, *40*(1), 2–10. doi: 10.1111/j.2161-1912.2012.00001.x

Kiang, L., Huynh, V. W., Cheah, C. L., Wang, Y., & Yoshikawa, H. (2017). Moving beyond the model minority. *Asian American Journal of Psychology, 8,* 1-6. doi:10.1037/aap0000070

Kim, B. S. K. (2011). Client motivation and multicultural counseling. *The Counseling Psychologist, 39,* 267-275. doi: 10.1177/001 1000010375310

Kim, J. E., & Zane, N. (2016). Help-seeking intentions among Asian American and White American students in psychological distress: Application of the health belief model. *Cultural Diversity and Ethnic Minority Psychology*, *22*, 311-321. doi:10.1037/cdp0000056

Kim, P. Y., Kendall, D. L., & Cheon, H. (2017). Racial microaggressions, cultural mistrust, and mental health outcomes among Asian American college students. *American Journal of Orthopsychiatry*, *87*, 663-670. doi: 10.1037/ort0000203

Lee, E., Ditchman, N., Fong, M. W. M., Piper, L., & Feigon, M. (2014). Mental health service seeking among Korean international students in the United States: A path analysis. *Journal of Community Psychology*, *42*, 639-655. doi: 10.1002/jcop.21643

Leonard, K. I. (1997). *The South Asian Americans.* Westport, CT: Greenwood.

Lopez, G., Bialik, K., & Radford, J. (2018) Key findings about U.S immigrants. *Pew Research Center*. Retrieved September 18, 2018, from http://www.pewresearch.org/fact-tank/2018/09/14/key-findings-about-u-s-immigrants/

Lupien, S.J., McEwen, B.S., Gunnar, M.R., & Heim, C. (2009). Effects of stress throughout the lifespan on the brain, behaviour, and cognition. *Nature Reviews Neuroscience*, *6*, 434-445. doi:10.1038/nrn2639

Massey, D. (1995). The new immigration and ethnicity in the United States. *Population and Development Review*, *21*(3), 631-652. doi:10.2307/2137753

Masood, Y. Lovell, K., Lunat, F., Atif, N., Waheed, W. & Rahman, A. (2015). Group psychological intervention for postnatal depression: A nested qualitative study with British South Asian women. *BMC's Women's Health, 15.* doi: 10.1186/s12905-015-0263-5

McGee, E. O., Thakore, B. K., & LaBlanc, S. S. (2017). The burden of being "model": Racialized experiences of Asian STEM college students. *Journal of Diversity in Higher Education, 10,* 253-270. doi: 10.1037/dhe0000022

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129,* 674–697. doi: 10.1037/0033-2909.129.5.674

Michaels, P. J., Lopez, M., Rusch, N., & Corrigan, P. W. (2012). Constructs and concepts comprising the stigma of mental illness. *Psychology, Society, & Education, 4*, 183-194. doi: 10.1155/2018/1987581

Mitra, A. & Ray, D. (2014). Implications of an economic theory of conflict: Hindu-Muslim violence in India. *Journal of Political Economy, 122*, 719-765. doi:10.1086/676316

Mokkarala, S., O'Brien, E. K., & Siegel, J. T. (2016). The relationship between shame and perceived biological origins of mental illness among South Asian and White American young adults. *Psychology, Health & Medicine, 21*, 448–459. doi: 10.1080/13548506.2015.1090615

O'Doherty, K., & Lecouteur, A. (2007). "Asylum seekers", "boat people" and "illegal immigrants": Social categorisation in the media. *Australian Journal of Psychology, 59*(1), 1-12. doi:10.1080/00049530600941685

Omizo, M. M., Kim, B. S., & Abel, N. R. (2008). Asian and European American cultural values, bicultural competence, and attitudes toward seeking professional psychological help among Asian American adolescents. *Journal of Multicultural Counseling and Development, 36*, 15-28. doi: 10.1002/j.2161-1912.2008.tb00066.x

Ong, A. D., Burrow, A. L., Fuller-Rowell, T. E., Ja, N. M., & Sue, D. W. (2013). Racial microaggressions and daily well-being among Asian Americans. *Journal of Counseling Psychology, 60*, 188-199. doi: 10.1037/a0031736

Ong, A. D., Cerrada, C., Lee, R. A., & Williams, D. R. (2017). Stigma consciousness, racial microaggressions, and sleep disturbance among Asian Americans. *Asian American Journal of Psychology, 8*, 72-81. doi: 10.1037/aap0000062

Ostfeld, M. (2015). The backyard politics on attitudes toward immigration. *Political Psychology. 38*, 21-37. doi:1111/pops.12314

Oyserman, D., Coon, H. M., & Kemmelmeier, M. (2002). Rethinking individualism and collectivism: Evaluation of theoretical assumptions and meta-analyses. *Psychological Bulletin, 128*(1), 3-72. doi:10.1037/0033-2909.128.1.3

Peterson, W. (1966, January 9). Success story, Japanese American style. *New York Times Magazine.*

Rahman, O., & Rollock, D. (2004). Acculturation, competence, and mental health among South Asian students in the United States. *Journal of Multicultural Counseling & Development, 32*, 130-142.

Rodriguez-Operana, V. C., Chen, Y. J., & Mistry, R. S. (2017). Disentangling the myth: Social relationships and Filipino American adolescents' experiences of the model minority stereotype. *Asian American Journal of Psychology, 8*, 56-71. doi: 10.1037/aap0000071

Samari, G., Alcalá, H. E., & Sharif, M. Z. (2018). Islamophobia, health, and public health: A systematic literature review. *American Journal of Public Health, 108*(6), e1-e9.

Schachter, A. (2014). Finding common ground? Indian immigrants and Asian American panethnicity. *Social Forces, 92*(4), 1487-1512. doi: 10.1093/sf/sou019

Schoen, A. A. (2005). Culturally sensitive counseling for Asian Americans/Pacific Islanders. *Journal of Instructional Psychology. 32*, 253-258.

Shields, G. S. & Slavich, G. M. (2017). Lifetime stress exposure and health: A review of contemporary assessment methods and biological mechanisms. *Social and Personality Psychology Compass, 11*, 1-17. doi: 10.1111/spc3.12335

Singh, A., & Hays, D. (2008). Feminist group counseling with South Asian women who have survived intimate partner violence. *Journal for Specialists in Group Work, 33*(1), 84-102. doi: 10.1080/01933920701798588

Soorkia, R., Snelgar, R., & Swami, V. (2011). Factors influencing attitudes towards seeking professional psychological help among South Asian students in Britain. *Mental Health, Religion, & Culture, 14*, 613-623. doi: 10/1080/136746.2010.494176

Spector, P. E., Sanchez, J. I., Siu, O. L., Salgado, J., & Ma, J. (2004). Eastern versus western control beliefs at work: An investigation of secondary control, socioinstrumental control, and work locus of control in China and the US. *Applied Psychology: An International Review*, *53*(1), 38–60. https://doi-org.ezp.twu.edu/10.1111/j.1464-0597.2004.00160.x

Sperling R., Zwahr-Castro, J., Cruz F., & Montalvo J. (2017). Whites aren't bad, Asian Americans are just better: Asymmetrical attributions for the White-Asian American achievement gap. *Journal of Latinos and Education, 16*, 110-123. doi: 10.1080/15348431.2016.1205991

Sue, D. W., Bucceri, J., Lin, A. I., Nadal, K. L., & Torino, G. C. (2009). Racial microaggressions and the Asian American experience. *Asian American Journal of Psychology, S*(1), 88-101.

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62*, 271–286. https://doi-org.ezp.twu.edu/10.1037/0003-066X.62.4.27

Sue, D. W., & Sue, D. (2012). *Counseling the culturally diverse: Theory and practice*. Hoboken, NJ: John Wiley & Sons

Szymanski, D. M., & Sung, M. R., (2018). Minority stress and psychological distress among Asian American sexual minority persons**.** *The Counseling Psychologist, 38,* 848-872. doi: 10.1177/0011000010366167

Thakore, B. (2014). Must-see tv: South Asian characteristics in American popular media. *Sociology Compass, 8,* 144-156. doi: 10.1111/soc4.12125

Tsai, J.L., Ying, Y., & Lee, P.A. (2000). The meaning of "being Chinese" and "being American": Variation among Chinese American young adults. *Journal of Cross-Cultural Psychology, 31,* 302-322. https://doi.org /10.1177/0022022100031003002

Tummala-Narra, P., Alegria, M., & Chen, C.-N. (2012). Perceived discrimination, acculturative stress, and depression among South Asians: Mixed findings. *Asian American Journal of Psychology, 3*(1), 3–16. https://doi-org.ezp.twu.edu/10.1037/a0024661

Tummala-Narra, P., Chang, J., Li, Z., Yang, E. J., Jiang, J., Sagherian, M.,… & Alfonso, A. (2018). Developmental and contextual correlates of mental health and help-seeking among Asian American college students. *American Journal of Orthopsychiatry,* 1-14. doi: 10.1037/ort0000317

Ullah, A. A. (2011). Rohingya refugees to Bangladesh: Historical exclusions and contemporary marginalization. *Journal of Immigrant & Refugee Studies, 9,* 139-161. doi:10.1080/15562948.2011.567149

U.S. Census Bureau. (2017). Asian American and Pacific Islander heritage month: May 2017. Retrieved from https://www.census.gov/newsroom/facts-for-features/2017/cb17 ff07.html.

Valentino, N. A., Brader, T., & Jardina, A. E. (2013). Immigration opposition among U.S. Whites: General ethnocentrism or media priming of attitudes about Latinos? *Political Psychology*, *34*, 149-166. doi:10.1111/j.1467-9221.2012.00928.x

van de Mortel, T.F. (2008). Faking it: Social desirability response bias in self-report research. *Australian Journal of Advanced Nursing, 25*(4), 40-48.

Wallace, S. P., & de Trinidad Young, M. E. (2018). Immigration versus immigrant: The cycle of anti-immigrant policies. *American Journal of Public Health*, *108*(4), 436-437.

Wang, S. & Kim, B. S. (2010). Therapist multicultural competence, Asian American participants' cultural values, and counseling process. *Journal of Counseling Psychology, 57*(4), 394-401. doi:10.1037/a0020359

Wasay, M. Khatri, I. & Kaul, S. (2014). Stroke in South Asian countries. *Nature Reviews Neurology, 10*, 135-143. doi: 10.1038/nrneurol.2014.13.

Wei, M., Liao, K. Y., Chao, R. C., Mallinckrodt, B., Tsai, P., & Botello-Zamarron, R. (2010). Minority stress perceived bicultural competence, and depressive symptoms among ethnic minority college students. *Journal of Counseling Psychology, 57*, 411-422. doi:10.1037/a0020790

Weng, S. S., & Spaulding-Givens, J. (2017). Strategies for working with Asian Americans in mental health: Community members' policy perspectives and recommendations. *Administration and Policy in Mental Health and Mental Health Services Research, 44,* 771-781. doi: 10.1007/s10488-016-0784-8

Wilkins, E., Whiting, J., Watson, M., Russon, J., & Moncrief, A. (2013). Residual effects of slavery: What clinicians need to know. *Contemporary Family Therapy: An International Journal*, *35*(1), 14-28. doi: 10.1007/s10591-012-9219-1

World Economic Outlook Database. (2018). South Asia: The robust outlook continues. Retrieved from: https://www.imf.org/external/ns/search.aspx

Xia, Y., Do, K. A., Xie, X. (2013). The adjustment of Asian American families to the U.S. context: The ecology of strengths and stress. In G. W. Peterson & K. R. Bush (eds.) *Handbook of Marriage and the Family* (pp.705-722). New York, NY: Springer.

Yakushko, O. (2009). Xenophobia: Understanding the roots and consequences of negative attitudes toward immigrants. *The Counseling Psychologist, 37,* 36-66. doi: 10.1177/0011000008316034

Yamashiro, G. & Matsuoka, J. K. (1997). Help-seeking among Asian and Pacific Americans: A multi perspective analysis. *Social Work, 42,* 176-186. doi:sw/42.2.176

Yoo, H. C., Burrola, K. S., & Steger, M. F. (2010). A preliminary report on a new measure: Internalization of the model minority myth measure (IM-4) and its psychological correlates among Asian American college students. *Journal of*

Counseling Psychology, *57*, 114-127. doi: 10.1037/a0017871

Zhang N., & Dixon, D. N. (2001). Multiculturally responsive counseling: Effects on Asian students' ratings of counselors. *Journal of Multicultural Counseling & Development*, *29*(4), 253. https://doi-org.ezp.twu.edu/10.1002/j.2161-1912.2001.tb00468.x

Zong, J. & Batlova, J. (2017). Indian immigrants in the United States. Retrieved from https://www.migrationpolicy.org/article/indian-immigrants-united-states.

Appendix A

Informed Consent

TEXAS WOMAN'S UNIVERSITY

Title : The Experiences of South Asian Americans

Investigators:
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Claudia Porras-Pyland, Ph.D.; cporras@twu.edu, 940-898-2301

Explanation and Purpose of the Research

You are being asked to participate in a research study for Megha Pulianda's dissertation at Texas Woman's University. The purpose of this study is to obtain more knowledge about the experiences of South Asian American adults.

If you are a student using the SONA database, you also have the opportunity to participate in a multitude of studies, complete scholarly research journal reviews, or attend on-campus research symposiums to complete your required research credit hours.

Research Procedures

As a participant in this study, you will be asked to spend approximately 50 minutes of your time by completing 5 short surveys and a demographic questionnaire. When you get to the bottom of each screen, please click "next" to move to the next set of questions. You can take breaks as needed, for this study is not timed. Participation is completely voluntary.

Potential Risks

The surveys will ask questions related to your personal experiences, identity, and beliefs.

Potential risks related to your participation in the study include fatigue and psychological or emotional discomfort while completing the surveys. You may take a break at any time to avoid fatigue and discomfort. A list of mental health referral sources will be made available to you should you wish to speak with a professional counselor or psychologist. If you are a TWU student, you are encouraged to contact TWU's Counseling Center at 940-898-3801.

Loss of time is another risk of this study. Again, your participation in this study is completely voluntary and you can withdraw from the study at any time without penalty.

An additional risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. There is a potential loss of confidentiality in all email, downloading, and internet transactions. Your personal identifying data will not be

collected with the survey. Data collected through PsychData will be stored in a password protected electronic file. Should you choose to participate, you will be given an option to provide your contact information if you would like to have the results of the study sent to you. Please be informed that this information will not be linked to survey responses and will be in a separate electronic file that is password protected.

There is also a risk for loss of anonymity in this study, if you provide you e-mail address that includes your name in order to request the results of the study or to enter the drawing for a gift card. If you are a gift card winner and provide your home address and contact information, you are also at risk for loss of anonymity. To minimize this risk, the researcher will only collect e-mail addresses/contact information in a secure, password protected database, which will be maintained separately from survey responses. E-mail addresses and contact information will be entirely deleted from the database three months after the completion of the study, and no paper copies will be printed.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

If you have any problems or concerns, you are free to contact the principal investigator at any point. Please let the researchers know right away if you have any concerns or problems.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Students enrolled in a psychology course at TWU will be eligible to receive 1 research credit via SONA.

If you are not a student, you will be provided with the option to be entered into a raffle to receive one of the five available $20 gift cards in appreciation for your participation. Not all who enter will win, and each participant is eligible to win one of the gift cards. Please note that students receiving SONA credit will not be eligible for the raffle. If you would like to know the results of this study, we will be mail them to you.* Please be advised that although your contact information will be stored separately from survey responses, anonymity cannot be guaranteed.

Questions Regarding the Study

You are welcome to print a copy of this consent form for your records. If you have any questions about the research study or the informed consent process, you can contact the researchers. Their phone numbers are listed at the top of this form.

If you have any questions about the way this study has been conducted, or your rights as a participant in this research, you can contacts the Texas Woman's University Office of Research and Sponsored programs at 940-898-3378 or via email at IRB@twu.edu. You are also welcome to print a copy of this consent form to keep for your own records.

*If you would like to receive a summary of the results at the conclusion of this study, please type your email _____.

Appendix B

Demographic Questionnaire

Demographic Questionnaire

Please fill in the box corresponding with the choice which best describes you, or type in your answer.

1. Age _____.

2. Gender
_____ Woman
_____ Man
_____ Transgender
_____Non-binary
_____Other: _____

3. Sexual Orientation
_____Heterosexual
_____Lesbian
_____Gay
_____Bisexual
_____Queer
_____ Other: _____

4. South Asian nationality/heritage/country of origin_____.

5. Place of Birth
_____South Asia
_____United States
_____ Other: _____

6. Are you currently
_____Single
_____Dating
_____Married or Cohabitating
_____Divorced
_____Widowed
_____Other: _____

7. Your highest Degree earned:
_____Less than high school
_____High school
_____Some college
_____Associate's (2-year) degree

_____Bachelor's (4-year) degree
_____Master's degree
_____Doctoral degree or equivalent (Ph.D., M.D., J.D.)

8. Your household income before taxes _____.
_____ below $15,000
_____ $15,000 - $30,000
_____ $30,000 - $45,000
_____ $45,000 - $60,000
_____ $60,000 - $75,000
_____ $75,000 - $90,000
_____ above $90,000

9. South Asian American Generation Status
_____First-generation (you came to the U.S. from a South Asian country)
_____Second-generation (you are a child with one or more South Asian-born parents)
_____Third-generation (you are a child with one or more South Asian-born grandparents)
_____Other: _____

10. United States Citizenship status
_____U.S. Citizen
_____Green Card
_____Work Visa
_____Student Visa
_____Other: _____

Appendix C

Internalization of the Model Minority Myth Measure

Internalization of the Model Minority Myth Measure (IM-4)

Please rate the following items using the following scale:

1 strongly disagree	2 moderately disagree	3 somewhat disagree
4 neutral	5 somewhat agree	6 moderately agree
7 strongly agree		

1. Asian Americans have stronger work ethics.
2. Asian Americans are harder workers.
3. Despite experiences with racism, Asian Americans are more likely to achieve academic and economic success.
4. Asian Americans are more motivated to be successful.
5. Asian Americans generally have higher grade point averages in school because academic success is more important.
6. Asian Americans get better grades in school because they study harder.
7. Asian Americans generally perform better on standardized tests because of their values in academic achievement.
8. Asian Americans make more money because they work harder.
9. Asian Americans are more likely to be good at math and science.
10. Asian Americans are more likely to persist through tough situations.
11. Asian Americans are less likely to face barriers at work.
12. Asian Americans are less likely to encounter racial prejudice.
13. Asian Americans are less likely to experience racism in the United States.
14. Asian Americans are more likely to be treated as equals to European Americans.
15. It is easier for Asian Americans to climb the corporate ladder.

Appendix D

The Attitudes Toward Seeking Professional Psychological Help-Short Form

The Attitudes Toward Seeking Professional Psychological Help-Short Form (ATTSPPH-SF)

Instructions: Read each statement carefully and indicate your degree of agreement using the scale below. In responding, please be completely candid.

0-Disagree 1-Partly disagree 2-Partly agree 3-Agree

1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.
2. The idea of talking about problems with a psychologist strikes me as a por way to get rid of emotional conflicts.
3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.
4. There is something admirable in the attitude of a person who is willing to cope with their conflicts and fears without resorting to professional help.
5. I would want to get psychological help if I were worried or upset for a long period of time.
6. I might want to have psychological counseling in the future.
7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
9. A person should work out his or her own problems; getting psychological counseling would be a last resort.
10. Personal and emotional troubles, like many things, tend to work out by themselves.

Appendix E

Life Stress Scale

Life Stress Scale

The next set of questions has to do with circumstances and feelings that people might experience from time to time.

For each area of life listed below, please indicate how much stress you have experienced in the past 3 months. In other words, how much has this are of life been a problem for you? If an area has not been a problem for you at all, please select "no stress".

Select one number for each statement	Extreme stress 1	A lot of stress 2	Some stress 3	Little stress 4	No Stress 5
1. Money or finances					
2. Housing, your living situation					
3. Your job situation (e.g., job experience, unemployment, career satisfaction)					
4. Your education (e.g., college, training program)					
5. Your neighborhood environment (e.g., safety, cleanliness, noise, pollution, graffiti)					
6. Using public services (e.g., Social Services, health clinics)					
7. Transportation (e.g., driving, traffic)					
8. Alcohol and/or drugs					
9. Crime and violence (e.g., physical assault, robbery)					
10. Relations with the police (e.g., availability, harassment)					
11. Relations with ethnic/racial group other than your own					
12. Experiences involving racism/ discrimination					
13. Your physical health					
14. Getting proper medical care					
15. Serious injury, illness or death of someone close to you					
16. Raising children/being a parent/problems with children					
17. Marriage, romantic relationships					
18. Your social life, social activities					

19. Additional areas of your life that are stressful (e.g., immigration, sexual abuse)					

Appendix F

Experience of Shame Scale

Experience of Shame Scale

Everybody at times can feel embarrassed, self-conscious, or ashamed. These questions are about such feelings if they have occurred at any time in the past year. There are no right or wrong answers. Please indicate the number which applies to you.

1-Not at all 2-A little 3-Moderately 4-Very much

1. Have you felt ashamed of any of your personal habits?
2. Have you worried about what other people think of any of your personal habits?
3. Have you tried to cover up or conceal any of your personal habits?
4. Have you felt ashamed of your manner with others?
5. Have you worried about what other people think of your manner with others?
6. Have you avoided people because of your manner?
7. Have you felt ashamed of the sort of person you are?
8. Have you worried about what other people think of the sort of person you are?
9. Have you tried to conceal from others the sort of person you are?
10. Have you felt ashamed of your ability to do things?
11. Have you worried about what other people think of your ability to do things?
12. Have you avoided people because of your inability to do things?
13. Do you feel ashamed when you do something wrong?
14. Have you worried about what other people think of you when you do something wrong?
15. Have you tried to cover up or conceal things you felt ashamed of having done?
16. Have you felt ashamed when you said something stupid?
17. Have you worried about what other people think of you when you said something stupid?
18. Have you avoided contact with anyone who knew you said something stupid?
19. Have you felt ashamed when you failed in a competitive situation?
20. Have you worried about what other people think of you when you failed in a competitive situation?
21. Have you avoided people who have seen you fail?
22. Have you felt ashamed of your body or any part of it?
23. Have you worried about what other people think of your appearance?
24. Have you avoided looking at yourself in the mirror?
25. Have you wanted to hide or conceal your body or any part of it?

Appendix G

General Ethnicity Questionnaire

General Ethnicity Questionnaire

Please use the following scale to indicate how much you agree with the following statements. Indicate your response.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

1. I was raised in way that was American. 1 2 3 4 5
2. When I was growing up, I was exposed to American culture. 1 2 3 4 5
3. Now, I am exposed to American culture. 1 2 3 4 5
4. Compared to how much I negatively criticize other cultures, I criticize American culture less. 1 2 3 4 5
5. I am embarrassed/ashamed of American culture. 1 2 3 4 5
6. I am proud of American culture. 1 2 3 4 5
7. American culture has had a positive impact on my life. 1 2 3 4 5
8. I believe that my children should read, write, and speak English. 1 2 3 4 5
9. I have a strong belief that my children should have American names only. 1 2 3 4 5
10. I go to places where people are American. 1 2 3 4 5
11. I am familiar with American cultural practices and customs. 1 2 3 4 5
12. I relate to my partner or spouse in a way that is American. 1 2 3 4 5
13. I admire people who are American. 1 2 3 4 5
14. I would prefer to live in an American community. 1 2 3 4 5
15. I listen to American music. 1 2 3 4 5
16. I perform American dance. 1 2 3 4 5
17. I engage in American forms of recreation. 1 2 3 4 5
18. I celebrate American holidays. 1 2 3 4 5
19. At home, I eat American food. 1 2 3 4 5
20. At restaurants, I eat American food. 1 2 3 4 5

21. When I was a child, my friends were American. 1 2 3 4 5

22. Now, my friends are American. 1 2 3 4 5

23. I wish to be accepted by Americans. 1 2 3 4 5

24. The people I date are American. 1 2 3 4 5

25. Overall, I am American. 1 2 3 4 5

Please use the following scale to answer the following questions. Circle your response.

1	2	3	4	5
Very much	Much	Somewhat	A little	Not at all

26. How much do you speak English *at home*? 1 2 3 4 5

27. How much do you speak English *at school*? 1 2 3 4 5

28. How much do you speak English *at work*? 1 2 3 4 5

29. How much do you speak English *at prayer*? 1 2 3 4 5

30. How much do you speak English *with friends*? 1 2 3 4 5

31. How much do you view, read, or listen to English *on TV*? 1 2 3 4 5

32. How much do you view, read, or listen to English *in film*? 1 2 3 4 5

33. How much do you view, read, or listen to English *on the radio*? 1 2 3 4 5

34. How much do you view, read, or listen to English *in literature*? 1 2 3 4 5

35. How fluently do you *speak* English? 1 2 3 4 5

36. How fluently do you *read* English? 1 2 3 4 5

37. How fluently do you *write* English? 1 2 3 4 5

38. How fluently do you *understand* English? 1 2 3 4 5

Appendix H

List of Referral Sources

Referral Sources

American Psychological Association (APA) Locator Service
https://locator.apa.org

American Psychological Association (APA) Toll-Free Referral Number
1-800-964-2000

Psychology Today Therapy Search
www.psychologytoday.com

South Asian Mental Health Initiative and Network
www.samhin.org

Appendix I

IRB Approval Letter