

Frederick T.L. Leong, Linda Juang,  
Desiree Baolian Qin, and Hiram E. Fitzgerald, Editors

# Asian American and Pacific Islander Children and Mental Health

Volume 1

Development and Context



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**ASIAN AMERICAN AND  
PACIFIC ISLANDER CHILDREN  
AND MENTAL HEALTH**

*Volume 1  
Development and Context*

Frederick T. L. Leong, Linda Juang,  
Desiree Baolian Qin, and Hiram E. Fitzgerald,  
Editors

Child Psychology and Mental Health  
Hiram E. Fitzgerald, Series Editor



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Santa Barbara, California • Denver, Colorado • Oxford, England

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**Library of Congress Cataloging-in-Publication Data**

Asian American and Pacific Islander children and mental health / Frederick T.L. Leong ... [et al.], editors.

p. cm. — (Child psychology and mental health)

Includes bibliographical references and index.

ISBN 978-0-313-38300-7 (hardcopy: alk. paper) — ISBN 978-0-313-38301-4 (ebook) 1.

Asian Americans—Mental health. 2. Asian Americans—Psychology. 3. Asian Americans—Social conditions. 4. Pacific Islander Americans—Mental health. 5. Pacific Islander Americans—Psychology. 6. Pacific Islander Americans—Social conditions. I. Leong, Frederick T. L. II. Title. III. Series.

RC451.5.A75A828 2011  
362.196'8908995073—dc22 2010045378

ISBN: 978-0-313-38300-7

EISBN: 978-0-313-38301-4

15 14 13 12 11 1 2 3 4 5

This book is also available on the World Wide Web as an eBook.  
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Praeger

An Imprint of ABC-CLIO, LLC

ABC-CLIO, LLC

130 Cremona Drive, P.O. Box 1911

Santa Barbara, California 93116-1911

This book is printed on acid-free paper   
Manufactured in the United States of America

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## SERIES FOREWORD

The 20th century closed with a decade devoted to the study of brain structure, function, and development that in parallel with studies of the human genome has revealed the extraordinary plasticity of biobehavioral organization and development. The 21st century opened with a decade focusing on behavior, but the linkages between brain and behavior are as dynamic as the linkages between parents and children, and children and environment.

The Child Psychology and Mental Health series is designed to capture much of this dynamic interplay by advocating for strengthening the science of child development and linking that science to issues related to mental health, child care, parenting, and public policy.

The series consists of individual monographs or thematic volumes, each dealing with a subject that advances knowledge related to the interplay between the normal developmental process and developmental psychopathology. The books are intended to reflect the diverse methodologies and content areas encompassed by an age period ranging from conception to late adolescence. Topics of contemporary interest include studies of socio-emotional development, behavioral undercontrol, aggression, attachment disorders, substance abuse, and the role that culture and other influences have in shaping developmental trajectories. Investigators involved with prospective longitudinal studies, large epidemiologic cross-sectional samples, intensely followed clinical cases, or those wishing to report a systematic sequence of connected experiments are invited to submit

manuscripts. Investigators from all fields in social and behavioral sciences, neurobiological sciences, medical and clinical sciences, and education are invited to submit manuscripts with implications for child and adolescent mental health.

*Hiram E. Fitzgerald, Series Editor*

## PREFACE

In 2002, Praeger Press launched a new series devoted to advancing understanding of the relationship between child psychology and children's mental health. The first volume focused on imaginative play in early childhood and subsequent volumes examined a wide range of research, policy, and practice issues influencing the mental health of children and adolescents. The collective force of the nine volumes published thus far has provided national stature for the Child Psychology and Mental Health series.

Although population diversity has been represented in past volumes, they do not provide systematic inclusion of the broad issues confronting minority populations. A chapter on juvenile justice disparities among Latina/o youth, one on tribal boarding schools, another on the historical impact of slavery on contemporary African American families, or the legacy of internment of Japanese families during the Second World War, does little justice to the rich set of issues affecting the mental health of children from America's increasingly diverse racioethnic population. Most conservative estimates indicate that by 2050, at least one-half of U.S. children will be members of currently defined minorities, and many of them will speak Spanish as fluently as they speak English.

In providing justification for the volumes on youth crisis, I noted that professional and public documents increasingly draw attention to the pervasive problems affecting individual, family, and community development. It was not difficult to point out that the extraordinary number of children with poor self-regulatory skills (internalizing and externalizing

disorders, oppositional defiant disorders, attention deficit hyperactivity, poor impulse control) and poor school achievement; the extent of the impact of single parent homes (primarily without fathers), the long-term effects of child abuse (physical, sexual, emotional) and neglect; and the rise in gangs, substance abuse, aggression, poverty, and the dissolution of a sense of community, are factors that have fueled a crisis in children's mental health in the United States. In many instances, these issues are exacerbated in children and families of color, exacerbated because of poverty, institutional racism, and a deep sense of anomie. However, in many other families of color, children do succeed, families are functionally well, and hopes and aspirations are achieved. Although single volumes have addressed these issues, including volumes written by many of the authors attached to the current series, there has been no comprehensive, focused attention directed to articulation of the core issues of child development and mental health within the major minority groups in the United States and internationally as well.

The years from conception to postnatal age five are vital for all children's development. It is during these years that children develop the neurobiological and social structures that will facilitate brain development and its expression in social-emotional control, self-regulation, literacy and achievement skills, and social fitness. However, while the early years are extraordinarily important in the organization of biopsychosocial regulation, a dynamic and contextual approach to life span development provides ample evidence that there are critical developmental transitions that elementary children, youth, adolescents, and emergent adults must negotiate if they are to construct successful life-course pathways. What also is clear is that public access to state-of-the-art knowledge and recommendations about future scientific and public policy practices is limited by lack of concentrated information about developmental issues facing children and families whose skin color, culture, and racial identities are different from those of children from the dominant population.

This set is one among nine volumes targeting the educated public, individuals who not only are responsible for public policy decisions, but those individuals who are responsible for raising America's children, voting for policy makers, and making decisions about policy issues that may or may not positively affect all children. Two volumes each will address child development and mental health issues in African American children, Latina/o children, Asian children, American Indian children, and children from around the world. The collective nine volumes capture the state of the art in knowledge known and knowledge to know, and will examine social and public policies that impede or enhance positive mental health

outcomes among an increasingly significant portion of America's children as well as children around the world.

This project would not have been possible without the good will and hard work of a dedicated set of editors, uniquely selected for each two-volume set. Their efforts combined with commitments from an extraordinary group of social, behavioral, and life science scholars enabled completion within our projected two year project period. I cannot express deeply enough my thanks to authors for enduring countless email deadline announcements, quick responses to track changed manuscripts, and their good spirits throughout the editorial process. Of course, behind the scenes are the individuals who manage the production process. Prior to enrolling in graduate school, Lisa Devereaux provided initial assistance for tracking the flow of editor and author contacts. For most of the duration of the project, Julie Crowgey has served as the project manager, coordinating editors and authors and publisher to move the project toward its completion. She truly has been the glue that has held everything together. Additional thanks to Adina Huda and Gaukhar Nurseitova for their always perfect and prompt technical assistance with graphics. Finally, I must acknowledge Deborah Carvalko, Praeger editor, who conceived of the idea for the Praeger series and recruited my involvement. It has been a pleasure working with Deborah to produce all of the volumes in the Praeger series that draw attention to the interface between child psychology and mental health.

*Hiram E. Fitzgerald*

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## **Chapter 1**

# **ASIANS AND THE IMMIGRANT PARADOX**

*Huong Nguyen*

This chapter consists of four main sections. The first two paint a demographic portrait of Asians and Pacific Islanders in the United States. The third demonstrates the national importance of immigrant children, predominantly Asians and Latinos. And the fourth discusses the immigrant paradox—the counterintuitive findings that immigrants, despite their many risk factors, have unexpected, positive outcomes<sup>1</sup> and that these positive outcomes deteriorate with time and generation in the United States.

### **ASIANS IN THE UNITED STATES: A DEMOGRAPHIC PORTRAIT**

Asians in the United States are a heterogeneous population, with more than 43 groups that differ in language, culture, and immigration history (U.S. Census Bureau, 2004 reports; *see also* 2007, 2008). Some have been in the United States for generations (Chinese and Japanese), whereas others are relative newcomers (Hmong, Vietnamese, Laotians, and Cambodians). As a group, Asians are the fastest-growing population in the United States. They are projected to grow 213 percent between 2000 and 2050, compared to only 49 percent in the total population (U.S. Census Bureau, 2008). In 2008, Asians made up 5.3 percent (or 15.9 million) of the population, and in 2000, 4.2 percent (11.9 million); this latter number included those who reported only Asian (3.6 percent, 10.2 million) and those who reported Asian and at least one other race (0.6 percent, 1.7 million). Five groups had one million

or more people (Asian Indian, Chinese, Filipino, Vietnamese, and Korean) and combined, made up 80 percent of the Asian population. The Chinese was the largest group (at 23.8 percent of the Asian population), followed by the Filipino (18.3 percent), Asian Indian (16.2 percent), Vietnamese (10.9 percent), and Korean (10.5 percent). Six other groups made up 15 percent of the Asian population: the Japanese (7.8 percent), Cambodian (1.8 percent), Hmong (1.7 percent), Laotian (1.6 percent), Pakistani (1.5 percent), and Thai (1.1 percent). The other Asians, those reporting two or more Asian groups, made up the remaining 5 percent (U.S. Census Bureau, 2004).

In terms of geographical distribution (in 2004), the majority (75 percent) of Asians lived in 10 states. Indeed, the top three (which housed 50 percent) were California, New York, and Texas. California had the largest percentage of Asians (35.2 percent), then New York (10.0 percent), Texas (5.8 percent), New Jersey (5 percent), Hawaii (4.3 percent), Illinois (4.2 percent), Washington (3.2 percent), Florida (2.9 percent), Virginia (2.7 percent), and Massachusetts (2.3 percent).

In terms of age, Asians were two years younger than the general population (median age of 33 versus 35 years in 2000). Proportionally, they had more people in the young adult group (20–39 years) and fewer in the younger (0–14) and older (50–85-plus) groups; the other age groups (15–19 and 40–54) were proportionally the same as the total population. Twenty-four percent of Asians were children (under 18), 68 percent were adults (ages 18–64), and 8 percent—older adults (65-plus). The Hmong had the largest child population (under 18), and the Japanese, the smallest. Fifty-five percent of the Hmong population was under 18, followed by the Cambodian, Laotian, Pakistani, and other Asian groups (at 32–39 percent each)—then the Vietnamese, Asian Indian, Korean, Filipino, and Chinese (at 21–27 percent)—and finally, the Japanese and Thai (at 12–15 percent). The Japanese were by far the oldest and the Hmong, the youngest (median age 43 versus 16 years).

In terms of marital status (among Asians 15 and older, in 2000), Asians were more likely to be married than the total population (60 percent versus 54 percent). Sixty percent were married and 30 percent—never married; only 1 to 4 percent were widowed (4 percent), divorced (4 percent), or separated (1 percent). In terms of households, Asians were more likely to be in married-couple families than the total population (62 versus 53 percent). Sixty-two percent were in married-couple families, and 9 and 5 percent were in female- and male-headed households, respectively. Twenty-five percent were in nonfamily households. Asian households have about three members on average.

In terms of nativity and citizenship, the majority (69 percent) of Asians were foreign-born: 34 percent were naturalized citizens and 34 percent,



noncitizens. Only 31 percent were U.S.-born. The Japanese had the lowest percentage of foreign-born (40 percent), and the Asian Indian, Vietnamese, Korean, Pakistani, and Thai, the highest (75 percent or more). Furthermore, the Filipinos had the lowest percentage of noncitizens (26 percent), and the Asian Indian, Pakistani, and Thai, the highest (about 45 percent).

In terms of years of residence, 22 percent of the Asian foreign-born had lived in the United States for less than 5 years; 17 to 18 percent each for 5–9 years (18 percent), 10–14 years (17 percent), and 15–19 years (17 percent), and 27 percent for 20-plus years. Their median years of residence were 14.3 (Schmidley, 2001; U.S. Census Bureau, 2000).

In terms of years of entry, the majority (76 percent) of Asians came to the United States in the 1980s (32 percent) and 1990s (44 percent); only 24 percent came before 1980. The Thai had the highest percentage (39 percent) who came before 1980, then the Japanese (33 percent), Filipinos (31 percent), Koreans (28 percent), Chinese (24 percent), and Vietnamese (20 percent). The Cambodians (10 percent), Pakistanis (13 percent), and Hmong (15 percent) had the lowest percentage. Indeed, 85 percent or more of their foreign-born came after 1980 (in the 1980s and 1990s). In contrast, the Asian Indians, Japanese, and Pakistanis had the highest percentage of recent arrivals, as 53 percent (or more) of their foreign-born came after 1990 (between 1990 and 2000).

In terms of language spoken at home, 80 percent of Asians spoke a language other than English, and 60 percent spoke English “very well.” Of those who spoke only English at home, the Japanese had the highest percentage (53 percent). Of those who spoke a language other than English, the Pakistanis and Southeast Asians (Hmong, Laotian, Cambodian, and Vietnamese) had the highest percentage (92–96 percent). And of those who spoke English “very well,” the Asian Indian, Filipino, and Japanese had the highest percentage (73–76 percent), and the Koreans and Southeast Asians (Vietnamese, Hmong, Laotian, and Cambodians) had the lowest (38–49 percent). Indeed, 62 percent of the Vietnamese spoke English less than “very well.”

In terms of education, Asians were just as likely to have a high school degree (80 percent in 1999 and 86 percent in 2007) and more likely to have a bachelor’s degree than the total population (44 versus 24 percent in 1999; 50 versus 28 percent in 2007). In 1999, 80 percent of Asians (25 and older) had a high school degree or higher, and 44 percent, a bachelor’s degree or higher. The Japanese had the highest percentage (91 percent) with a high school education, and the Asian Indians had the highest (64 percent) with a bachelor’s degree. In contrast, the Southeast Asians—the Hmong (60 percent), Cambodians (53 percent), Laotians (50 percent),

and Vietnamese (38 percent)—had the highest percentage with less than a high school education.

In terms of labor-force participation, Asians were just as likely to work as the total population. About 71 percent of men and 57 percent of women participated in the labor force. For men, the Asian Indians and Pakistanis had the highest rate of participation (79 percent and 77 percent, respectively), and the Hmong had the lowest rate (59 percent). For women, the Filipinos had the highest rate (65 percent), and the Pakistanis had the lowest (37 percent).

In terms of occupation, Asians were more likely than the total population to be in management, professional, or related jobs (45 versus 34 percent). Forty-five percent were in professional jobs; 13 to 24 percent were in sales (24 percent), services (14 percent), or production (13 percent); and 0 to 4 percent were in construction (4 percent) or farming, fishing, and forestry (0.3 percent). Among Asians, the Asian Indians, Chinese, and Japanese (51–60 percent) were the most likely to work as professionals, and the Southeast Asians (Laotians, Hmong, and Cambodians, 13–18 percent each) were the least likely. In contrast, they were the most likely to work in production (Laotians, Hmong, and Cambodians at 37–47 percent each).

In terms of median earnings (among full-time, year-round workers), Asian men and women earned 9 and 14 percent more (\$41,000 and \$31,000 in 1999), respectively, than their counterparts in the total population. The Asian Indians, Japanese, and Chinese had the highest median earnings (\$45–52,000 for men; \$35–36,000 for women), and the Southeast Asians had the lowest (Hmong, Laotians, Cambodians, and Vietnamese, \$25–31,000 for men; \$20–24,000 for women).

In terms of median family income, Asian families earned more than those in the total population (\$15,600 more in 2007, and \$9,000 more in 1999: \$59,300 versus \$50,000). The Asian Indians and Japanese had the highest family income (\$71,000 in 1999), and the Hmong and Cambodians had the lowest (\$32,400 and \$35,600, respectively). In terms of poverty, Asians had similar poverty rates (13 percent) as the total population, even though their median incomes were higher. The Hmong (38 percent) and Cambodians (29 percent) had the highest poverty rates, and the Asian Indians (10 percent), Japanese (10 percent), and Filipinos (6 percent) had the lowest.

Finally, in terms of homeownership, Asians were less likely than the total population to own their homes (53 versus 66 percent). Fifty-three percent of Asian households owned, while 47 percent rented. The Japanese, Filipinos, and Chinese were the most likely to own their homes (58–61 percent), and the Hmong, Koreans, Pakistanis, and Cambodians were the least likely

(39–44 percent of their households owned homes; the remainder rented). (All information in this section was based on the U.S. Census, 2004 report, using 2000 data [unless otherwise noted]. *See also* the U.S. Census Bureau, 2007, 2008, and U.S. DHHS, 2000.)

## **PACIFIC ISLANDERS IN THE UNITED STATES: A DEMOGRAPHIC PORTRAIT**

As a racial category, Pacific Islander (PI) refers to native Hawaiians and other PIs (e.g., those from Guam, Fiji, Tonga, Palau, Samoa, Mariana Island, Solomon Island, Papua New Guinea, etc.). It includes those in the United States but not in the U.S. islands of Guam, American Samoa, or Virgin Islands.

The Pacific Islanders are a diverse population, differing in language and culture. They can be of Polynesian, Micronesian, or Melanesian cultural background. The three largest groups are the Hawaiians (401,000 single and mixed race), Samoans (133,000), and Guamanians or Chamorros (93,000). Combined, they account for 71 percent of PIs.

In 2008, Pacific Islanders made up 0.4 percent (1.1 million) of the total population, and in 2000, 0.3 percent (874,000). This number included those who reported as single and mixed race—i.e., as Pacific Islander only (0.1 percent; 399,000 people) and in combination with one or more other races (0.2 percent; 476,000 people). The most common combination/mix was *with* Asians (Pacific Islander *and* Asian)—then *with* Whites, *with* Whites and Asians, and *with* some other race (at 29, 24, 19, and 7 percent, respectively). Of all the races, the PIs had the highest percentage reporting mixed race; indeed, they were the only group that had higher numbers of mixed rather than single race. Of all the PIs, the native Hawaiians were the most likely to report mixed race, and the Tongans and Fijians were the least likely.

From 1990 to 2000, the Pacific Islander population grew either 9 or 140 percent, depending on whether one counts the single (9 percent) or single and mixed-race population (140 percent). From 2008 to 2050, the PIs (single and mixed race) are projected to grow 132 percent, compared to only 44 percent in the population. And by 2050, they are projected to grow to 0.6 percent (2.6 million) of the population.

However, the category of Pacific Islanders has changed through the years; thus, decennial comparisons and rates of change should be interpreted with caution. In 1960, for example, the year after Hawaii became a state, “Hawaiian” and “part Hawaiian” was listed as a response option. But in 1970, only “Hawaiian” was listed and in 1980, “Guamanian” and “Samoan”

were added to the mix. In 1990, “other Asian or Pacific Islander” was listed (along with the option of writing in your specific group). And in 2000, only “other Pacific Islander” was listed (along with the write-in option); Asian was counted as a separate category.

In terms of geographic distribution (in 2000), the majority (73 percent) of PIs (single and mixed race) lived in the West; the remainder lived in the South (14 percent), Northeast (7 percent), and Midwest (6 percent). More than half (53 percent) lived in just two states (Hawaii and California). The top 10 states with the largest Pacific Islander population were Hawaii, California, Washington, Texas, New York, Florida, Utah, Nevada, Oregon, and Arizona. Combined, they housed 80 percent of the population. The cities with the largest population were Honolulu, New York, Los Angeles, and San Diego.

In terms of age (in 2008), single-race Pacific Islanders were seven years younger than the total population (median age: 29.8 versus 36.8 years). In terms of education, 87 percent of PIs (single race, 25 and older) had at least a high school degree, 15 percent had at least a bachelor’s degree, and 5 percent had a graduate or professional degree. This is compared to 85, 28, and 10 percent (respectively) in the total population. In terms of occupation, 24 percent of PIs (single race, civilian employed) worked in management, professional, or related jobs; 24 percent in service jobs; 28 percent in sales and office jobs; and 14 percent in production and transportation jobs. Finally, in terms of income, poverty, and insurance, PI households (single race) earned a median income of \$58,000, and 16 to 19 percent of them lived in poverty (16 percent) and without health insurance (19 percent). (All information in this section was from U.S. Census Bureau—Grieco, 2001, and U.S. Census Bureau—PRNewswire, 2010.)

## **THE FOREIGN-BORN: IMMIGRANTS AND CHILDREN OF IMMIGRANTS<sup>2</sup>**

Today, the ethnic minority (and Asian) population is increasing and increasingly diverse, in terms of color, class, and country of origin. This increase is due mainly to the Immigration Act of 1965. Building on the civil rights movement, the act of 1965 sought to end discrimination by removing race and ethnic restrictions on immigrants. Instead of prioritizing immigrants from Europe, this new system gave priority to those with U.S. relatives or with special skills and accomplishments. The cornerstone of this act was family reunification—which facilitated immigration from Latin America—and to a lesser extent, employment preference—which facilitated immigration from Asia. The net effect: immigration from Asia and Latin America skyrocketed (Martin & Midgley, 2003).

Thus, the Immigration Act of 1965 changed U.S. demographics dramatically. In 2000, 76 percent of the foreign-born population was from Asia (26 percent) or Latin America (51 percent), compared to only 6 percent in the early 1900s. Indeed, 9 of the top 10 countries of birth of the foreign-born were in Asia and Latin America. (In order,<sup>3</sup> they were Mexico, China, Philippines, India, Cuba, Vietnam, El Salvador, Korea, the Dominican Republic, and Canada.) Five of these were Asian countries.

Of the total U.S. population, 20 percent were of foreign origin, with 11 percent being foreign-born and 10 percent having one or two foreign-born parents. Whites made up 72 percent of the U.S. population, followed by Blacks (12 percent), Hispanics (11 percent), Asians (4 percent), and Native Americans (1 percent). Sixty-two percent of Asians and 36 percent of Hispanics in the United States were foreign-born, compared to 6 percent of Blacks, 5 percent of Native Americans, and 2 percent of Whites. In 2000, ethnic minorities (African, Asian, Hispanic, and Native Americans) made up 28 percent of the population, and in 2050, they will make up 47 percent, mainly due to the projected growth of Asians and Hispanics (Schmidley, 2001; U.S. Census Bureau, 2000).

These changes underscore the growing presence of immigrant and minority children—who, in many parts of the country, constitute 50 percent or more of the population under 18. In 2000, 39 percent of all U.S. children were ethnic minorities, and in 2050, this share will jump to 57 percent. This growth is largely due to immigrant children, the fastest-growing segment of the population under 18. Currently, one out of five children is an immigrant or a child of an immigrant. The majority of them are Asian or Hispanic, and as such, are contributing to the diversity of the child population (Hernandez & Charney, 1998).

Such changes have consequences on American society—especially when in 2040, it is projected that 75 percent of the elderly population will be White (Pollard & O'Hare, 1999). The implication is that:

As the predominantly white baby-boom generation reaches retirement age, it will depend increasingly for its economic support on the productivity, health, and civic participation of adults who grew up in minority immigrant families. Indeed, the *long-term* consequences of contemporary immigration for the American economy and society will hinge . . . on the future prospects of children in immigrant families . . . (Hernandez & Charney, 1998, pp. 1–2)

Thus, the successful adaptation of immigrant children is consequential, not just for the children themselves (for ethical and moral reasons), to

ensure their health and well-being—but also for economic, political, and social reasons, to ensure the vitality of U.S. institutions.<sup>4</sup>

Put differently, immigrant children are consequential to the country's national strength. As the fastest-growing segment in the child population,<sup>5</sup> they have a consequence on public health. Moreover, they contribute to the economic prosperity and cultural diversity of the country—and their integration (into the U.S. mainstream) is critical for ensuring social cohesion (Motti-Stefanidi, 2009).

Furthermore, the debates on immigration today will be decided by immigrant children and their children. As Waters explains, while most of the political and scholarly debates focus on the first generation “. . . it is only in the second and later generations that . . . these debates (over things like language acquisition, political participation and socioeconomic integration)” will be decided. Only so much change can be expected of one generation: “. . . after all, it is over time and generations that these changes happen” (2004, p. 5).

## THE IMMIGRANT PARADOX

Based on studies in sociology, epidemiology, and public health, findings showed that immigrants—despite their many risk factors (e.g., poverty, minority status, linguistic isolation, etc.)—do better than U.S.-born peers on a range of indices, from health to education to risk behaviors. Moreover, findings showed that U.S.-born Latinos, despite their low SES (socioeconomic status), have better health and well-being than Whites (Hayes-Bautista, 2004). This pattern—that immigrants have unexpected, positive outcomes and that these positive outcomes deteriorate with time and generation in the United States—has been termed the immigrant paradox (or the Latino paradox, or in studies of infant mortality, the epidemiological paradox).

While it is not surprising that immigrants assimilate to norms in the United States, what is surprising—i.e., the paradox—is that they do well initially and often better than their U.S.-born peers (co-ethnics) and better than their White counterparts. Conventional wisdom suggests that immigrants would show more negative outcomes given their disadvantaged circumstances (e.g., low SES, exposure to troubled neighborhoods, and barriers to health care and education) (Rumbaut, 1999). In the traditional model of health and SES, for example, immigrants living in poverty or with limited education are presumed to be at risk for poor health. Yet, findings show otherwise (that immigrants have more positive outcomes). This contradiction to the traditional health model is called the “immigrant paradox” (Mendoza, Javier, & Burgos, 2007).

Although not the initial intent of the term, what is also paradoxical is that this pattern counters the classical assimilation theory—the idea that assimilation leads to better adaptation, that immigrants will do better over time and generation. Based on a deficit model, this theory (and some U.S. policies and practices) suggest that: “To get ahead, immigrants need to learn how to become American, to overcome their deficits with respect to the new language and culture, the new health care and educational system, the new economy and society. As they shed the old and acquire the new over time, they surmount those obstacles to make their way more successfully” (Rumbaut, 1999, p. 174). Yet, research suggests the opposite: that it is something about the ethnic culture—“the old”—that protects against deteriorating health and well-being (e.g., Landale et al., 1999).

This idea (that assimilation leads to adaptation) has historical and political roots. Historically, the negative effects of immigration were debated in the late 1800s as they are today. It was then that new immigrants, who differed from the initial English and Central European settlers, started to arrive. The struggles they experienced adjusting to the United States were attributed to their feeble traits that paled against the heartiness of the already, well-established groups. The “evidence” for this feebleness was that immigrants had much higher rates of institutionalization in mental hospitals than non-immigrants. Hence, in characterizing newcomers, scholars then used terms such as “mental defectives” or “defective classes” and went as far as pushing for policies “to restrict or selectively control immigrant flow” (Escobar & Vega, 2000, p. 736).

These scholars, who were from the majority culture, viewed the minority culture as inferior and their own as superior. Thus, the goal for all newcomers was to move from the “old, bad” culture to the “new, good” one. Any failure to do so indicated a sense of weakness and inadequacy (Oetting & Beauvais, 1990–1991, p. 660). Anything distinctively ethnic (native languages and cultural practices) was seen as a disadvantage. Hence, immigrants “must free themselves from their old cultures” so that they can rise up from their marginal position and assimilate into the new society (Zhou, 1999, p. 197). This push for assimilation was seen as “nurturing” the new Americans. It was “touted as the key salubrious influence that eventually dispels most of the immigrants’ disadvantages. Americanization [assimilation] was achieved through deliberate and purposeful means and represented a truly patriotic and commendable endeavor that held substantial luster . . . It is not surprising, therefore, that the *American Heritage Dictionary* (1978) defined acculturation unidirectionally (and rather chauvinistically) as the ‘modification of a primitive culture by contact with an advanced culture’” (Escobar & Vega, 2000, p. 737).



Put differently (less politically), over the past 100-plus years, immigration has been linked to mental health, but the nature of such links has varied. Early scholars considered immigrants to be at greater risk for mental health problems (than U.S.-born peers) because of the many hardships they faced making their way into the new country. As they adjusted to life in the United States, these problems were expected to decrease. Today's scholars, however, showed that immigrants had *more* mental health problems with time in the United States (Takeuchi, Alegría, Jackson, & Williams, 2007).

Political or not, these beliefs underscore the importance of the paradox. In the context then of the traditional health model, the classical assimilation theory, and the historical-political beliefs, the paradox findings are compelling. They challenge prevailing convictions. Moreover, this deterioration (with time in the United States) is a disturbing pattern that calls for theoretical and empirical explanation (Suarez-Orozco, Trodova, & Qin, 2006).

The idea of the paradox is a slippery concept, and some researchers argue that it should not be interpreted as “an unassailable phenomenon,” as what is paradoxical is debatable (Palloni & Morenoff, 2001). Findings regarding the paradox are not limited to just immigrants, as such protection has also been demonstrated in Latinos who have lived in the United States for six or seven generations (hence the Hispanic/Latino paradox) (Hayes-Bautista, 2004). The study of the paradox, however, dates back to the 1960s–1970s, starting with findings regarding the birth outcomes of Mexican immigrants (Palloni & Morenoff, 2001).

Today, these patterns extend across outcomes, ages, and ethnic groups, and to some extent, across countries. They are, however, predominantly studied in Latinos, in adults, and in terms of physical health (and some educational outcomes). There are far fewer studies on Asians, children, or mental health—and fewer still with all these combined. This next section examines the immigrant paradox literature in general and, to the extent possible, the (paradox) literature on Asian American children and mental health.

**Mental health.** With regard to mental health, two large-scale epidemiological studies have shown that Mexican immigrants had lower rates of mental disorders than their U.S.-born peers. Both the Epidemiologic Catchment Area (ECA) study and the National Comorbidity Study (NCS) examined rates of psychiatric disorders in the United States. The ECA study found that while the Mexican and White Americans had similar rates of disorders overall, when the Mexican group was further divided, those who were foreign-born had lower rates of depression and phobias than their U.S.-born peers (Robins & Reiger, 1991; Burnam et al., 1987). Similarly,



the NCS study showed that Mexican immigrants (the foreign-born) had lower rates of any lifetime disorders (affective, anxiety, substance abuse, and any psychiatric disorders) (Ortega et al., 2000).

Still a third study confirmed this pattern and demonstrated that, compared to their U.S.-born peers, foreign-born Mexicans had lower rates of mental disorders and substance abuse. Furthermore, it demonstrated that years in the United States made a difference, as immigrants who lived in the United States for less than 13 years had lower rates of mental disorders and substance abuse than did those who lived in the United States for more than 13 years (Vega et al., 1998).

Likewise, in the first national epidemiological survey of Asian Americans in the United States, Takeuchi and colleagues (2007) examined lifetime and 12-month rates of mental disorders (in Asian American adults). They found that immigration-related factors were linked to mental disorders, but in different ways for men versus women. They found that, with the exception of English proficiency, the more Americanized the respondents (in generation status, nativity status, and age at immigration), the worse their mental health, and especially so for women (as nativity and generation status were the most consistent predictors for women).

More specifically, with regard to generation status: first-generation respondents (Asian American adults) had lower lifetime and 12-month rates of any disorder than second- and third-generation peers (who had similar rates). Moreover, first-generation women had lower lifetime rates of substance-abuse disorders than second- and third-generation peers—and lower 12-month rates of depressive, anxiety, and any psychiatric disorders than second-generation peers. With regard to nativity status: foreign-born men had lower lifetime rates of substance-abuse disorder (in their lifetime), and foreign-born women had lower lifetime rates of any disorder (depressive, anxiety, substance-abuse, psychiatric disorder; and lower 12-month rates of anxiety disorder) than U.S.-born counterparts. With regard to age at immigration: those (men and women) who arrived as children (12 years and younger) had a lifetime rate of any disorder similar to that in U.S.-born peers. Conversely, women who arrived as adults were less likely to have a depressive, anxiety, substance, or psychiatric disorder—and men who arrived as young adults (ages 18–34) were less likely to have substance-abuse, or psychiatric disorders (in their lifetime, than U.S.-born peers). With regard to English proficiency: men who spoke English well (good or excellent) were less likely to have a depressive, anxiety, or psychiatric disorder (in their lifetime, than men who spoke less well). And with regard to ethnic differences: Vietnamese women were less likely to have a depressive disorder, and Filipino men were more likely to have

a substance-abuse disorder in their lifetime than their Chinese peers. Vietnamese women were also less likely to have a depressive, anxiety, or any psychiatric disorder in the past 12 months than their Chinese peers. Years in the United States, however, did not show any clear patterns.

While these findings involved adults, similar patterns have also been demonstrated in adolescents. Swanson et al. (1992) did a large-scale survey of Mexican youth on both sides of the Texas-Mexico border and found that youth on the Texas side had more problems (depressive symptoms, suicidal ideation, and illicit drug use) than did youth in Mexico. Moreover, Neto (2009) studied immigrant adolescents in Portugal (i.e., youth from seven ethnic groups, including Asians and Pacific Islanders, Cape Verdeans, Angolans, Indians, Mozambicans, East Timorese, Sao Tomese, and Guineans) and found (1) that those from immigrant families (the foreign-born) had fewer mental health problems than their native Portuguese peers and (2) that girls had more problems than boys. He found too, that perceived discrimination, social difficulties, and behavioral problems predicted worse mental health (more problems).

All of these studies, and those with other ethnic groups (e.g., Latinos and Caribbean Blacks; Alegría et al., 2007; Canino et al., 1987; Moscicki et al., 1987; and Williams, et al., 2007), suggested that factors associated with living in the United States may lead to an increased risk of mental disorders (DHHS, 2001).

**Physical health and health risk behaviors.** Turning to physical health, Harris (1999) studied the perceived health and health risk behaviors of adolescents. Using ADD Health Data from the National Longitudinal Study of Adolescent Health, she examined a large (20,000-plus), nationally representative sample of adolescents in grades 7–12. This sample consisted of first-, second-, and third- or later-generation youth from diverse race/ethnic backgrounds (from Mexico, Asia, Africa, Europe, and Central and South America).

Harris found that, like the mental disorders, health problems and risk behaviors increased with generation and years in the United States. Compared to their immigrant peers (first generation), second-generation youth were more likely to have obesity, asthma, learning disabilities, and poor or fair health. They were also more likely to have missed school because of a health or emotional problem and to have engaged in early sexual activity and deviant behaviors (delinquency, violence, and/or drugs). The outcomes of third- or later-generation youth varied with race and ethnic groups, but in general, U.S.-born minorities had the highest rates of health problems and risk behaviors. The overall pattern, then, is that first-generation youth had the lowest rate of health problems and risk behaviors, followed by

second-generation youth (whose rates were equal to that of Whites), then third- or later-generation youth, especially ethnic minorities, who had the highest rates of all. This effect held across ethnic groups and countries of origin (and with later waves of data; Harris, personal communication, June 2006). In addition to these generational differences, Harris also found that years in the United States made a difference: the more time and exposure youth had to the United States, the greater their health problems and risk behaviors.

Likewise, findings for Asian youth (and other race/ethnic youth) showed that sexual risk behaviors increased with generation. Asian youth were more likely to have had sex and to have had it at an earlier age with generation (e.g., the first generation being the least likely, then the second, then the third). They were also more likely to use birth control (i.e., the second-generation youth were less likely to have used birth control than third-generation-plus peers [co-ethnics] and non-Hispanic Whites; the first generation, however, had comparable rates as the third generation) (Rafaelli, 2009) and to engage in property delinquency (e.g., damaged property, stole a car, and/or sold drugs) with generation (as there was a generational difference between the first and second [but not first and third] generation). There were generational differences too, in violent delinquency (e.g., shot or stabbed someone and/or used a weapon in a fight) for other groups, but not Asians. Various factors contributed to this difference in property delinquency (i.e., language spoken at home, school experiences, family relations, neighborhood context, and SES) (Bui, 2009).

Showing a similar pattern, Zhou (2009) compared two cohorts of Vietnamese youth in New Orleans (one in 1994 and another in 2003). She showed that, compared to the 1994 group, those in 2003 were less likely to be recent arrivals, more likely to be U.S.-born, and more likely to engage in delinquency (i.e., to use drugs, to have been stopped by police, to drink alcohol to the point of drunkenness, and to belong to a delinquent cluster). She showed too that several factors contributed to the delinquency in 2003: being U.S.-born, having less attraction to things Vietnamese, having less dependence on the ethnic community, and having weaker social control in the community.

**Academic outcomes.** Turning to academic indices: in a large-scale study of students in New York City (45,000 Asian, Hispanic, Black, and White third- to eighth-graders), Conger et al. (2009) found that foreign-born students did better academically than U.S.-born peers. They scored higher over time on math and reading scores. They tested higher and graduated from high school at higher rates. And, they had higher rates of school attendance and lower rates of participation in special-education programs.

Similarly, Pong and Zeiser (2009) found that first- and second-generation Asians (tenth-graders) scored higher in math than third-generation Whites, and that this advantage emerged for Asians but not Latinos (who scored lower than third-generation Whites). With regard to student attitudes, first- and second-generation youth (Asians and Latinos) were more likely to see the instrumental and intrinsic value of school than later generations, and less likely to see the social value.<sup>6</sup> They were also more likely to enjoy school than later generations. But interestingly, neither student attitudes nor school climate explained the generational differences in math scores.

While these studies involved youth, similar findings have also been demonstrated in young children. In a longitudinal study of kindergarten to third-grade students (16,000-plus Whites, Blacks, Latinos, and Asians), for example, Palacios et al. (2008) showed (1) that the first generation had higher reading scores and grew faster in reading achievement (over time) than third-generation peers; (2) that the paradox emerged for all race/ethnic groups, but that it (the immigrant advantage) was most pronounced among Asians and Blacks; and (3) that with the exception of maternal education, none of the underlying mechanisms tested were supported (e.g., socio-economic status, family structure, parenting, child care, and school factors). Using the same national dataset (ECLS-K: Early Childhood Longitudinal Study–Kindergarten Cohort), others also showed that the immigrant advantage was evident among Asians but not Mexicans by the start of the first grade. Yet both groups grew faster in reading achievement than third-generation Whites (Han, 2006; Glick & Hohmann-Marriott, 2007, as cited in Palacios, Guttmannova, & Chase-Landale, 2008).

In addition to these indices, immigrant status (being foreign-born) was also protective with respect to infant health (low birth weight and infant mortality), criminal propensities, chronic diseases, and intestinal cancer (e.g., Landale et al., 1999; Rumbaut, 1999). As a caveat, however, some findings do counter the paradox, such as those related to physical growth, tuberculosis (TB), and other infectious diseases. Immigrant children, for example, were at greater risk for pulmonary tuberculosis than U.S.-born peers. National surveillance data from 1993 to 2001 showed that 24 percent of children with TB were foreign-born, with the largest numbers from Mexico, the Philippines, and Vietnam (40, 9, and 6 percent, respectively). This increased risk (e.g., in TB and physical growth) may be related to poverty and malnutrition in the home countries (Mendoza et al., 2007).

**Limitations and next steps.** The dominant pattern, however, is that health and well-being deteriorate with time and generations in the United States. In addition to explanations such as migration selectivity (the hardy-immigrant hypothesis) or faulty data (Palloni and Morenoff, 2001), researchers also

assert that “acculturation” (assimilation as measured by these proxies) leads to worse outcomes.<sup>7</sup> Many scholars suggest that there is something about the ethnic culture that is protective and that it is the “Americanization [that] is hazardous to your health” (Escobar et al., 2000; Rumbaut, 1998).

But the limitation in such research is that there is no direct test of acculturation, as years and generations in the United States are rough proxies at best. This is because there are many ways in which acculturation can take place, other than assimilation. Furthermore, acculturation is a complicated process, and it is not clear what it is about acculturation that leads to deteriorating health (DHHS, 2001). Is it the changes in cultural values and practices (diet, lifestyle, and cultural sanctions), the stressors associated with such changes, the negative encounters with U.S. institutions (Bentacourt & Lopez, 1993), or the socialization into inner-city subcultures (Portes & Rumbaut, 2001)? Still another limitation is that such findings are based on cross-sectional research and thus are limited in their ability to examine changes over time.

To understand these findings, we need to test acculturation more directly (DHHS, 2001). For one, we need to examine how proxies versus direct measures of acculturation reflect different patterns. How do these epidemiological-sociological findings compare with those in psychological studies, where acculturation is more often measured via behavioral and attitudinal scales, rather than single indices? Are the patterns the same?

As a preliminary test, Nguyen (2004b) examined how different measures and proxies (English fluency, U.S. residence, generational status, and U.S. involvement) varied in their predictions of adaptation. Findings suggested that even though these indices were all aspects of “becoming American,” they reflected different aspects of Americanization and in turn had different outcomes. While generational status and years in the United States predicted worse psychological, social, and academic outcomes (like the paradox findings), youth fluency in English and involvement in U.S. behaviors and values (more specific aspects) predicted more positive outcomes. (Takeuchi et al., 2007, found similar patterns with their proxies.) Thus, different measures and proxies of acculturation may suggest not just a measurement issue, but also a conceptual one. They may reflect different segments of assimilation that lead to different trajectories. Hence, we need to examine how and why various measures of acculturation (including open-ended questions) predict different trajectories.

Moreover, we need to test specific causes and pathways. We need to examine how contextual and risk and protective factors are associated with acculturation, as such factors are largely unknown and unexplored. For instance, we know very little about the causes and pathways that explain why children of immigrants do better overall, despite their many

risk factors, and why their positive outcomes fade over time. We also know very little about the risk or protective factors that account for these changes. Yet such factors are critical. One line of thinking, for example, suggests that even though protective factors such as strong family bonds (and other unknown sociocultural and demographic factors) may sustain cultural orientations that lead to healthy behaviors, such factors fade with assimilation, allowing for the deleterious effects of poverty and racism (Hernandez & Charney, 1998). As Berry suggests, “the very process of acculturation may involve risk factors that can reduce one’s health status” (1998, p. 49). Hence, we should examine how such factors, in conjunction with acculturation, do or do not lead to negative outcomes.

Finally, we need to examine whether these patterns hold up longitudinally, as the findings are based mainly on cross-sectional research. Such designs limit our ability to examine developmental and causal processes. Do the same patterns emerge over the life span? What are the key predictors? As Hernandez and Charney (1998) suggest:

Trajectories of healthy development, assimilation, and adaptation occur across periods of years or decades for individuals, and the nature of individual outcomes depends on the timing and sequencing of specific personal, family, neighborhood, and historical events in the child’s life. These are best measured and analyzed through longitudinal data collection and research that follows the same individuals over extended periods . . . Moreover, several of the most intriguing findings . . . on immigrant children—notably those pertaining to unexpected positive outcomes and deteriorating outcomes over time—require longitudinal data and substantial contextual information if their causes and pathways are to be clarified. (p. 12)

Thus, we need to examine how youth acculturation and adaptation change over time. Moreover, we need to evaluate the assertions behind the paradox (e.g., that cultural assimilation leads to deteriorating outcomes) by:

- Examining how different measures and proxies of acculturation predict outcomes. Do they show the same patterns as the paradox suggests?
- Examining whether these patterns emerge longitudinally, as most findings are based only on cross-sectional research.
- Examining how various contextual and risk and protective factors are associated with acculturation and how they can help to account for the unexpected, positive outcomes and the deterioration over time, if any. What are the causes and pathways involved? What are the theories that explain the paradox?

- Examining the many nuances of the paradox, including its caveats. When and why do some findings counter the paradox? When and why do they vary with age, gender, and outcomes? To what extent do they vary with race/ethnic group, with Asian and Pacific Islander groups, and with those who are undocumented? Moreover, the research with Asian and Pacific Islander children is severely lacking; we need more studies involving children and mental health especially. We also need more research with individual API groups (rather than one lump category).
- Examining to what extent the findings are aptly named. Are they really paradoxical? Or are they colored by our choice of risk factors and assumptions that such factors are relevant to all groups? Are they colored by our ethnocentrism, because we can just as well ask: “Given their many advantages, why are Whites doing so poorly?” And what exactly is the comparison group—Whites, Blacks, or U.S.-born co-ethnics?
- Examining not only the cultural, but also the structural processes that affect one’s adaptation.<sup>8</sup> What structural/stratification processes help to explain the paradox? To what extent do everyday, racial microaggressions (micro-insults, -assaults, and -invalidations)<sup>9</sup> explain the deterioration over time (Sue et al., 2007)? Or the different faces of oppression (cultural imperialism, marginalization, exploitation, violence, and powerlessness) (Young, 1990)?<sup>10</sup> Indeed, we need more theoretical, empirical, and structural explanations of the paradox.

As Harris’ research (1999) suggests, when immigrant youth assimilate to the United States, they don’t just become “Americans,” but also “minorities”—and as such, they may take on the negative health profiles of their native minority peers. As Hayes-Bautista (2004) further suggests, even the U.S.-born Latinos who remain “ethnic” remain healthier. Hence, it could be that immigrant and ethnic youth have a protective advantage related to their culture, but as they become “Americanized” or “minorities” in a racially stratified context, this protection is eroded. By studying the processes behind the paradox, we may better explain the deterioration in outcomes over time (if any) and the racial disparities that may or may not ensue. The more we can discern the causes and pathways involved, the better we can inform policies aimed at decreasing these disparities—and the better we can potentially help *all* children.

## NOTES

1. For example, they had better health and educational outcomes than U.S.-born peers.

2. This chapter draws from and extends previous work (Nguyen, 2006); parts of it are reprinted here.



3. From highest to lowest number of foreign-born.

4. In this chapter, the term “immigrant children” refers to immigrant children and children of immigrants.

5. In addition, as the fastest-growing segment in the U.S. (general) population, Asians and Latinos also have a growing consequence on public health (Hussey, 2007).

6. This latter part (social value) was true for all Latinos and first- and second-generation Asians in the sample.

7. For more explanations, see Suárez-Orozco et al. (2006) and Palacios et al. (2008).

8. Given the racial disparities that persist today, it is not just the cultural changes, but also the racial structures that are critical to one’s adaptation in the United States.

9. Racial microaggressions are defined as “brief and commonplace daily verbal, behavioral, and environmental indignities whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward persons of color” (Sue et al., 2007, p. 271); they include micro-insults, -assaults, and -invalidations. The theory of racial microaggression argues that it is not the heinous crimes, but the everyday, subtle, and often unintentional putdowns that are most damaging to one’s development.

10. The faces of oppression are based on the feminist theory/political philosophy of Iris Marion Young (1990). Young argues that in our conversations on social justice, we focus too much on the distributive paradigm—i.e., too much on how resources are distributed, and not enough on the powerful structural processes that create and sustain inequalities. As such, there are five structural processes or faces of oppression (cultural imperialism, exploitation, marginalization, violence, and powerlessness) that create and sustain differences in outcomes (e.g., the deterioration in outcomes for some).

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## Chapter 2

# IMMIGRATION, ECOLOGICAL CONTEXTS, AND ASIAN AMERICAN CHILDREN'S MENTAL HEALTH

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Children of Asian immigrants constitute one of the fastest growing segments of school-aged population in the United States (Hernandez, 2004). As of 2006, the U.S. population consisted of approximately 2.9 million Asian American children (U.S. Census Bureau, 2006). Since the 1960s, the image of the “model minority” has dominated scholarly and public discourse on Asian American children (e.g., Sue & Okazaki, 1990). One detrimental effect of this stereotype is the general perception that Asian American children do not have many mental health problems, or that even when they do display problems, they can effectively cope with them. However, recent research has shown that despite their high level of educational achievement on the aggregate level, Asian American children and adolescents report more problems in their mental health than expected (e.g., Greene, Way, & Pahl, 2006). In this chapter, we review studies on the mental health status of Asian American children and adolescents and examine factors related to immigration and three ecological contexts—family, peer, and school—that play important roles in their mental health. We pay special attention to how immigration and its ensuing dynamics permeate through these ecological systems in shaping the mental health development of Asian American children and adolescents.

## MENTAL HEALTH OF ASIAN AMERICAN CHILDREN AND ADOLESCENTS

Since the 1960s, Asian American students have outperformed students from other ethnic groups, including Whites, in educational achievements (Sue & Okazaki, 1990). The Asian ethnicity effect holds strong even after demographic factors such as SES are controlled for (Kao, 1995). This contributed to a popular media portrayal of Asian Americans as the “model minority.” Scholars have argued that the “model-minority” stereotype ignores the tremendous diversity of the Asian American population (e.g., Siu, 1996) and has a negative impact on Asian Americans who are not upwardly mobile. In this chapter, we argue that a particularly detrimental effect of the image of the “model minority” is the lack of attention to their mental health, especially of children and adolescents.

Asian American children are commonly perceived to be doing relatively well in terms of mental health and are frequently overlooked as a population in need of psychological interventions. Compared with children from other minority groups, they are perceived as manifesting few external disturbances (e.g., aggression). In school, they are usually viewed as quiet and hardworking. In particular, Asian Americans, including children and adolescents, significantly lag behind other ethnic groups in utilizing mainstream psychological services (Gee, 2004). Therefore, teachers and counselors often believe that Asian American students do not have mental health problems (Qin, Way, & Mukherjee, 2008). Lack of large-scale epidemiological studies documenting Asian American children and adolescents’ mental health further reinforces this image (Takeuchi et al., 2007).

However, underutilization of mental health services does not automatically translate to low levels of mental health problems for Asian American children and adolescents. A few studies indeed demonstrate that Asian American children and adolescents have comparable (e.g., Gee, 2004) or fewer rates (e.g., Nguyen, Huang, Arganza, & Liao, 2007) of mental health concerns like depression as do White Americans. However, our review shows that a preponderance of evidence suggests serious mental health risks among Asian American children and youth (e.g., Choi, Harachi, Gillmore, & Catalano, 2006).

### General Psychosocial Adjustment

Studies drawing on Asian American youth samples, first started in the 1970s, have consistently shown that Asian American students reported higher levels of distress and emotional and social adjustment difficulties than White Americans (*see* Abe & Zane, 1990, for a review). Subsequent

studies confirm the earlier findings (e.g., Austin & Chorpita, 2004; Choi et al., 2006). Studies also show that Asian American students tend to have higher levels of anxiety (Chun & Sue, 1998) and lower levels of self-esteem compared to their Caucasian, Black, and Latino peers (Greene et al., 2006).

### **Depression and Suicide**

A number of studies have found that Asian American children and adolescents reported elevated levels of depression and suicide ideation rates compared to other ethnic groups (Abright & Chung, 2002; Harker, 2001). Two reports from the National Council for Health Statistics/Center for Disease Control and Prevention (1995, 1997) indicate that Asian American girls aged 15–24 had higher rates of depressive symptoms and suicides than Whites, Blacks, and Hispanics in the same age group. According to a recent study reporting nationally representative data from the Youth Risk Behavior Survey, 28 percent of Asian American high school students reported depressed feelings serious enough to disrupt their usual activities, 19 percent reported making a suicide plan, and 11 percent reported making at least one suicide attempt (Ozer & McDonald, 2006).

Recent statistics on suicide also indicate a need to better assess Asian American children and adolescents' mental health. According to the "Ten Leading Causes of Death Report" in 2005 (National Council for Health Statistics/Center for Disease Control and Prevention, 2008), among females aged 15–24, Asian Americans and Pacific Islanders (APIs) have the highest suicide mortality rate (14.1 percent) across all racial/ethnic groups (White 9.3 percent, Black 3.3 percent, and Hispanic 7.4 percent). Asian American males in the same age range have the second highest suicide mortality rate (12.7 percent) compared to other racial/ethnic group males in the same age range (White 17.5 percent, Black 6.7 percent, and Hispanic 10 percent). Child and adolescent mental health is increasingly becoming an important issue in Asian American communities as stories have surfaced of high-achieving, "well-functioning" model students committing suicide. For example, at Cornell University, of the 14 students who committed suicide between 1997 and 2007, eight were Asian American students (who make up just 17 percent of enrollment) (Ly, 2008).

Taken together, extant research has shown that despite their high aggregate level of educational achievement, Asian American students experience higher risks in their mental health than expected, indicating a paradoxical disconnect between educational achievement and mental health. This pattern has also been documented by other researchers working with Asian American children and adolescents (Bankston & Zhou, 2002).



So what are the factors that may lead to their high risks in mental health? In the next section, we examine immigration-related issues as well as important ecological contexts of family, school, and peers in the development of Asian American children and adolescents, especially pertaining to mental health.

### **Immigration and Acculturation Stress**

A large proportion of Asian American children and adolescents are either immigrants themselves or live in immigrant households. Immigration has important impacts on mental health (Cho & Bae, 2005; Organista, Organista, & Kurasaki, 2002). Once migrated to the United States, Asian immigrant youth face myriad challenges, including language and communication barriers, accessing and building social support, adjusting to a new school environment, and having to negotiate different cultures (Kim & Omizo, 2006; Yeh et al., 2005).

In this body of literature, acculturation is among the factors that have been most widely studied. According to Berry (1980), acculturation is the process by which individuals and their families learn and adopt the language, values, beliefs, and behaviors of the new social cultural environment. Acculturative stress theory proposes that when individuals are exposed to two or more cultures, they must negotiate and adapt to cultural differences in languages, customs, values, and norms for appropriate behaviors (e.g., Yeh & Inose, 2002). For a large number of Asian American children, acculturation is accompanied by a process of daily negotiations between two often-conflicting cultural value systems. Whereas the United States has often been portrayed as an individualism-centered society wherein children are encouraged to develop independence, autonomy, and self-reliance, traditional Asian society emphasizes collectivism-centered cultural values wherein children are taught to be interdependent with family members, show obedience to parents, and suppress emotional expression (Oyserman, Coon, & Markus, 2002; Triandis, 2001). Confronted with the discrepancy of cultural value systems between the mainstream and their family's heritage cultures, Asian American children often struggle with the challenge of how to negotiate the two distinctive cultural systems. In some cases, failing to effectively integrate the two cultural value systems exposes children to identity confusion, which is related to anxiety, low self-esteem, and depression (Benet-Martínez, Leu, Lee, & Morris, 2002; Juang, Lerner, von Eye, & McKinney, 1999).

For Asian American adolescents, the process of individuation that begins in adolescence (Noack & Puschner, 1999) may be complicated by the



acculturation process, leading to significant stresses in the adolescent-parent relationship (Huang, 1991; Kim, Chen, Li, Huang, & Moon, 2009). Often, this process of acculturation results in intergenerational and intercultural conflict, or acculturative dissonance (Kim et al., 2009). Numerous studies have found that general issues of acculturation and intergenerational relations are associated with risky health behaviors and psychological distress among Asian American youth (Farver, Narang, & Bhadha, 2002; Ying & Han, 2007).

Research on acculturation and mental health also shows that different levels of acculturation may impact mental health, especially self-esteem. Some studies indicate that a higher level of acculturation to the majority culture is associated with higher self-esteem (e.g., Phinney & Chavira, 1992). However, other studies found that immigrant students with relatively low levels of acculturation to the majority culture may also exhibit high levels of self-esteem, especially if they live in or close to an ethnic enclave (*see* Juang & Nguyen, this volume, for a review). For example, in a study exploring the relationships between self-esteem, acculturation, and participation in recreational activities among 117 recent Chinese immigrant adolescents in New York City, the respondents displayed a low level of acculturation to majority culture, but had a moderately high level of self-esteem. Most of the respondents in this study had close ties to their ethnic roots through participating in family activities and exposure to Chinese-language mass media (Yu, 1996).

Besides immigration and acculturation processes, the daily contexts that children and adolescents traverse also have an important impact on their mental health. In the next section, we review three important ecological contexts—family, school, and peers—and examine how immigration interacts with these contexts in shaping the mental health development of Asian American children and adolescents.

### **Ecological Contexts**

Ecology is the study of the relationship between the organism and its social/physical environments. Ecological models of development indicate that development is a function of the interaction of multiple ecological systems and it is these overlapping, changing systems that determine the course of child and adolescent development (Bronfenbrenner, 1979). According to Bronfenbrenner, child development is influenced by four types of systems: the microsystem, the mesosystem, the exosystem, and the macrosystem. The microsystem refers to the intimate and immediate social and physical environmental settings (e.g., family, school, and peers) and the patterns of

activities and relationships experienced by the child in these settings. The mesosystem is the interaction of microsystems within a child's life. The exosystem is the external environment that indirectly influences a child's development (e.g., parents' work). Finally, the macrosystem is the societal overarching systems such as the cultural, political, social, legal, religious, and economic processes. This approach allows for a broad understanding of the critical contexts influencing Asian American children and adolescent mental health.

Below, we review studies on the microsystems (i.e., family, school, and peers), where the most research has been conducted, and examine their influences on Asian American children and adolescents' mental health. In particular, we pay attention to how immigration and its ensuing dynamics permeate through these microsystems in shaping the course of development for Asian American children and adolescents. More specifically, we review studies on how immigration impacts family dynamics in Asian American communities, and how individual and family immigration backgrounds impact Asian American children's peer relations and their experiences at school.

## **IMMIGRANT FAMILY DYNAMICS AND ASIAN AMERICAN CHILDREN'S MENTAL HEALTH**

One of the most important developmental contexts for children is the family. Decades of research have suggested a link between the family context and child development. Research findings suggest that the quality of the parent-child relationship is closely related to adolescents' mental health. In particular, low levels of parental warmth or care, high levels of parental rejection, high levels of parental control, overprotection, parental harshness, inconsistent discipline, hostility, and high levels of family conflict are related to depressive symptoms in children and adolescents (e.g., Heaven, Newbury, & Mak, 2004).

For immigrant children, recent research has consistently shown that family can play a key role in their adaptation. In contrast to earlier theories that suggest losing ethnic language, culture, and identity is a key to successful immigrant assimilation (e.g., Park, 1914), a dominant theme in current research shows that preserving parental culture, language, and ties to the ethnic community can facilitate upward social mobility in children of immigrants (Portes & Rumbaut, 2001). Family is instrumental in promoting children's mental health by helping them to overcome barriers in the new society, for example, racism and harsh urban school and neighborhood environments (Portes & Rumbaut, 2001).

Family dynamics play crucial roles in Asian American children's mental health (Sam & Virta, 2003). A high percentage of Asian American children live in households where at least one parent immigrated to the United States from another country (Zhou & Xiong, 2005). Immigration often brings about changes in familial roles and tends to destabilize family relations over time. It often requires a family to "walk a delicate tightrope" (Kibria, 1993) and adopt new patterns of interaction and coping that may conflict with well-established patterns of the homeland (García-Coll & Magnuson, 2001). Indeed, research shows that there are tremendous challenges facing parent-child relations in Asian immigrant families in the United States. This is particularly the case for immigrant families where a host of different factors can lead to increasing conflicts and emotional estrangements between parents and children (Qin, 2006, 2008). Qin's research drawing on longitudinal data collected on Chinese immigrant families suggests that parent-child separation, economic challenges, language barriers, parallel dual frames of reference (i.e., while parents tend to compare their children's behaviors with those of children in China or their own experiences, immigrant children tend to compare their parents with those of their friends or what they see depicted in U.S. media), bicultural conflicts, lack of parent-child communication, and high parental expectations exacerbated parent-child relations in many families. Similar challenges have been documented in Korean immigrant families (Cho & Bae, 2005; Moon, Wolfer, & Robinson, 2001).

In the following sections, we will examine four salient issues that play important roles in Asian American family dynamics, which in turn influence children's mental health: acculturation, conflict over autonomy, high parental expectations, and family socioeconomic status.

### **Acculturation, Family, and Children's Mental Health**

For a large number of Asian American children, living in two cultures is an inevitable experience. While much research has been done to understand the connection between Asian American children's level of acculturation and their mental health, it is important to examine parents' level of acculturation and its impact on children's mental health. Asian American parents' acculturation orientation importantly shapes family rules and affects their parenting styles, which account for whether or not children experience cultural identity confusion and in turn predict children's mental health. Empirical studies (e.g., Farver et al., 2002; Kim, Cain, & McCubbin, 2006) indicate that Asian American mothers who are oriented toward an integrated acculturation have a better understanding of both their heritage

culture and the U.S. culture, allowing them to balance merits of both cultures in their child-rearing style. This facilitates their children's integration of their heritage culture and the mainstream culture. In contrast, Asian American children of parents who are marginalized from either their heritage culture or American culture likely perceive the two cultural values as incompatible, resulting in children's identity confusions (Kim, Gonzales, Stroh, & Wang, 2006). Similar findings were demonstrated in a study on Asian Canadian families (Costigan & Dokis, 2006). Interestingly, parental gender needs to be considered in examining the role of parents' acculturation orientation on Asian American children's mental health. In the study conducted by Kim et al. (2006), fathers' marginalization from American culture impacted children's mental health more negatively than that of mothers. Some researchers argue that because Asian immigrant fathers tend to have more chances to be involved in mainstream culture through their work, fathers are more often perceived as the figure for children to look up to concerning issues in relation to the mainstream culture (Costigan & Su, 2004). Hence, children may experience more disappointment at their fathers' inability to help them with these issues.

### **Conflict over Autonomy**

Achieving an optimal status in autonomy and connectedness in family relationships is one crucial task for children, particularly during adolescence (Harter, 1999). Compared to European American children, Asian American children who live in two different cultures may experience more conflict with parents over autonomy issues. Outside the family, the mainstream American culture values autonomy as a means to realize a child's self-worth; however, inside the family, children's heritage cultural values stress connectedness as a means for them to maintain harmonious family relationships (e.g., Cooper, 1999; Fuligni, Tseng, & Lam, 1999; Oyserman et al., 2002). In Asian American families, the discordant views regarding autonomy issues in parent-child dyads are one main source of family conflict, which in turn jeopardizes children's mental health (e.g., Farver et al., 2002; Juang et al., 1999; Juang, Syed, & Takagi, 2007; Sam & Virta, 2003). Having inconsistent perspectives from parents over independence or autonomy issues might be universal for children from different ethnic backgrounds. Nevertheless, in light of the Asian cultural value with an emphasis on maintaining family harmony (Fuligni et al., 1999), the conflict over autonomy issues might lead to more problems in Asian American parent-child relationships. Asian American children who deal with a high frequency of family conflicts in relation to autonomy issues display more problem behaviors (e.g., antisocial

or delinquent behavior, cigarette smoking, or drug dependency) or depressive symptoms compared to European American counterparts (e.g., Greenberger, Chen, Tally, & Dong, 2000).

Children's gender is an important factor in examining the effect of family conflict over autonomy issues on children's mental health. In Asian American families, girls are often designated to shoulder the responsibility of maintaining traditional values and original cultural identity (Dion & Dion, 2001). Relative to boys, parents tend to place more emphasis on socializing girls to be connected to the family and tend to discourage girls from being assertive and independent in relationships, especially in the family domain. Research has found that Asian immigrant parents tend to monitor their daughters much more strictly than their sons in their activities outside the home (*see* Suarez-Orozco & Qin, 2006, for a review). Living in a society dominated by values like independence and self-fulfillment, Asian American girls may be more likely than their brothers to rebel against conventional gender roles at home. This could elevate family conflicts between girls and their parents that in turn negatively impact the girls' mental health (Dion & Dion, 2001).

### **High Academic Expectations**

Historically, in Asian societies the value of education has been highly esteemed (Fuligni, 2001). Limited resources and high population density further fuel competition in academic domains. Across various Asian American subgroups, parents generally hold high expectations on children's academic performance beginning when the child is very young (Bankston & Zhou, 2002; Ngo & Lee, 2007). In Asian American families, achieving academic success has been regarded as an important part of family obligation for children (Fuligni, 2001; Fuligni et al., 1999). Growing up in such an environment, Asian American children have to strive to meet their parents' high expectations regarding school performance, with the fear that their poor performance may make their parents lose face or dignity or even mar their family's reputation (Cooper, 1999; Fuligni, 2001; Ngo & Lee, 2007; Triandis, 2001). When children fail to meet their parents' expectation, they feel that "the general sense of failure that stemmed from their inability to do well at school was overwhelming; they felt that they had let their families down" (Kibria, 1993, p. 156). Asian American children's feeling of indebtedness for parents' expectations often creates a huge psychological pressure for the children. It can also deteriorate the quality of parent-child relationships, which in turn may be associated with higher risks of anxiety, depression, and low self-esteem (e.g., Park & Kim, 2006). Some studies

also indicate that Asian American children who lack sufficient emotional supports from parents (e.g., warmth, encouragement, and acceptance) might be particularly at risk for mental health problems. Sometimes, these problems may be manifested in terms of behavioral problems, especially for those not doing well in school (Bankston & Zhou, 2002; Sue & Okazaki, 1990).

### **Family SES and Children's Mental Health**

Family SES is another critical yet often ignored factor that influences Asian American children's mental health. Compared to those from higher SES families, Asian American children from lower SES families are more likely exposed to risk factors that endanger their mental health (e.g., Wight, Aneshensel, Botticello, & Sepulveda, 2005). These risk factors encompass parents' low English proficiency, lack of experiences with formal education, and lack of social resources (Ngo & Lee, 2007). Compared to their counterparts from middle-class families, Asian American children from lower SES families are more likely to be short of learning support and verbal stimulation that play key roles in their academic achievement. These factors could lead to poor learning outcomes, which in turn are correlated to their behavioral and emotional difficulties (e.g., school misconduct, low self-esteem, anxiety, and depression) (Guerrero, Hishinuma, Andrade, Nishimura, & Cunanan, 2006).

While low SES may be associated with more risks in mental health, Asian American children from lower SES families can be protected from those risk factors by family support (Mason, 2004). In one longitudinal study on Asian American children from low SES families, children whose parents provide more family support (e.g., acceptance and warmth) reported fewer mental health problems (e.g., low self-esteem, high anxiety, and/or depression) (Way & Robinson, 2003). In addition, this study suggests that the protective effect of family support for children is over and above the effects of peer support and friendly school climate. Another protector for Asian American children with low SES background is parental involvement. In lower SES Asian American families, parents' effective involvement in education and children's school life facilitates their children's academic adjustment that further benefits their mental health (e.g., Guerrero et al., 2006).

### **SCHOOL CONTEXT AND ASIAN AMERICAN CHILDREN'S MENTAL HEALTH**

Besides the home, the school is another major setting where Asian American children spend a large number of hours (Berk, 2006). Schools

play a vital role in influencing Asian American children's psychological and social development that relate to their mental health (Arcia, Fernandez, Jaquez, Castillo, & Ruiz, 2004). At school, Asian American children are often affected by their "model-minority" image, perception of an unsupportive school climate, and underutilization of mental health services. In this section, we focus on these factors and their related psychosocial stressors (e.g., discrimination and social isolation) and the impact of such factors and stressors on Asian American children's mental health.

### **Psychological Pressure Related to the "Model-Minority" Image**

"Model minority" is a commonly held image of Asian American children. On the surface, this image embodies some positive stereotypes of Asian American children, including being diligent in learning, showing deference to elders, and having excellent academic performance. However, the model-minority image also carries with it negative connotations; e.g., Asian American children over-pursue academic achievement, but fail to develop other skills that are esteemed in the U.S. society, such as social skills, managing interpersonal relationships, and athletic competence (Lin, Kwan, Cheung, & Fiske, 2005). Such negative aspects often lead to Asian American children's lower peer and social acceptance in school in that they are perceived as socially awkward or unable to communicate effectively, resulting in their social distress, low self-esteem, and depressive symptoms (Fisher, Wallace, & Fenton, 2000). Furthermore, Asian American children might suffer from more perceived discrimination from peers given that they gain preferential treatment by teachers because of their academic achievement (Rosenbloom & Way, 2004).

Another type of psychological pressure related to the model-minority image is the hopeless feeling of living up to the high expectations (Greene et al., 2006). Studies have linked internalizing model-minority pressure with greater psychological distress (Chu, 2002), lower academic performance (Cheryan & Bodenhausen, 2000), and even suicide (Noh, 2007). Lee (1994) noted that the highly competitive journey toward academic excellence can adversely contribute to significant psychological distress for some Asian American adolescents as a result of the tremendous amount of stress and pressures from their families and teachers. Research shows that internalization of model-minority myths leads to unrealistic expectations of success, serving as a stressor, and consequently leads to mental health problems (Cheryan & Bodenhausen, 2000; Chu, 2002; Wong & Halgin, 2006). In one study, Korean American children who failed to do well in academics bear huge feelings of distress and disappointment, accounting for their



psychological adjustment problems (e.g., low self-esteem and anxiety) (Cho & Bae, 2005). For Asian American children with low SES and low scholastic achievement, the intense pressure of being the model minority might be a stronger source of threat to their mental health because of social-structure limitations (i.e., their parents' inability to provide sufficient social and economic resources and effective school involvement) (Glick & Hohmann-Marriott, 2007).

### **School Climate**

School climate is generally defined as the quality of relationships among/ between adults and students in a school environment (e.g., student-student relationships, teacher-student relationships, and discipline and order) (Kuperminc, Leadbeater, Emmons, & Blatt, 1997). Previous studies on Asian American populations indicate that school climate plays a significant role in predicting children's psychological adjustment, particularly for those with refugee, foreign-born, or low SES backgrounds (Borsato, 2008; Lei, 2003; Way & Robinson, 2003; Zhou, Peverly, Xin, Huang, & Wang, 2003). Limited in their access to economic and educational resources, refugees and low SES Asian American children are confronted with barriers to assimilate into the American school culture, such as a lack of language proficiency, a lack of cultural familiarity, and racial/ethnic harassment and discrimination (Lei, 2003). Failing to gain effective emotional support from peers and teachers, these children are likely to experience poor connection with the school community and further develop distrust and alienation against peers and teachers, resulting in their low competence in academics and mental health problems (e.g., depressive symptoms, anxiety, and social stress) (Lew, 2004; Zhou et al., 2003). To ameliorate Asian American children's sense of isolation in school settings, it is important for schools to facilitate friendly interpersonal relationships, positive intergroup cooperation, and a supportive environment (Way & Robinson, 2003).

### **Underutilization of School-Based Psychological Health Services**

Asian Americans' heritage cultural values encourage individuals to inhibit socially disfavored behaviors and internalize psychological problems (Greenberger et al., 2000), which is related to their underuse of mental health services (MHS) (Wong & Halgin, 2006). Schools are usually charged with the responsibility of identifying children with behavioral or psychological problems or providing school-based referrals for children manifesting severe behavioral/psychological difficulties (e.g., Arcia et al.,



2004). However, schools often face the challenge of effectively estimating Asian American children's problems or improving their underutilization of mental health services (Garland et al., 2005; Gudiño, Lau, & Hough, 2008; Lowinger, 2009). Some factors underpin this challenge. For one, in light of their heritage cultural values, Asian American children tend to inhibit emotional difficulties rather than exhibiting them before peers and teachers, leading to difficulty identifying their mental health problems in school contexts (Lau et al., 2004). As one example mentioned by a director of an MHS center (Zher, 2007), "Usually, teachers make referrals when they see the kids acting out, using drugs, or fighting. Asian kids do not act out. They are under the radar. They don't tell on each other, either" (p. 15). Second, Asian American parents usually associate seeking mental health service for their children with guilt and shame, which reduces parents' sense of trust in school-based MHS and willingness to inform the school of children's mental health problems (Ho, Yeh, McCabe, & Hough, 2007). Furthermore, many Asian cultures stress collectivism-centered values that emphasize the importance of interpersonal harmony over self-assertion (Triandis, 2001). Inheriting such cultural values, Asian American parents do not perceive children's internalizing problems as being a concern relative to externalizing problems. Thus, Asian American children's internalizing problems are especially likely to be overlooked because of parents' passive attitude toward this type of problem (Gudiño et al., 2008).

Nevertheless, schools can increase the quality of school-based MHS utilization for Asian American children by providing culturally and linguistically competent staff and conducting services in culturally acceptable ways, particularly for those with low SES background (Abright & Chung, 2002; Lowinger, 2009). For instance, given Asian American parents' high emphasis on the value of education, MHS staff can emphasize the detrimental effect of psychological problems on children's academic competence. This might enhance Asian American parents' intention to cooperate with the school.

## **PEER FACTORS AND ASIAN AMERICAN CHILDREN'S MENTAL HEALTH**

In addition to family and school, the peer context is considered another critical context of development for children and adolescents. Peer relations have been shown to have a significant impact on mental health (e.g., Roeser, Eccles, & Strobel, 1998). High-quality peer relations can promote high self-esteem, protect children from social anxieties (La Greca & Harrison, 2005) and depression (Hartup, 1999), and enhance social competence

and interpersonal sensitivity (Greene et al., 2006). Negative peer relations (e.g., peer discrimination and victimization) are related to low self-esteem (Fisher et al., 2000; Greene et al., 2006), social avoidance, loneliness (Storch & Masia-Warner, 2004), depressive symptoms, and social anxiety in children and adolescents (La Greca & Harrison, 2005).

Asian American children and adolescents experience both positive and negative peer relations. In a study of cultural adjustment and mental health of Japanese immigrant youth, the students reported that friends were their best source of support. Many Japanese students in the study reported feeling comfortable sharing their personal problems and discussing difficult experiences with their peers (Yeh et al., 2003). Adolescents may feel more at ease in befriending those who share their ethnic culture. Studies have found positive influences of co-ethnic friendships on Asian American adolescent development (e.g., Portes & Rumbaut, 2001; Zhou & Bankston, 1998). However, the influence of peers is not always positive. Numerous studies have linked peer association with delinquency (e.g., Wong, 1999). In Wong's study, the positive relation between delinquency and association with Chinese peers was observed in Chinese Canadian youth.

Peer discrimination and victimization are other major challenges for many Asian American youth's mental health. A recent study shows that among Chinese American youth, peer discrimination was more influential in the prediction of psychological well-being than peer support (Greene et al., 2006). The examination of racial and ethnic discrimination against African American children in school contexts and its impact on children's mental health has a long history, yet examining discrimination against Asian American children is relatively recent (Fisher et al., 2000).

Some studies found that the level of peer discrimination reported by Asian American students was higher than that reported by their African American and Latino counterparts (Fisher et al., 2000; Greene et al., 2006; Rosenbloom & Way, 2004). Fisher and colleagues found that more than 80 percent of Chinese and Korean American students reported being called names and close to 50 percent reported being excluded from social activities or threatened as a result of their race. In two recent papers, Qin and Way have examined the issue of peer bullying among Chinese American students, drawing on qualitative interview data from two separate studies (Qin, Way, & Mukherjee, 2008; Qin, Way, & Rana, 2008). Similar to previous studies, their analyses show that close to half of the students in the combined sample ( $n = 120$ ) reported incidents of ethnic tension and peer discrimination at school. Many Chinese students talked at length about their experiences of being discriminated and bullied at school by their non-Chinese peers, mostly White and Black students. The form of discrimination included physical harassment as well as verbal taunts and

slurs. Students reported being “beaten,” “bullied,” “tripped,” “hit,” “pushed,” “kicked,” and “thrown things at” both inside the school (e.g., in the hallway or in the bathroom) and outside (e.g., in a park or on the school bus). Students also reported verbal harassment at schools, e.g., being “cursed,” called racial slurs like “Chino,” and “told to go back to China.” Besides these visible and audible forms of harassment and bullying, students also reported more subtle, non-verbal forms of poor treatment by some of their peers, for example, being ignored, socially ostracized, or being given certain “disgusted” “bad looks,” or other students occupying seats and not allowing Chinese students to sit or not wanting to sit with Chinese students. Qin and colleagues also found that recently arrived immigrant youth not only face inter-racial tension, but also intra-racial discrimination by other Asian peers who have arrived earlier to the United States and were more assimilated (Rosenbloom & Way, 2004). For Asian American students, peer harassment was due to multiple factors, including immigration status, language ability, ethnic-related characteristics (e.g., appearance), the model-minority myth, physique (lack of athletic competence), and lack of communication skills or interpersonal competences (Lei, 2003; Qin, Way, & Mukherjee, 2008; Qin, Way, & Rana, 2008).

Consistent with studies on the relation between perceived discrimination and mental health problems for African American (e.g., Nyborg & Curry, 2003) or Latino American children (e.g., Szalacha et al., 2003), perceived discrimination in school can take a heavy toll on Asian American children's mental health. A body of literature indicates that peer, teacher, or other educational discrimination is perceived as a source of social distress that threatens children's self-concept, leading to mental health problems (e.g., depressive symptoms or low self-esteem) or behavioral problems (e.g., school misconduct or antisocial behaviors) among Asian Americans (Borsato, 2008; Fisher et al., 2000; Greene et al., 2006). Moreover, such discrimination-related stress has adverse impact on Asian American children's sense of belonging and on their social skills. As a result, discriminated students reported low cooperation and isolation in school, which in turn exacerbates their mental health problems (Siu, 1996).

The prevalence of peer discrimination against Asian American children, however, does not automatically doom them in their development. Research shows that there are protective factors that can buffer against the negative impact of peer discrimination. For example, studies show that individuals with a strong racial/ethnic identity might be protected from the detrimental effects of racial and ethnic discrimination (e.g., Phinney, 1996). Other empirical research on Asian American children also upholds the protective role of racial/ethnic identity for mental health, but suggests that the buffering effects among dimensions of racial/ethnic identity might

be different (Borsato, 2008; Greene et al., 2006). For example, the study conducted by Borsato (2008) found that racial/ethnic identity of private regard (identification with one's racial/ethnic group) and public regard (individuals feel that others have positive aspects toward their racial/ethnic group) bring different buffering effects that ease the threat of racial and ethnic discrimination on Asian American children. A positive racial/ethnic identity in private regard serves as a buffering factor only for depression and low academic motivation, whereas a positive racial/ethnic identity in public regard serves as a buffering factor for negative identification with the school. Further studies need to differentiate the roles of dimensions of racial/ethnic identity on Asian American children's mental health. It is also important for future research to explore other protective factors beyond individual level factors, such as family support. For example, a recent paper found that family support buffers against negative effects of discrimination for Chinese American adolescents (Juang & Alvarez, 2010).

## DISCUSSION

In this chapter, we reviewed current research on the mental health status of Asian American children and adolescents. Our review shows that Asian American children and adolescents face significant challenges in their mental health. However, the model-minority stereotype and their relatively high levels of educational achievement often eclipse their mental health challenges. As a result, they do not receive adequate support in their psychological and social development. In our review, we also identified the following contributing factors to their mental health problems—immigration, acculturation stress, challenges facing immigrant parent-child relations, the model-minority stereotype and its related pressure, and peer harassment and bullying.

Only recently have scholars started paying attention to mental health challenges of Asian American children and adolescents. While there is an emerging literature on the prevalence, nature, and contributing factors to Asian American children's mental health, much more research is needed to fully understand their mental health development. First, we need large-scale studies drawing on nationally representative samples to document the prevalence rate and perceptions of mental health problems within this population. Issues like depression, anxiety, and self-esteem have deep cultural roots. For example, while having high self-esteem is valued in the U.S. culture and promoted in child socialization, in many Asian cultures, children are encouraged to be modest. Having very low self-esteem is often considered detrimental to achievement motivation. It is important

to understand through both qualitative and quantitative means how mental health is perceived within Asian American families and communities. This will inform both research and intervention efforts to help promote the mental health of children and adolescents.

Second, while we have reviewed research on the challenges and difficulties facing Asian American children and adolescents, it is important for future research to examine the strength and resilience of Asian American children, families, and communities. For example, growing up in an immigrant family certainly can pose challenges to parent-child relations. However, this is not necessarily the case for all immigrant families. Many immigrant families manage to achieve a good balance in the socialization of their children after migration, which helps promote a sense of cohesion in the family and good mental health in their children. As researchers, we have begun to understand many of the challenges facing Asian American families quite well. In future research, it is important to examine the diverse experiences of Asian American children and families and to understand factors that lead to different outcomes—both positive and negative. For example, what are some unique strengths of Asian American families? What are some culturally unique ways that Asian American parents help their children deal with emotional difficulties? What kinds of support can Asian American communities provide for the mental health development of Asian American children and adolescents?

Finally, it is important to develop intervention and prevention efforts to promote the mental health of Asian American children and adolescents. As our review shows, we are beginning to understand the multiple challenges Asian American children and adolescents face at home and school. The next step is to use research to inform and guide the design of culturally appropriate intervention and prevention efforts to address these challenges.

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## **Chapter 3**

# ACCULTURATIVE FAMILY DISTANCING

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### **ABSTRACT**

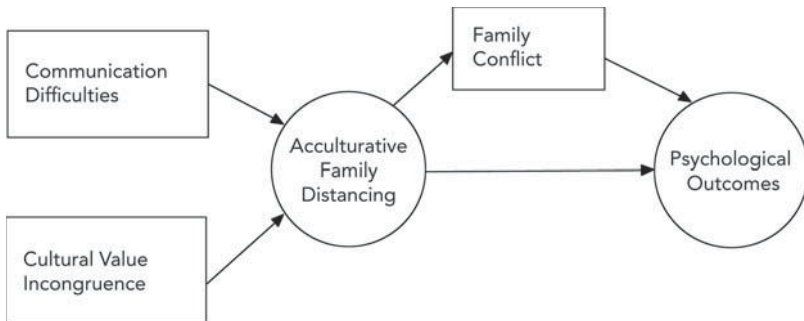
Acculturative family distancing (AFD) is the distancing that occurs between immigrant parents and youth as a consequence of acculturative processes (e.g., communication difficulties and cultural value differences). AFD increases risk for family dysfunction, which in turn leads to increased distress and psychopathology among family members. AFD is a more refined and proximal measurement of an acculturation gap-related problem and identifies mechanisms that exacerbate risk that can be targeted in intervention and prevention efforts. This chapter examines the impact that AFD can have on Asian American families. The clinical implications of AFD and culture-related intergenerational family conflict are addressed and suggestions for education and skills development are provided. Specifically, the notion of “cultural-linguistic dissonance” and “cultural-linguistic consonance” is introduced as one of the primary causes of communication breakdowns. Suggestions for using “culturally consonant language switching” to facilitate communication effectiveness are provided. Moreover, family members are encouraged to use a skills-building technique called the “cultural-linguistic interpretation box” to better address cross-cultural differences in direct-indirect and verbal-non-verbal communication.

## **ACCULTURATIVE FAMILY DISTANCING: CULTURAL-LINGUISTIC UNDERSTANDING AND SKILLS DEVELOPMENT**

This chapter discusses how acculturation-related processes affect Asian Americans. Specifically, the impact of acculturative family distancing (AFD) on family functioning and the mental health of Asian Americans is introduced (Hwang, 2006a; Hwang & Wood, 2009; Hwang, Wood, & Fujimoto, 2010). AFD is the distancing that occurs between parents and youth as a result of communication difficulties and cultural value differences. Problems arise because parents have difficulties in effectively communicating with their children in English because English is not the native language for many immigrant parents. Conversely, Asian American children are less able to communicate effectively in their heritage language, especially at an age-appropriate and emotionally sophisticated level. Differences in language fluency set the stage for communication problems and misunderstanding. In addition, cultural differences in communication and the valuing of different types of expression (i.e., direct versus indirect communication or verbal versus nonverbal) also negatively impact communication and family relations. In addition, because parents and children grow up in different cultural contexts, they are likely to develop different cultural beliefs and values. This in turn affects what parents and children see as important and normative (i.e., is choosing a lucrative and stable career more important or is choosing a career based on enjoyment more important?). According to the theory of AFD, these differences increase the risk for family conflict, which in turn increases risk for depression and other psychological problems for family members (*see* Figure 3.1).

AFD is a more proximal and problem-focused conceptualization of acculturation-related challenges for parents and children than the more general notion of the “acculturation gap.” Acculturation has been defined as the “. . . phenomena that result when groups of individuals having different cultures come into continuous firsthand contact with subsequent changes in the original culture patterns of either or both groups” (Redfield, Linton, & Herskovits, 1936). Conceptually, increased acculturation leads to the acquisition of the dominant group’s cultural beliefs, behaviors, and values, and potential relinquishment of one’s culture of origin. Because acculturation has been measured in many different ways, including linguistically, demographically (e.g., country of origin, place of birth, and years in the United States), socioculturally (e.g., values, attitudes, beliefs, behaviors, social relations, and individualistic and collectivistic orientation), and psychologically (e.g., personality, identity, and ethnic identity) (Berry,

**Figure 3.1**  
**Structural model of Acculturative Family Distancing's Impact on Psychological Outcomes**



2003; Bornstein & Cote, 2006; Escobar & Vega, 2000), the conclusions that can be drawn from this body of research are broad and often not detailed enough to support specific treatment plans and policy decisions. Specifying the relationship between different levels of acculturation (e.g., high or low) and risk for problems, which is typical of much of the acculturation-health literature, does not provide details on how to reduce risk or identify targets for intervention.

The acculturation gap is an extension of acculturation research and refers to the gap in acculturation between parents and children. This gap occurs naturally when people grow up in different cultural contexts. However, not all parent-child dyads evidencing an acculturation gap develop problems. Because there is no uniform method of measuring or conceptualizing acculturation, similar problems in measurement affect acculturation gap research. Specifically, it is unclear what aspects of the parent-child acculturation gap lead to family problems. Refining different measurement approaches for more accurately assessing acculturation gap phenomena is sorely needed (Birman, 2009). Current definitions and methods of measuring acculturative issues may be too broad (e.g., languages, values, behaviors, identity, beliefs, ethnicity of social networks, holiday participation, and preferences for foods and music), and refined models identifying more proximal risk factors are needed (Hwang, 2006a). For example, the acculturation gap as measured by differences in foods that people eat and movies that they watch (common items that are assessed in acculturation scales) are unlikely to lead to major family conflicts. More specific acculturative issues such as acculturative stress, separation from extended family, difficulties



in communication due to language fluency, conflicted value systems, and intergenerational family conflict are more likely to be directly related to problem development. Since not all families with an acculturation gap develop problems, identifying more proximal and specific factors associated with negative outcomes can help focus clinical interventions. This is especially important because a person's level of acculturation and a family's acculturation gap do not directly increase or decrease risk for mental health problems.

According to the theory of AFD, substantial parent-child differences in cultural values and language use are directly linked to family conflict. As a chronic and acute stressor, family conflict has been found to increase risk for psychological difficulties among Asian Americans (Lee, Choe, Kim, & Ngo, 2000; McGoldrick, Giordano, & Garcia-Preto, 2005; Chung, 2001). Large acculturation gaps (e.g., marked by a significant discrepancy between parents and children in adopting the cultural practices of the dominant culture) have been associated with increased intergenerational family conflict and decreased family cohesion and satisfaction in Asian Americans (Farver, Narang, & Bhadha, 2002; Gil & Vega, 1996; Kwak, 2003; Qin, 2008; Sluzki, 1979; Ying, 1999). In addition, there is a well-documented relationship between high levels of intergenerational family dysfunction and poor mental health among immigrant groups (Birman, 2009; Dinh & Nguyen, 2006; Greenberger & Chen, 1996; Lee & Liu, 2001; Lee, Su, & Yoshida, 2005; Su, Lee, & Vang, 2005; Szapocznik & Kurtines, 1993; Vega, Houry, Zimmerman, & Warheit, 1995). Several studies have begun linking the relationship between the acculturation gap, family conflict, and psychological outcomes (Crane et al., 2005; Costigan & Dokis, 2006; Kim, Chen, Li, Huang, & Moon, 2009; Lim, Yeh, Liang, Lau, & McCabe, 2009). However, because of different methodologies and samples used (i.e., different instruments used to measure acculturation and compute acculturation gap scores or different age groups and ethnic samples), these studies provide additional evidence that some aspects of the parent-child acculturation gap lead to poor family functioning and increased depression among Asian American children.

AFD is a more proximal measurement of acculturative problems than distal measures of the acculturation gap (often assessed by computing different scores across a general and broad measurement of acculturation). AFD is the mechanism whereby risk for family conflict and psychological distress is increased and also provides specific foci for prevention and intervention efforts (i.e., breakdowns in communication and cultural value incongruence). The degree of struggle is expected to vary according to immigration circumstances and family characteristics (e.g., prior exposure



to U.S. culture, linguistic fluency, and level of education). Moreover, the different rates of acculturation among parents and youth become most apparent during the transition from adolescence to early adulthood. This is when AFD is likely to manifest and most deleteriously impact Asian American families.

Recent studies assessing the impact of AFD on Asian American family functioning and mental health have been conducted. In addition, both parent and child report versions of a measure designed to assess AFD have been developed and translated into Chinese and Spanish (Hwang, 2006b). The 46-item self-report measure assesses the two dimensions of AFD, communication difficulties (CD) and incongruent cultural values (ICV). Items are rated on a seven-point scale ranging from “strongly agree” to “strongly disagree.” The 24-item youth-report CD subscale assesses the degree to which youth believe that they can effectively communicate with their parents and the degree they believe their parents can effectively communicate with them. The parent report is a matching measure that assesses the degree to which parents believe they can effectively communicate with their children and the degree to which they believe their children can effectively communicate with them. Communication is measured in a variety of areas (e.g., how successful they feel their attempts at communication are, how much they talk and share personal disclosures, whether they feel able to communicate feelings and emotional needs, and the degree to which they feel their communication is hindered by linguistic issues). The 22-item CV subscale assesses the degree to which youth and parents experience incongruent cultural values. Items focus on issues such as gender roles, dating practices, moral values, work ethics, social norms, and parenting styles. The AFD measure demonstrates strong reliability and validity (concurrent and predictive) across two studies (Hwang & Wood, 2009; Hwang et al., 2010). Both dimensions evidence strong internal consistency across Asian and Latino Americans ( $\alpha = .90-.95$  for ICV and  $.90-.94$  for CD). In addition, structural and measurement models have been found to be equivalent for both groups, indicating that the measure can appropriately assess AFD across different immigrant groups. Evidence of moderate parent-child agreement on the subscales has also been found, indicating that the measure demonstrates good convergent validity and inter-rater reliability.

In an effort to validate the theory and construct of AFD, Hwang and Wood (2009) used structural equation modeling to examine the effects of AFD on Asian American and Latino college students. The rates of current major depression in this sample were 12.7 percent for Latinos and

14.0 percent for Asian Americans, indicating that depression is a prevalent problem for these groups. In addition, AFD was found to be associated with higher psychological distress and greater risk for clinical depression. Family conflict was found to mediate the relationship between AFD and psychological outcomes.

Building on this research program, Hwang et al. (2010) collected data on Chinese American high school students. In addition to youth reports of AFD, mother reports of AFD were collected to strengthen the study methodology. In addition, proxies of the acculturation gap (e.g., ethnic-language gap, English-language gap, heritage-culture gap, and main-stream-culture gap) were used as controls. The rate of major depression for youth and mothers in this sample was 15.3 percent and 4.5 percent, respectively. Youth reports of AFD were significantly associated with youth depressive symptoms and clinical depression in Chinese Americans, and family conflict was again found to mediate this relation. Interestingly, mother reports of AFD were not predictive of mother-family conflict or clinical outcomes. It may be that mothers are less likely than youth to attribute family conflict to culture-gap-related issues and difficulties in communication. Perhaps they make more person-centered attributions (e.g., my child doesn't listen or my child is the problem). Mother and child reports of family conflict were found to increase child depressive symptoms and risk for clinical depression, but only mother reports of family conflict were associated with mother depressive symptoms and risk for clinical depression. Mother and youth heritage-culture gap was associated with higher mother and youth AFD. In addition, mother and youth English-language gap was associated with mother depressive symptoms and risk for clinical depression. Mothers may feel that not being able to speak English is directly responsible for their depression.

Results from these two studies indicate that a more proximal and problem-focused assessment of the acculturation gap (i.e., AFD) can be more beneficial than a general assessment of an acculturation gap. This is particularly important because not all immigrant families develop problems, and tapping into specific acculturation gap dimensions that lead to problem development (e.g., communication problems and cultural value differences) identifies targets for prevention and intervention. Although an acculturation gap may set the stage for problem development in the family, the gap in and of itself does not cause problems. It can, however, increase risk for AFD. Programs need to be developed to address AFD and help families strengthen their communication and improve family relations despite differences in parent-child values.

## UNDERSTANDING THE CLINICAL IMPACT OF AFD ON IMMIGRANT FAMILIES

Addressing the impact of culture-specific risk factors (e.g., acculturative stress, incongruent cultural values between parents and children, language stressors, discrimination, and/or disconnect from social networks) on Asian American families is especially important given that Asian Americans are proportionately the fastest growing minority group in the United States (U.S. Census Bureau, 2002). There is a growing body of research indicating that immigrants may be at greater risk for developing mental and physical illnesses as they become more acculturated and that subsequent generations exhibit higher rates of psychopathology (Escobar & Vega, 2000; Hwang, Chun, Takeuchi, Myers, & Siddarth, 2005; Kessler, McGonagle, Zhao, Nelson, Hughes, & Eshleman et al., 1994). Asian American adolescents and college students evidence higher rates of psychological distress, depression, and suicidal ideation than Caucasian Americans (Abe & Zane, 1990; Cheng et al., 1993; Greenberger & Chen, 1996; Okazaki, 1997; Kisch, Leino, & Silverman, 2005; Muehlenkamp, Gutierrez, Osman, & Barrios, 2005; Brenner, Hassan, & Barrios, 1999; Chang, 1998). There is also research indicating that Asian and Pacific Islander American women over the age of 65 have the highest suicide rate, and that older Asian American primary-care patients evidence higher suicidal ideation and completion rates than African Americans, Latinos, and Caucasian Americans (Bartels, Coakley, Oxman, Constantino, Oslin, Chen et al., 2002; Leong, Leach, & Gupta, 2008; USDHHS, 2007). Family conflict is a contributing factor to problem development and there is some research suggesting that Asian Americans evidence higher levels of family conflict than other groups (Greenberger & Chen, 1996; Lee & Liu, 2001; Lee, Su, & Yoshida, 2005). Factors such as academic and financial pressures, disconnect from extended family and social networks, lack of social mobility due to language fluency and educational degree transfer, and language stressors that increase youth responsibility to be cultural and language brokers place immigrant families at increased risk for conflict (Hwang, 2006a).

The goal of etiological science is to better understand the factors that increase risks for problem development and to identify subgroups that evidence higher risk. By understanding these mechanisms, more effective and targeted prevention and intervention programs can be developed. Although AFD as a more proximal reformulation of the acculturation gap is relatively new, the notion that acculturation gaps negatively impact family relations has been around for some time. However, the more proximal definition and problem-focused conceptualization of AFD provide more

specific foci for intervention. Although no comprehensive intervention program has been developed to specifically address AFD, two interventions have been developed to address acculturative difficulties among family members.

The Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF) developed by Ying (1999) is a parent intervention designed to bridge the acculturation gap for Chinese American families. SITIF is a community-based program designed to strengthen intergenerational family relations by teaching parenting skills, increasing understanding of the differences between heritage and American culture, and improving parental emotional awareness and empathy for child experiences. The program focuses on psychoeducation (i.e., educating clients about psychological issues that contribute to their problems), practical skills acquisition, role-playing, and solution-focused exercises. In addition, heritage cultural values and parenting styles are respected (e.g., paying careful attention to maintaining social hierarchies and not devaluing more traditional and authoritarian parenting styles). Focus is placed on reducing complete surrender of heritage cultural values and recognizing that parents and children need to be biculturally effective. When SITIF was used with a sample of 30 Chinese American parents, they evidenced significant engagement by attending 87 percent of the eight-class program (Ying, 2009). In regards to mastery of the SITIF curriculum, subjective reports indicated that more than 90 percent of the parents felt that the program helped them improve their parenting skills. Open-ended objective questions indicated that the program was more effective in helping parents cope with stress and increasing their understanding and awareness of the problem (80 percent to 93 percent) than acquiring skills (57 percent to 63 percent), suggesting that more sessions may be needed to improve skills acquisition.

A bicultural effectiveness-training program for Hispanic families has also been developed (Szapocznik, Santisteban, Kurtines, Perez-Vidal, & Hervis, 1984). The Bicultural Effectiveness Training (BET) program focuses on intergenerational conflict that may be exacerbated by acculturative stress and cross-cultural adaptation among Cuban American youth with conduct disorders. It is a family-intervention program that teaches individuals to apply cross-cultural skills as an effective method for navigating different cultural contexts to improve family relations. Intervention foci include reducing intergenerational family conflict, influencing structural changes within the family, and enhancing biculturalism among family members. Techniques such as “detouring” and “reframing” are used to alleviate blame by labeling cultural conflict as the problem and

de-emphasizing intergenerational differences. In addition, a technique called “establishing crossed alliances” is used to help parents and youth become more aware, comfortable with, and accepting of the positive aspects of each other’s cultural affiliations. BET is a 12-session intervention that takes place in three phases. Phase I is an introduction to culture, cultural conflict, family development, and family-systems theory. Phase II uses detouring, reframing, and establishing crossed alliance strategies to influence family composition styles, relational styles, stress, and conflict. Phase III educates families on mental health care and reaffirms the importance of a transcultural worldview. In a randomized controlled trial testing the efficacy of BET compared to structural family therapy (SFT), both interventions were found to improve family relations and decrease adolescent behavioral problems (Szapocznik, Rio, Perez-Vidal, Kurtines, Hervis, & Santisteban, 1986).

Results from these two programs indicate that addressing acculturative issues in immigrant families can help improve family health. However, both studies utilized small sample sizes, and more research in this area is needed. Treatments that have been developed thus far have primarily focused on addressing intergenerational cultural differences. They do so by educating families about the impact that immigration and acculturation can have on immigrant families, identifying acculturation-related conflict as the problem rather than family members as the problem, improving parenting skills, increasing empathy among family members, and identifying and retaining cultural strengths. This focus on addressing and understanding cultural value differences is supported by research conducted on AFD (i.e., the incongruent cultural values dimension). However, the research conducted on AFD also underscores that communication difficulties need to be addressed in order to improve immigrant family relations.

An AFD-focused intervention needs to have a specific focus on improving communication and helping families negotiate cultural value differences, something that has not been directly addressed by interventions developed thus far. Because of the complexities involved with addressing communication issues in bilingual and bicultural families, communication trainings need to be tailored to such populations in order to be appropriate and effective (Hwang, 2006c). These adaptations will ensure that communication styles and patterns that are relevant to Asian American groups are properly addressed. In addition, this can help improve the validity of the intervention, which in turn can help improve acceptance, understanding, and compliance. An effective program that addresses linguistic discrepancies needs to provide psychoeducation, normalize family experiences, provide

hands-on skills development, highlight family goals, and increase family understanding and empathy.

## **UNDERSTANDING CROSS-CULTURALLY INDUCED COMMUNICATION DIFFICULTIES**

The theory of AFD posits that communication difficulties play a significant role in increasing intergenerational family conflict. Intergenerational discrepancies in linguistic fluency are a major problem that sets the stage for communication difficulties. Prevention and intervention programs may want to selectively target linguistic barriers and place a greater emphasis on teaching effective communication skills. The ability to communicate effectively is an integral part of healthy family functioning and is essential for the proper growth and development of children across cultures (Lee & Chen, 2000; Rhee, Chang, & Rhee, 2003; Usita & Blieszner, 2002). There is some evidence to suggest that Asian American youth experience difficulties communicating effectively with their parents, and that these difficulties lead to a breakdown in family cohesion (Tseng & Fuligni, 2000) and greater individual and family dysfunction (Lee & Chen, 2000; Rhee et al., 2003; Usita & Blieszner, 2002).

Parents and youth who move to the United States both initially experience significant linguistic stress and difficulties (Vega, Khoury, Zimmerman, Gil, & Warheit, 1995). Because immigrant youth are educated in English, they often become more proficient in English faster than their parents, whose English fluency may lag behind (Uba, 1994). Immigrant parents who were raised in their heritage country often continue to think and speak in their heritage language, and as a result may prefer or feel more comfortable continuing to do so. Meanwhile, immigrant youth are less likely to develop age-appropriate linguistic fluency in their heritage language because they do not receive formal schooling in these languages (Lee & Chen, 2000; Rhee et al., 2003; Usita & Blieszner, 2002). Heritage language fluency may also degrade over time through non-use and decrease in usage in an English-dominant environment. Loss of common language pits family members against each other because it increases the chance of misunderstandings and decreases family cohesion (Tseng & Fuligni, 2000). This in turn could increase the likelihood of conflict and limits their ability to maintain a positive emotional bond.

The extent and type of linguistic problems experienced between family members is likely to vary and depend on a number of factors, such as age of immigration, educational level, and country of origin. For example, youth who immigrate at an earlier age are less likely to be fluent in their heritage

language and may develop a preference to speak English given increased exposure in education, work, and social settings (Veltman, 1983). On the other hand, youth who immigrated during their teenage years may prefer communicating in their heritage language, and therefore, linguistic-based communication difficulties with their parents are less likely to be as influential compared to those who came at an earlier age or who were born in the United States. In addition, parents who immigrated during adulthood have more difficulty learning English than those who immigrated as children or who came here for schooling. Linguistic-based communication difficulties are more likely to affect the former group.

Families where parents have achieved higher educational degrees are less likely to encounter linguistic-based communication problems than less-educated families. For many of these families, parents learned English while going to college in Asia or while studying in the United States. They are more proficient in English and were exposed to Western cultural beliefs and ideas. In addition, intergenerational linguistic difficulties are less likely to be salient for families who migrate from Asian countries where English is commonly spoken (due to European or U.S. occupation and colonization, e.g., India and the Philippines) than from countries where English is spoken less. Interventions for families where language fluency is less likely to influence problem development should focus on addressing cultural value differences. For families where language may play a significant role, interventions should focus on addressing both dimensions of AFD.

European Americans are known to be more verbally direct and expressive, whereas Asians are said to be more verbally indirect and restrained (Lee, 1997). In addition, Asian Americans are also likely to place greater emphasis on nonverbal communication strategies. In regards to developing a clinical intervention to address AFD, psychoeducation and skills-based communication programs will need to address both verbal and nonverbal communication, as well as direct and indirect communication, which is more prominent in many Asian cultures (Hwang et al., 2006a). There are many different types of nonverbal communication. For example, Sue (1990) noted that nonverbal communication styles include proxemics (the use and perception of interpersonal space), kinesics (bodily movements and facial expressions), paralanguage (vocal cues such as pauses, silences, and inflections), and high-low context communication (the degree to which explicit language is used versus implied).

Using the principles of proxemics and kinesics as examples, we know that people from different cultures tend to have different norms and comfort zones for use of interpersonal space, as well as different levels of



body and facial animation (Hall, 1976). Disruptions in communication can also be exacerbated by differences in paralanguage, differences in tempo, use of silence, and inflections in speech (Sue, 1990). For example, a pause in speech in American culture could mean that it is the other person's turn to talk, while the same pause in Asian culture could suggest that one should not interrupt because the person is accentuating a point or formulating his or her thoughts before continuing. Differences in paralanguage can lead parents to feel like their children are interrupting them or to children feeling like their parents are nonresponsive to them.

Many immigrants come from cultures that place a greater emphasis on high-context communication (communication that is implied through nonverbal means) than low context-communication (communication that is more direct and explicit) (Hall, 1976). Because children and parents often acculturate at different rates, their acquisition and preference for using different communication styles (whether these decisions are made consciously or unconsciously) can differ and impede communication and lead to conflict. For example, more acculturated children often learn more direct and verbally expressive communication styles than their less-acculturated parents (Uba, 1994). Asian American children and parents are not likely to automatically reflect or consider the impact of culture on communication styles. As a result, when disagreements and hurt feelings arise, family members are at increased risk for placing blame on other family members. Directly educating immigrants about cross-cultural differences in communication may help prevent problems from developing and help improve understanding and empathy.

On a daily level, communication can often be challenging for family members who are differentially fluent in English and their heritage languages. Families attempt to adjust through various strategies. For example, some Vietnamese American families speak only Vietnamese at home or only English. In other families, the parents speak Vietnamese while their children respond back in English or a blend of Vietnamese and English. Sometimes parents feel that their children cannot understand Vietnamese fully and compensate by mixing Vietnamese and English, while their children respond back in English or a blend of Vietnamese and English. The complexities are so nuanced that some Vietnamese American families may also speak a blend of Vietnamese and Cantonese or other Chinese languages because there are many Chinese people from Vietnam. The linguistic strategies used at home are influenced by factors such as country of origin, age of immigration, and educational level. However, because generation of speech in a language that one is less fluent in is more difficult than comprehending that language, communication difficulties are likely to arise



when family members attempt to communicate in languages in which they are less fluent.

This blending and mixing of languages occurs naturally as families struggle to communicate with each other and understand each other's views. A vocabulary that describes this blending and mixing of languages has been developed (e.g., Chinglish—a mix of Chinese and English, Hinglish—a mix of Hindi and English, Japlish or Jabonics—a mix of Japanese and English, Konglish—a mix of Korean and English, Taglish—a mix of Tagalog and English, and Vietglish or Vinish—a mix of Vietnamese and English). This mixing of languages can also help ameliorate the language gap and facilitate intergenerational-intercultural communication. However, given the lack of research, it is difficult to know whether families should be encouraged to continue communicating in mixed languages, or whether parents and youth should be encouraged to speak only one language. Whatever the case may be, increases in individual family members' English and heritage language fluency are likely to facilitate more effective communication.

Even though families may attempt to compensate by blending languages, this strategy may be insufficient for improving communication. Parents and children may need to become more proficient in English and their heritage language to ameliorate problems. Some studies have found that language fluencies of Asian American youth and parents significantly impact family relations and adolescent distress (Tseng & Fuligni, 2000; Weaver & Kim, 2008). Because learning Asian languages may be more difficult for youth to attain and maintain in a predominantly English-speaking environment, youth may never develop or may experience language fluency degradation for more sophisticated terminology and emotional expression.

Parent English acquisition and fluency may be more influential in reducing communication problems and may serve as a greater protective factor than youth strengthening their heritage language fluency (Hwang et al., 2010). For example, among Chinese Americans, one study found that mother's English fluency and to a lesser extent youth heritage language fluency may decrease risk for depressive symptoms and affect academic achievement (Liu, Benner, Lau, & Kim, 2009). In addition, another study examining the effects of AFD on Chinese Americans found that mother English fluency increased risk for youth psychological problems, and that this relation was mediated by family conflict (Hwang et al., 2010). These findings make sense because it may be harder for youth to gain complete fluency in their heritage language while living in an English-speaking environment.

It may be more difficult for parents who immigrate as adults to learn English because language acquisition during childhood is easier. For families

where the language gap continues to negatively impact intergenerational communication, parents may need to be encouraged to strengthen their English-speaking ability so that they can more effectively communicate with their children. This can be especially challenging for families from low socioeconomic or educational backgrounds because of constrained resources (e.g., intense work schedules, child care, and transportation issues). Further research needs to be conducted to see if AFD processes more heavily influence those from lower socioeconomic status (SES) backgrounds. It is possible that SES plays less of a role than parent educational background, which is more likely to be associated with English fluency and perhaps ease of acculturation.

This is not to say that Asian heritage languages should not be retained, are less valuable, or that parents should not want their children to learn their heritage language. In fact, parents often want their children to be fluent in their heritage languages and retain their culture of origin (Uba, 1994). Although there is some evidence that parental English ability may carry more weight, there is also research showing that it is the gap in language between parent and youth that exacerbates the problem (Tseng & Fuligni, 2000; Weaver & Kim, 2008). For families where language gaps continue to negatively influence relations, Asian American youth should be encouraged to learn their heritage language and take classes to improve their fluency so that they can communicate more effectively with their parents. Taking heritage cultural classes alongside with heritage language classes can also help foster an appreciation and understanding of the strengths and merits of Asian and Asian American culture. This is especially important given the negative stereotypes and images of Asian Americans perpetuated by media, which may undermine youth desires to retain heritage values and language.

Addressing the linguistic component of AFD is important in improving family communication (Hwang, 2006a). The purpose of increasing language fluency of family members is to increase bilingual communication effectiveness among family members. Although important during times of nonconflict, communication effectiveness is particularly important during times of conflict because of heightened emotional sensitivity and greater risk for misunderstanding. Inability to express oneself effectively or to “make” another person understand can lead to feelings of frustration and eventual expression of contempt or anger, which in turn increases the likelihood that the other person will make automatic assumptions about intent and become less willing to acknowledge or value the first person’s point. Families that possess linguistic effectiveness can resolve differences more quickly and are less likely to have long drawn-out arguments, which are

often not about the way that people are talking to each other rather than the initial point of disagreement.

It is important that people are able to speak in the language in which they are most comfortable because language production is more difficult than language comprehension. However, because the other family member may be more fluent in a different language, immigrant families are likely to encounter what I call an “expression-comprehension tradeoff.” For example, if the parent has good English comprehension and the child has good Japanese comprehension, there is a low expression-comprehension tradeoff. However, if a child feels more comfortable speaking English and has less ethnic language expression ability, but the parent has minimal English-comprehension ability, there is a higher expression-comprehension tradeoff. In this situation, a decision will need to be made on what language mix might result in the least expression-comprehension loss. However, strategies designed to reduce the expression-comprehension tradeoff may need to be employed, for example, seeking help from a bilingual, bicultural therapist who is skilled at facilitating communication and language brokering. Language-training programs (i.e., ethnic heritage language classes and English as a second language [ESL] classes) can also help supplement psychoeducation and enhance communication skills development. Each family will need to determine the advantages and disadvantages of speaking, listening, and blending of different languages.

In addition to strengthening linguistic fluency, families may also benefit from communication skills training and psychoeducation about AFD. Hwang (2008a; 2008b) developed a manualized, 12-session culturally adapted cognitive-behavioral therapy (CBT) program designed to treat depressed Chinese Americans. The development of this culturally adapted treatment was funded by the National Institute of Mental Health (NIMH) and is currently being tested in a clinical trial testing the effectiveness of adapted versus nonadapted CBT. One of the sessions in this program focuses on addressing AFD by providing psychoeducation and skills training. Another session focuses on cultural differences in communication and psychoeducation about various communication styles. Unlike standard communication programs that focus on direct, clear, and assertive communication, modifications were made to address cross-cultural communication issues relevant to Asian Americans, including indirect and nonverbal communication strategies.

For example, when parents are less physically affectionate, use more interpersonal space, and have more reserved or controlled facial and physical expressions, children may misinterpret this as their parents being emotionally cold or distant (Lee, 1997; Uba, 1994). Asian American parents may not directly say that they love their children, as is common in Western

cultures, leaving many children wondering why their parents do not love them. Asian American families can benefit from comprehensive communication trainings and help family members understand cultural differences in expression of caring (e.g., cooking of food and financial support). However, educating families about linguistic issues that prohibit parents from saying “I love you” is important. In many Asian languages, the phrase “I love you” is reserved for romantic contexts, thus making it inappropriate between parents and children. Therapists who have adopted Western ways of communication and who do not have sufficient cultural knowledge and understanding of linguistic issues may inadvertently advise family members to go home and tell their children that they love them. Parents may go home confused because what the therapist is telling them to do is culturally and linguistically incongruent.

This is what I call “cultural-linguistic dissonance,” or an uncomfortable feeling that results from a contradiction between cultural value beliefs (i.e., Western culture’s valuing of verbal expression of parent-child love and Eastern culture’s valuing of indirect and behavioral expression of parent-child love) and language-utilization rules (i.e., in English saying “I love you” between parent and child is normative, whereas, in many Asian languages, it is not). Therapists must not make an assumption of what I call “cultural-linguistic consonance,” an assumption that cultural values and linguistic rules are the same across cultures, and advise clients to engage in cultural- or linguistic-dissonant behaviors. An assumption of cultural-linguistic consonance can be biased toward either cultural background or language (i.e., heritage culture or new host culture). However, ethnocentrism, or the tendency to view and judge other groups relative to one’s own group (often with the assumption that one’s own group’s values, behaviors, and customs are superior), and the tendency for majority group characteristics to be more highly valued can lead to therapeutic biases. Consequently, therapists need to be wary of not inadvertently pushing parents toward assimilating to American culture. Rather, the focus should be on helping parents and children become more biculturally effective. Training therapists to be culturally competent and effective is a necessary part of addressing AFD issues in immigrant families.

Understanding of AFD and its deleterious effects needs to be accompanied by skills development (LaFromboise, Coleman, & Gerton, 1993). These skills should address both dimensions of AFD (i.e., improving communication skills and learning how to negotiate cultural differences) and the mediating mechanisms (i.e., family conflict and emotional distancing) that lead to poor mental health and family functioning. In doing so, clinicians need to be aware that the culture of psychotherapy may be more likely

to align with the cultural values of the majority culture, in most cases, the culture of Americanized youth, which can potentially undermine parental authority in the family. Psychotherapy should be adapted so that cultural values and parenting styles are respected (e.g., paying careful attention to maintaining social hierarchies and not devaluing more traditional and authoritarian parenting styles). A practical skills acquisition approach that utilizes role-playing and solution-focused exercises should also be emphasized (Ying, 1999). It is important for immigrants to develop and maintain competence in both cultures (LaFromboise et al., 1993). A culturally competent individual is one who understands, appreciates, and accepts the value orientation of others. Parents and children can have successful family relations without compromising their cultural beliefs, as long as they respond to problematic situations with bicultural effectiveness and understanding.

Although understanding the intricacies of how communication and cultural value orientation interact to affect immigrant family relations is important, skills development and behavioral changes need to occur to achieve sustained change. One strategy is to teach parents and children to engage in what I call “culturally consonant language switching,” or the switching of the language that one is speaking to culturally and linguistically match the needs of the opposite party. For example, having parents say, “I love to you” to their children in English rather than in an Asian language helps reduce cultural-linguistic dissonance. Language switching can be used when trying to communicate something that comes across as awkward when spoken in one language versus another. Using the same “I love you” or “I really care about you” in English for example, I told one mother to say it in English so that it would feel less awkward. The mother started laughing in an embarrassed, shy, and hesitant manner, but with repeated encouragement, she worked through her resistance and told her son that she loved and cared about him. Her son smiled and told his mother that he appreciated her saying so. His mother’s willingness to go out of her comfort zone and express herself in a way that would better meet his needs helped reduce his anger toward her and make him feel more cared about. This sharing of laughter and the effort made by both parties helped heal fractures exacerbated by AFD processes.

In addition to changes in verbal statements, parents can also be encouraged to use more Western and direct methods of showing that they care about their children (e.g., giving their child a hug). This can be done in addition to heritage-culture methods (e.g., cooking a nice meal or giving money when their children make an accomplishment). Because of the cultural-linguistic dissonance involved with saying it in an Asian language, more acculturated children may feel more comfortable saying “I love you”

to their parents using English and expressing affection in Western ways (e.g., hugs). I have rarely seen parents become upset because their child hugs them and expresses that they care. Children should also be encouraged to use culturally consonant language switching to express that they care about their parents (e.g., asking their parents if they have they eaten yet) or to use nonverbal and indirect behavioral actions to show that they care (e.g., giving their parents a shoulder massage). When parents and children both engage in culturally consonant language switching and express themselves in ways appreciated by the other party, their relationship is likely to improve. Moreover, this also reinforces parent-child ability to frame-switch, or put themselves in the other person's shoes. As a result, they are better able to understand the perspectives, opinions, and feelings of others, and become better equipped to meet each other's needs.

In addition to having linguistic flexibility, both parents and children should engage in what I call "cultural-linguistic interpretation." This involves the ability to culturally translate and understand the meaning of people's behaviors, or to culturally interpret the spoken statements into the intended meanings of the individual. Cultural-linguistic interpretation facilitates the understanding of nonverbal behaviors and indirect communication and also helps improve understanding of indirect and nonverbal expressions of caring. For example, when parents ask children if they have eaten yet, children might use cultural-linguistic interpretation skills to understand that "Have you eaten yet?" means "I love and care about you" (see Figure 3.2). Individuals are asked to imagine a cultural-linguistic interpretation box and visualize the statement going in and translate it as it comes out of the box. Engaging in cultural-linguistic interpretations can help reduce conflict and improve family relations.

Other approaches can also be used to improve immigrant family relations. For example, psychoeducation and helping families realize that they share similar goals (e.g., improving family relationships) and pointing out a parallel process in feelings (e.g., feeling unappreciated, undervalued,

**Figure 3.2**  
**Cultural-Linguistic Box**



unloved, and misunderstood) can facilitate family cohesion. Helping parents and children understand the cultural perspective of the other party can help improve mutual understanding (Fang & Wark, 1998). Moreover, helping parents and children evaluate the advantages and disadvantages, as well as the costs and benefits of decisions they make, may also help reduce conflict. For example, it may help parents decide whether they are willing to adapt their parenting style to meet the more acculturated needs of their children, not willing to change their parenting styles but willing to educate their children about cross-cultural differences in parenting and family values, or not willing to make any adjustments at all. The potential consequences of each decision should be clearly laid out and therapists can help family members make the best decision possible.

## SUMMARY

This chapter presented a theory and model of how acculturation-related processes such as AFD can damage family relationships and increase psychopathology in Asian American parents and children. AFD is a problem-focused and more proximal definition of the acculturation gap and provides foci for intervention and prevention programs. Because many immigrants are unaware how acculturative forces can disrupt family communication lines and lead to the development of conflicting family values, educating immigrants about the larger sociocultural forces that set the stage for problems prior to their development will be necessary if we are to ensure healthy adaptation. Moreover, helping family members develop effective skills to address these problems is important. Mental health practitioners need to be responsive to cultural and linguistic issues that may impact family functioning if they are to provide culturally competent care to immigrant families. Future research should focus on better understanding the prevalence and course of AFD and on identifying risk factors that increase problem development. Protective factors that can potentially buffer the effects of AFD should also be explored (e.g., demographic, family, personality, community, and cultural variables). Basic research on the mediators and moderators of risk is important because it can help inform the development of intervention and prevention programs.

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## Chapter 4

# ACCULTURATION AND ADJUSTMENT IN ASIAN AMERICAN CHILDREN AND FAMILIES

*Linda Juang and Huong H. Nguyen*

To my parents, I am all American, and the sacrifices they made in leaving Korea pale in comparison to the opportunities those sacrifices gave me. They do not see that I straddle two cultures, nor that I feel displaced in the only country I know. . . . By making the biggest move of their lives for me, my parents indentured me to the largest debt imaginable—I owe them the fulfillment of their hopes for me. (Caroline Hwang, daughter of Korean immigrants, as quoted in Portes & Rumbaut, 2001, p. 191)

The sentiments expressed in this quotation capture the complexity—the challenges, stresses, and opportunities—of the acculturation process for Asian American children and parents. On the one hand, many children deeply appreciate their parents' sacrifices for a better life. And on the other hand, many children experience an immense and sometimes distressing pressure to live up to those high hopes and expectations. Strikingly, 92 percent of Asian-origin children and adolescents have at least one immigrant parent (U.S. Bureau of the Census, 2003). As such, immigration-related issues such as acculturation are fundamental to the development of Asian American children.

In this chapter we review scholarly work on acculturation with Asian American children and families. First, we define acculturation and discuss

two key models. Second, we discuss acculturation within an ecological systems perspective to clarify how the acculturation process is linked to child adjustment. Third, we review acculturation studies focusing on the family and community contexts specifically. Finally, we conclude with several challenges for researchers to address in future studies.

## DEFINITION AND MODELS OF ACCULTURATION

On an individual level, acculturation refers to the process of change and adaptation that results from continuous contact with a new, distinct culture (Berry, 2003). Currently, there are two main models (approaches) to the measurement of acculturation: the unidimensional versus bidimensional models. The first emphasizes assimilation, and the second, cultural plurality. The unidimensional model equates acculturation with assimilation (a process of acquiring the majority society's values and behaviors) and suggests that cultural change (acculturation) happens along one dimension, moving from one pole to another (from the ethnic culture to the national culture). It supposes a unidirectional change toward the mainstream (national) culture and implies an eventual disappearance of ethnicity.

Unidimensional approaches typically use single indices (generation status, English fluency, years in the United States) as proxies for acculturation, or they use scales that pit one culture against the other in their response options. The Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA, Suinn, Knoo, & Ahuna, 1995; Suinn, Rickard-Figueroa, Lew, & Vigil, 1987), for example, asks questions about identity, friendships, behaviors, etc., and gives "either-or" response options ranging from 1 = Asian-identified to 5 = Western-identified (involvement in either one culture or the other).

While assimilation can often occur, the unidimensional scale is criticized for being conceptually problematic. For one, it assumes "mutual exclusion" (Rogler, Cortes, & Malgady, 1991)—it assumes that high involvement in one culture requires low involvement in the other. It pits one culture against another and assumes a perfectly negative relationship between the two (via the framing of its response options). Critics argue that while it is likely that the two cultures are negatively correlated *at times*, there is no reason to assume that this relationship is *always* negative. Second, it assumes that the link between the criterion variable (e.g., self-esteem) and involvement in one culture (acculturation) is the *direct opposite* of the link between the criterion and involvement in the other culture. For example, if Asian involvement is *positively* related to self-esteem, then U.S. involvement must

be *negatively* related (or vice versa). As such, the unidimensional model ignores the possibility that each culture has independent, parallel, and/or interactive links to the criterion. Third, it is faulted for its bias toward the dominant culture—i.e., for being “unabashedly ethnocentric, prejudiced, and value laden” (Oetting & Beauvais, 1990–91, p. 660). It implies that “good groups” are those who assimilate to the new culture and “bad groups” are those who maintain their ethnic ways (Dona & Berry, 1994) and that any failure to do so (to assimilate) indicates a sense of weakness and inadequacy (Oetting & Beauvais, 1990–91). In addition to these problems, the unidimensional model is also susceptible to problems of social desirability, of restriction in range, and of blurring between a true vs. mock bicultural (for more explanation, *see* Nguyen, Messe, & Stollak, 1999).

The bidimensional model, in contrast, contends that the involvements in the ethnic and national cultures/dimensions are not necessarily polar opposites and that they can and should be *measured separately*. Taking a “both-and” approach, it contends that ethnic group members can have a strong or weak identification in both their culture and the national culture and that a strong identification in one does not necessitate a weak identification in the other. Both cultures can be retained and internalized. Whereas the unidimensional model equates acculturation with assimilation, the bidimensional model argues that acculturation is *not just* assimilation, that there are many ways to acculturate [e.g., bicultural (integrated), traditional (separated), marginal, *or* assimilated styles] (*see* Berry, 2003; Nguyen et al., 1999; Nguyen & Dinh, under review; Ryder Allen, & Paulhus, 2000).

An *assimilated* style refers to embracing the majority but not the heritage culture, whereas a *separated* style refers to the reverse: embracing the heritage but not the majority culture. And an *integrated* style refers to embracing both the majority and heritage cultures, whereas a *marginalized* style refers to embracing neither (Berry, 2003). In Berry’s view, it is essential to distinguish between orientation toward one’s own group (i.e., heritage culture) and toward other groups (such as the majority). Indeed, studies of immigrant adolescents (including Asian Americans) show that many consider themselves to be integrated, identifying with both the heritage and majority cultures (Phinney, Berry, Vedder, & Liebkind, 2006).

Bidimensional scales often measure two dimensions (i.e., involvement in U.S. culture and involvement in heritage culture) separately. In so doing, they allow researchers to test how the two dimensions relate to one another, relate differentially to adjustment, and/or interact with one another in relating to adjustment. There is a consensus that measuring acculturation bidimensionally may be a more appropriate way to capture different styles

of acculturation (Berry, 2003; Nguyen & Dinh, under review; Oppedal, Roysamb, & Sam, 2004; Ryder et al., 2000).

## **ACCULTURATION AND CHILD/ADOLESCENT WELL-BEING**

Acculturation has been associated with diverse outcomes for Asian American children. It has been linked with distress, depression, self-esteem, life-satisfaction, and delinquency; family, peer, and teacher relations; and grades, math and reading scores, academic aspirations, and time spent on homework among Vietnamese American adolescents (Nguyen et al., 1999; Nguyen & Dinh, under review). Acculturation has also been linked with mental health symptoms among Chinese, Japanese, and Korean American adolescents (Yeh, 2003), depressive symptoms among Chinese American and Chinese Canadian adolescents (Costigan & Dokis, 2006; Kim, Chen, Li, Huang, & Moon, 2009; Juang & Cookston, 2009), and delinquent behavior among Asian American adolescents (Chen, Unger, Cruz, & Anderson, 1999; Choi & Lahey, 2006; Nagasawa, Qian, & Wong, 2001). Overall, these studies suggest that the links between acculturation and adjustment are complex: the links vary with the particular context, the dimension of acculturation (e.g., involvement in U.S. culture versus involvement in heritage culture), the interaction between dimensions, and the match or mismatch with parent acculturation. To examine these links in more detail, we focus on problem behaviors as an example.

### **Problem Behaviors Among Asian American Youth**

Despite the common perception that Asian Americans are “model minorities” and thus experience few problems (Le & Stockdale, 2005; Leong, Chao, & Hardin, 2000), there is serious concern about the growing rates of problem behaviors among Asian Americans (Choi & Lahey, 2006; Kim & Goto, 2000; Zhou & Bankston, 1998). From 1980 to 2000, for instance, juvenile arrest rates have decreased for other racial/ethnic groups, but have increased by 11.4 percent for Asian American Pacific Islander youth (Asian Pacific Islander Youth Violence Prevention Center, 2003).

In studies of Asian American youth, findings showed that those who were more assimilated (as measured by language use or generation status) were more likely to engage in problem behaviors, such as risky (e.g., cigarette smoking) and delinquent behaviors (e.g., slashing tires, breaking something on purpose) (Chen, Unger, Cruz, & Anderson, 1999;



Nagasawa et al., 2001). In a national longitudinal study of Asian American youth, findings showed that the second or later generation engaged in more violence, delinquency, and drug use than their foreign-born/first-generation peers—and that the longer their stay in the United States, the worse their risk behaviors (Harris, 1999). Moreover, in an ethnographic study of Vietnamese American youth, those who were more involved in the U.S. culture (such as liking rap music as opposed to traditional Vietnamese music) were more likely to engage in delinquency than peers who were less involved (Zhou & Bankston, 1998), especially when their ethnic involvement was low (such as having few Vietnamese friends and not identifying with being Vietnamese). Finally, in a study of Chinese, Cambodian, Laotian/Mien, and Vietnamese youth, youth who endorsed individualistic values associated more with delinquent peers, and those who associated more with delinquent peers engaged in more antisocial behavior (Le & Stockdale, 2005). Taken together, these studies suggest that assimilation to U.S. culture is associated with problem behavior (cigarette smoking, drug use, violence, delinquency). Thus, despite their many risk factors (e.g., lower SES, learning the English language, unfamiliarity with the customs of the culture, exposure to discrimination), immigrants (foreign-born) tend to do better on a number of health and behavioral indicators compared to their U.S.-born counterparts—a phenomenon termed the “immigrant paradox” (Harris, 1999; Nguyen, 2006; Suárez-Orozco, Todorova, & Qin, 2006).

However, there is some evidence to the contrary. Research with Chinese American and Chinese Canadian youth has shown that those who were more assimilated (as measured by generation status, by U.S. involvements, and by the unidimensional Suinn-Lew Acculturation scale) were *not* more likely to engage in delinquency; indeed, assimilation was unrelated to delinquent and antisocial behaviors (Crane, Ngai, Larson, & Hafen, 2005; Juang & Nguyen, 2009). And, research with Vietnamese American youth has shown that those who were more assimilated (more involved in the U.S. culture) reported lower scores on delinquency (Nguyen & Dinh, under review). Thus, while most studies suggest that assimilation was linked to greater problem behaviors, a few suggested otherwise, depending on the measurement, the context, and the ethnic involvement.

The divergent findings (for problem behavior and other outcomes) could be due, for example, to the divergent ways studies have measured acculturation/assimilation. Some studies measured acculturation using the unidimensional model (i.e., assuming that those who were more assimilated to mainstream culture adhered less to their traditional culture), while others, the bidimensional model. Still others used simple proxies such as

generational status, language use, and years in the United States. Using a unidimensional measure is problematic because it does not allow for the possibility/reality that as individuals become more involved with mainstream culture, they can, at the same time, maintain their traditional culture (Berry, 2003). And using proxies is problematic because single indices/proxies fail to capture the complexities of acculturation (Zane & Mak, 2003). As Nguyen et al., explained (1999, p. 7):

Single indices may be suspect because of their content validity. The problem with single indices lies in presuming that generational status, or language preference, or any one, single factor can fully account for the multifaceted complexities of acculturation. At best, such indices are proxy measures where acculturation is implied rather than ascertained directly.

In addition, the divergent findings could be due to the different contexts in which youth live—urban and suburban, affluent and impoverished. In this case, it could be that “U.S. involvements” (assimilation) mean different things in different contexts, depending on the segment to which youth are assimilating. For example, in a more affluent context, U.S. involvements may mean integration into and participation in positive aspects of the mainstream culture. These involvements, in turn, could lead to more positive adjustment overall, as others have found (Nguyen & Dinh, under review). In contrast, in more impoverished contexts, there may be more negative influences to which the adolescents are exposed—e.g., gangs, drugs, and crime—that are associated with U.S. involvements. These associations, in turn, could lead to negative outcomes—e.g., delinquency and marginalization, as others have found (Zhou & Bankston, 1998).

In sum, research with Asian American children has shown that acculturation plays a key role in development. It is linked to child well-being, in areas as diverse as depression, misconduct, self-esteem, parent-child relations, and academic achievement. However, despite the importance of this research, it is critical to move beyond simple acculturation-adjustment links and consider more, the context that shapes such links. Most studies examine acculturation-adjustment links in isolation, devoid of their sociocultural contexts (Nguyen, 2000). Indeed, one of the main limitations of the acculturation literature is that the context is ignored (Sue, 2003). Sue argues, for example, for greater analysis of the community contexts (such as the cultural minority-majority relationship in the receiving context) to examine the process, correlates, and outcomes of acculturation.

## CONTEXT MATTERS: AN ECOLOGICAL SYSTEMS APPROACH TO UNDERSTANDING ACCULTURATION

Increasingly, researchers have documented that context matters to understanding acculturation. For instance, one study found that the Chinese and Canadian dimensions of acculturation related positively to one another, at least for Canadian-born (and not foreign-born) adolescents (Costigan & Dokis, 2006). In their particular context, defined by a strong Chinese community, it is possible to adopt both Chinese and Canadian cultures comfortably. In contrast, another study found that the two dimensions (ethnic and U.S. acculturation) correlate negatively for Vietnamese American adolescents (Nguyen et al., 1999). In their particular context, defined by the majority culture, it may be more difficult to maintain both Vietnamese and U.S. cultures simultaneously. Thus, the ease of being bicultural may vary by the community context.

In a different study, Nguyen tested and supported an ecological model that examined how contextual factors shape acculturation-adjustment links. She sampled Vietnamese and Mexican youth in a predominantly Anglo-American/assimilative context and found that in this context, U.S. involvements (acculturation to the U.S. culture) predicted more positive adjustment overall (across psychological, social, and academic domains). And ethnic involvements (acculturation to the ethnic culture) predicted more mixed adjustment (better family relations and academic aspirations, but worse distress, depression, and math and reading scores). Moreover, those who were more involved in the U.S. culture experienced more cultural fit in this predominantly assimilative context, and it was this cultural fit that promoted adjustment. Specifically, findings showed that U.S. involvements predicted better (and ethnic involvements worse) cultural fit; that cultural fit mediated acculturation-adjustment links; and that cultural fit predicted better adjustment. The more youth felt a sense of fit with their context, the better they did on the array of psychological, social, and academic indices (i.e., distress, depression, self-esteem, life-satisfaction, math scores, academic aspirations, and family, peer, and teacher relations). The more discrimination they felt, the worse they did. What's more, the Vietnamese—who had a less vibrant ethnic community (and less ethnic support *in this context*)—reported greater discrimination, less cultural fit, and worse psychological and social adjustment than their Mexican peers who had more ethnic support (Nguyen, 2000, 2004, 2006; Nguyen & Dinh, under review). It may be important to note, however, that the purpose of this study was not to compare ethnic groups (Vietnamese vs. Mexicans), but to examine the integrity of the model in two very different groups.

Indeed, the two groups were chosen precisely because of their differences (in community characteristics, in immigrant types—political refugees vs. economic migrants, etc.), as such differences allowed the model to be tested more fully. Overall, findings showed that the ecological model of acculturation held for both groups.

Taken together, these studies demonstrate that context and one's fit in the context are crucial in understanding acculturation-adjustment links. They demonstrate the need to examine how context can support versus impede adjustment. They suggest that it is not the acculturation that is inherently adaptive or maladaptive, but what that acculturation (or cultural involvement) means in context (e.g., the extent to which it fosters cultural fit)—that promotes or impedes adjustment. Future studies could examine more specific/concrete aspects of the context (such as characteristics of churches, community programs, and ethnic enclaves) to show how context shapes acculturation and adjustment.

### **Context Shapes the Acculturation-Adjustment Link**

Importantly, contexts can moderate acculturation-adjustment links. In a study of Chinese American adolescents, findings showed that those who were more involved in their ethnic culture reported fewer depressive symptoms (Juang & Cookston, 2009). This study sampled from a context where the Chinese community was visible, strong, and celebrated. In such an ethnically dense and culturally supportive context, adolescents immersed in Chinese culture reported more positive mental health (i.e., fewer depressive symptoms). In contrast, in a study of Vietnamese adolescents living in a predominantly Anglo-American community (an ethnically dispersed context), findings showed that those who were more involved in their ethnic culture reported greater distress. Perhaps it is difficult to be ethnic in an assimilative context such as this, and thus, is more distressing for those trying to maintain their cultural practices (Nguyen et al., 1999; Nguyen & Dinh, under review).

Taken together, these findings suggest that acculturation relates differently to adjustment depending on the cultural demands of the context. Put differently, characteristics of the broader context (such as ethnic group density, ethnic group status, and institutional completeness—the degree to which community institutions such as school, media, and churches provide similar cultural messages) may moderate the acculturation-adjustment link. They suggest that in the presence of a numerically strong, supportive cultural community, children and adolescents may be more likely to maintain

and benefit from a strong orientation to their cultural heritage. Conversely, in a mainstream dominant context, children and adolescents may benefit from adopting an orientation toward the mainstream culture *in addition to* maintaining their heritage culture.

Accordingly, we adopt an ecological systems approach (Bronfenbrenner, 1979) to examine the acculturation process among Asian American children and adolescents. This approach requires that children be understood in terms of the interplay between their individual characteristics within contexts that range from the microsystem to the macrosystem. An important principle of this approach is that children are active producers of their development. They not only live within multiple, embedded contexts, but, based on their own individual temperaments and characteristics, they also shape the contexts in which they live. This perspective acknowledges the unique characteristics, lived experiences, and personal histories and agency of each child in the acculturation process.

According to Bronfenbrenner (1979), the *microsystem* refers to contexts within which the child directly interacts, such as with family members at home, peers at school, friends in the neighborhood, and community members at church. For Asian American children, microsystem influences such as peer discrimination (Benner & Kim, 2009) and family acculturation (Farver, Bhada, & Narang, 2002; Farver, Xu, & Bhadha, 2007; Kim, Gonzales, Stroh, & Wang, 2006) have been identified as key contexts to understand children's acculturation.

The *mesosystem* refers to the interactions between microsystems. For instance, if parents speak their heritage language with their children and their children become fluent bilinguals, this may contribute to the types of friends they choose in school. Studies have shown, for example, that Latino adolescents who were more oriented to their traditional culture (e.g., spoke fluent Spanish) were more likely to associate with other peers similar to their cultural preferences (Matute-Bianche, 1986). An important avenue in acculturation research is to examine different microsystems beyond the family (such as those with peer groups) and to examine how microsystems interact. Currently, most research on acculturation in Asian American children has focused on the family context. Little is known about peer contexts—for example, how acculturation styles of peer groups influence and are influenced by those in the family.

The *exosystem* refers to the intersection between the child's microsystem and another context where the child is not directly involved in but still influenced by, such as their parents' workplace, the school board, neighborhood, and community institutions. A good example is Qin's (2006) ethnographic studies of Chinese American families in Boston. Qin

documented a disturbing pattern. She found that, when parents needed to work very long hours in low-paying jobs, their absence (from home) and stress (from work) took a toll on the relationship with their adolescent. The adolescents felt distanced from their parents, and the parents, in turn, felt their children were too Americanized and rejecting of their Chinese culture. This alienation was defined by greater emotional detachment, poorer parent-adolescent communication, and less parent involvement in the adolescent's social and academic lives.

Finally, the *macrosystem* refers to the broader societal and cultural context of development. Macro-level contexts such as national policies towards immigrants, societal prejudices or positive views towards specific ethnic groups, and economic and employment opportunities (Berry, 2003; Phinney, 2003; Portes & Rumbaut, 2001) are important contextual factors that can shape one's acculturation.

In addition to considering the specific systems, it is also important to focus on social position/social structure variables. Garcia Coll et al.'s (1996) integrative developmental model of children is a useful theoretical framework. It argues that it is impossible to understand the development of minority children without addressing the role of social position (e.g., variables such as race/ethnicity, gender, SES). Social position variables indirectly contribute to child development by exposing children to social mechanisms such as racism and discrimination as they attempt to navigate their way through the majority culture (Berry, 2003; Berry, Phinney, Sam, & Vedder, 2006; Romero, Carvajal, Volle, & Ordūna, 2007). These experiences within social hierarchies can be challenging and may lead to poorer adjustment for immigrant children and families (Romero et al., 2007). Such experiences can be critical influences in children's development.

One important social position variable is gender. Studies of immigrant children find that girls and boys experience the acculturation process differently, in part due to parent socialization practices (Dion & Dion, 2001; Suárez-Orozco & Qin, 2006). For instance, immigrant girls tend to have more household responsibilities (Espiritu, 2001), spend more time at home, and are monitored more by their parents than boys (Espin, 1999). Similarly, research with Asian American youth suggests girls' peer interactions are monitored and limited more than boys (Way & Chen, 2000). It is not surprising, then, that girls have more severe restrictions for dating than boys (Espiritu, 2001). Further, girls are expected, more so than boys, to preserve traditional cultural ideals (Espiritu, 2001). As a result, girls may identify more with parental cultural behaviors and values compared to boys. Indeed, a study of Chinese American adolescents found that girls

reported greater identification with their Chinese heritage compared to boys (Yip & Fuligni, 2002). And studies of second-generation children of immigrants in the United States found that girls were more likely to maintain their heritage language (Portes & Rumbaut, 1996, 2001) and more likely to be fluent bilinguals (fluent in both heritage and English language) than boys (Portes & Hao, 2002).

Overall, studies consistently suggest that compared to boys, girls face more restrictions in their social interactions and more pressure to focus more on home, family, and heritage culture than on peers and American culture. Because of these pressures, girls may experience more family conflicts, and subsequently, greater psychological distress (Dion & Dion, 2001; Portes & Rumbaut, 1996; Suárez-Orozco & Qin, 2006). They are more likely to report depression and low self-esteem than boys, and this may be due to heightened risk for family conflict as they attempt to fulfill their responsibilities to their families as well as participate in the majority culture (Portes & Rumbaut, 1996). For girls, then, the acculturation process may be fraught with conflict, at least in the family domain. However, while parental pressures may be stressful, parents may also do a better job ensuring that their girls identify with their cultural heritage. This, in turn, can be a source of affirmation, pride, and strength. Further, parental control is not always negative; it has been linked to greater educational success among Vietnamese girls (Zhou & Bankston, 2001).

In sum, to understand the acculturation of Asian American children, it is important to consider the social positions and ecological systems (micro-, meso-, exo-, and macro-systems) in which the child is embedded. This notion of embeddedness is important, as it can be a double-edged sword (Lerner, 1996). On the negative side, problems in one context can instigate problems in another. Portes and Rumbaut (1996), for example, report how adolescents' problems in the school, with their peers, and broader community (e.g., getting into trouble with the police) spilled into their family relationships, adversely affecting their relationship with parents. On the positive side, intervening in one context may improve aspects in another context. Improving parent-child relationships by reducing acculturation gaps, for example, may improve the child's well-being and school performance.

While ecological systems theory offers a broad perspective on understanding child development, it is also important to consider contexts specific to immigrants, namely, their contexts of departure and reception into the new country (Portes & Rumbaut, 1996; Zhou & Xiong, 2005). The context of departure refers to the skills, knowledge, preparation, and financial and education resources that immigrants bring with them to the new country.



The contexts of departure also refer to the circumstances and reasons for leaving—whether they are immigrants who voluntarily leave in search of better economic and education opportunities or refugees who are forced to flee war or political persecution. The context of reception refers to the receiving community—the strength of the ethnic community (i.e., ethnic density, social status), the political climate towards the particular ethnic group, government policies, and employment opportunities. As Zhou and Xiong (2005) describe, “Coming from a group that is primarily made up of refugees (such as Vietnamese and Cambodians), or one of English-proficient professionals (such as Filipinos and Indians), or one of mixed-class immigrants (such as Koreans and Chinese), has profound implications for the type of resources the group can muster and the kind of societal reception that it may encounter” (p. 1130). These unique contexts of departure and reception will interact with community, family, and individual characteristics to uniquely shape the acculturation experience.

As an example, highly educated parents from the Philippines moving with their children to the United States with substantial knowledge of American customs and language to Daly City, California (a community with large numbers of Filipinos) may find a smooth transition to a new life. In contrast, Vietnamese refugees fleeing a country because of war and poverty, with parents with little education and resources, low familiarity with American culture and language, and arriving in a community with few other co-ethnics (e.g., in Michigan) will not have the same opportunities, infrastructures, or support networks that can facilitate a smooth transition.

And yet, as Zhou and Xiong (2005) emphasize, these particular contexts of departure and reception interact with other factors (such as the family and individual characteristics) to influence the outcome of acculturation. Having a very strong family network can counteract some of the stresses associated with limited resources in a new community. For instance, there are high achieving Southeast Asian second-generation children (such as from Vietnam) who grew up in poor neighborhoods and yet managed to succeed and become upwardly mobile due to strong family and ethnic community support (Zhou & Bankston, 1998). Thus, the general process of acculturation may be similar across ethnic groups, but the unique history, resources, and characteristics of each group, family, and individual produce diversity in adjustment.

## **ACCULTURATION WITHIN THE FAMILY CONTEXT**

Most acculturation research on Asian American children has focused on the family context and, in particular, on parent-child differences in acculturation. Because children from immigrant families tend to acquire the



values and behaviors of the new culture at a faster rate than their parents, a large difference in values and behaviors may result (Kwak, 2003). This parent-child acculturation difference has been termed the *acculturation gap* (Kwak, 2003), *acculturation dissonance* (Portes & Rumbaut, 1996), or *acculturative family distancing* (Hwang, this volume). Researchers have hypothesized that the greater the acculturation gap, the greater the potential for parent-child conflict and child maladjustment. The acculturation gap has been highlighted in the popular and news media as the classic cultural clash between the Americanized, rebellious teen and the traditional, strict parent. This acculturation gap is common in other ethnic groups (Latino, Caribbean Black) as well (e.g., Lau, McCabe, Yeh, Garland, Wood, & Hough 2006; Waters, 1999).

It is important to note, however, that having different values and attitudes from parents is normative for almost all adolescents, not just those from Asian American families. However, because many Asian cultures greatly emphasize respect for parents and family harmony, these differences may be less acceptable and more disturbing to Asian American adolescents, especially if these differences erupt into family conflict. Indeed, parent-adolescent conflicts are more highly correlated with problem behavior (e.g., antisocial behavior, cigarette smoking, alcohol use, school misconduct) among Chinese American than European American adolescents (Chen, Greenberger, Lester, Dong, & Guo, 1998).

While most research on acculturation gaps has relied on children's perceptions, more recent studies have collected data from both children's and parents' perspectives. They have shown that, although we often assume that parents are acculturating at a slower rate than their children, and thus embody more traditional cultural ideals, this is not always the case. Some parents are less traditional than their children (Costigan & Dokis, 2006; Juang, Syed, & Takagi, 2007). For instance, about 12 percent of Chinese Canadian families showed a pattern where adolescents exhibited medium/high Chinese language use, while their fathers exhibited low Chinese language use. Further, about 8 percent showed a pattern where adolescents exhibited medium/high Chinese language use while their mother exhibited low Chinese language use (Costigan & Dokis, 2006). As such, there may be much greater variation within family acculturation patterns than commonly assumed.

Overall, studies support the theoretical proposition (Portes & Rumbaut, 1996) that acculturation dissonance is related to child maladjustment. For instance, studies of Indian American families found that parents and adolescents with dissimilar acculturation styles report greater social anxiety, lower self-esteem, and poorer parent-child relationships (Farver et al., 2002). Also, a study of Chinese Canadian families found that parent-adolescent

dissonance in Chinese acculturation (but not Canadian acculturation) was associated with worse functioning in adolescent depression, achievement motivation, and parent-child conflict (Costigan & Dokis, 2006). And, a study of Chinese American families found that acculturation dissonance (in both Chinese and U.S. acculturation) between adolescents and their fathers (but not mothers) predicted greater adolescent depressive symptoms (Kim, Chen, Huang, & Moon, 2009). In contrast, a study of Asian American families found that parent-child acculturation dissonance was linked to poorer relationships with mothers (but not fathers) as indicated by more conflict, less support, less depth (i.e., relationship was not as significant), and less satisfaction with the relationship (Dinh & Nguyen, 2006). Moreover, studies with Chinese families have shown that acculturation dissonance with mothers (in areas such as language) may be more detrimental to adolescents than those with fathers; this may be because mothers are the main source of emotional support in Chinese families (Chao & Tseng, 2002).

Collectively, these studies suggest that acculturation dissonance is linked to worse adjustment in psychological, social, and educational outcomes. However, although this general pattern is substantiated, the discrepant findings suggest that the patterns and consequences of the gap may work differently for mothers versus fathers (as shown in the studies above). Further, the discrepant findings concerning the two dimensions of acculturation (majority versus heritage culture) suggest that acculturation dissonance in majority culture may not always predict negative outcomes. These findings further demonstrate the need for bidimensional measures of acculturation (i.e., the need for separate measurement of majority versus heritage/ethnic culture)—and the need to distinguish between mothers vs. fathers in parent-child acculturation gaps (dissonance).

Other studies on the acculturation gap have examined specific aspects of acculturation, such as family obligation, autonomy expectations, and parental warmth and control. They showed, for example, that Asian American parents endorse higher levels of family obligation than adolescents and that this difference widens over time (Phinney, Ong, & Madden, 2000). Importantly, these parent-child differences in family obligation were associated with lower life satisfaction for Asian American adolescents. And parent-child differences in autonomy expectations (e.g., Asian American youth expecting independence in areas such as dating, choosing their own friends, or being able to attend parties at an earlier age than their parents allow) were associated with worse functioning in depression, self-esteem, and parent-child conflict (Juang, Lerner, McKinney, & von Eye, 1999). Studies also showed that Chinese American adolescents who perceive a

greater difference/mismatch with their parents in expectations about parental control reported greater family conflict and greater depressive symptoms (Juang et al., 2007). And Chinese American adolescents who perceive a greater mismatch between ideal and perceived parental warmth showed greater internalizing and externalizing symptoms (Wu & Chao, 2005).

Thus, research on acculturation, in general and in specific components, demonstrates that the parent-child acculturation gap is related to parent-child conflict and child maladjustment. As such, it highlights the importance of examining specific components or elements of acculturation to help explain the outcome of interest (Arends-Toth & van de Vijver, 2004; Costigan & Dokis, 2006). Focusing on specific elements acknowledges the fact that acculturative change does not occur universally across an individual's life, but to a greater degree in some areas than others (Arends-Toth & van de Vijver, 2004).

### **What Accounts for the Acculturation Gap-Outcome Link?**

Although parent-child acculturation gaps appear to be linked to children's adjustment, what mechanisms can account for this link? Portes and Rumbaut (1996) suggested that when parents and adolescents differ in their acculturative experiences, children rely less on their parents for guidance. For instance, if parents do not speak English, their children may be less likely to ask them for help with school work, with navigating through school activities, or with questions about the U.S. culture. Further, Kim and colleagues argued that an acculturation gap can suggest a lack of shared understanding between parents and children—which can, in turn, lead to less supportive parenting practices (e.g., less monitoring, less warmth, and less use of inductive reasoning) (Kim et al., 2009; Weaver & Kim, 2008). Similarly, Qin (2006) proposed that parents and children on different acculturation trajectories develop *parallel dual frames of reference* for appropriate parent-child relationships. For the parent, the frame of reference is based more on the values of heritage culture, whereas, for the adolescent, it is based more on the values of the majority culture. These parallel, different frames of reference can lead to feelings of distance and alienation between parents and children. Finally others have suggested that family conflict mediates the acculturation gap-outcome link. That is, a greater parent-child gap may lead to family conflict, and in turn, worse child outcomes (Juang et al., 2007; Phinney et al., 2000).

In sum, the parent-child acculturation gap may change the family dynamics in several ways: (1) parents losing their ability to guide their children in important areas of life (such as academics), (2) parents engaging in

unsupportive parenting practices, and (3) parents and children developing dual frames of reference and feelings of alienation. These changes, in turn, can set the stage for parent-child conflict and child maladjustment. Future research should continue to examine mechanisms that explain this link between acculturation gap and child adjustment, as some mechanisms (e.g., unsupportive parenting) are amenable to intervention (Kim et al., 2009).

### **Beyond the Parent-Child Acculturation Gap to Emphasize Strengths**

Although the acculturation gap often emerges, it is also important to remember that parents are an essential source of comfort and identity for children. Parents provide the link between the child and broader society and can help their children navigate the new culture, while providing a connection to the heritage culture. Research has shown that parents who engage in cultural/ethnic socialization (e.g., help their children understand the role of ethnicity in their lives) instill a sense of cultural/ethnic pride in their children (Hughes et al., 2006; Juang & Syed, 2010). Ethnic pride, in turn, strengthens children's resilience in situations such as facing racial or ethnic discrimination (Lee, 2005). Moreover, children who maintain strong ties with their Asian culture (e.g., identifying with and being proud of their culture, feeling a sense of belonging to their culture) do better in terms of self-esteem, depression, and academic achievement (Kiang et al., 2006; Lee, 2003; Lee & Yoo, 2004; Tsai, Ying, & Lee, 2001).

Also, parents and children do show similar acculturation styles at times. Traditionally oriented parents, for example, are more likely to have traditionally oriented children (Dinh & Nguyen, 2006). Thus, while most research has focused on the stressors and gaps in acculturation, future research could examine more: the strengths (e.g., children's cultural and ethnic identity) among Asian immigrant families. It could examine, for example, how some families manage to maintain strong family cohesion to combat growing parent-child acculturation dissonance.

## **ACCULTURATION WITHIN THE NEIGHBORHOOD AND COMMUNITY CONTEXTS**

The family context is embedded in the broader community context. In an ethnically vibrant community, families can rely on a broad network of cultural supports to facilitate maintenance of heritage culture. For instance,

one study found that relative to their Southeast Asian peers, Chinese American adolescents reported a greater orientation to their heritage culture (as measured by language use and proficiency) (Ying, Lee, & Tsai, 2000). The authors suggested that this difference was due to the community (Oakland, California) context, which had a very strong Chinese presence that could support and encourage speaking Chinese. In contrast, the Southeast Asians had a limited presence—they had far fewer cultural resources and support. As such, this study suggests that it is easier to become/remain bicultural in a culturally rich context than in a culturally poor one. However, one limitation is that Ying et al. (2000) did not examine community characteristics in detail. They based their speculations about cultural supports mainly on the ethnic density of the two groups. Ethnic density, however, does not reveal the level of connection, support, or involvement with other co-ethnics. More in-depth analysis of the community is needed.

Turning to more concrete aspects of the community, Zhou and Kim (2006) examined churches and after-school/weekend programs for Chinese and Korean families in Los Angeles, California. Through extensive interviews and observations, they examined supplemental programs that offered heritage and English language classes, academic tutoring, and cultural enrichment activities (such as art, dance, and martial arts) and found that these community programs/institutions served two important functions. One function was to provide a strong educational support network for the children and adolescents. The children raised in this network were surrounded by concrete messages and support for doing well academically and for getting into prestigious colleges. A second function was to foster cultural socialization: the transmission and celebration of traditions and holidays of the heritage culture. Children raised in these co-ethnic networks were surrounded by families that reinforced their cultural values and behaviors. As such, these community programs serve dual purposes: they foster ties to heritage culture and they facilitate successful adaptation into the U.S. culture (through academic achievement). Zhou and Kim argue that these types of community programs provide critical structural support for the acculturation and success of Chinese and Korean families.

The church is another community institution that can play a large role in immigrant adaptation (Bankston, 2000), and there is a growing number of Asian American churches across the United States (Jeung, 2005). Churches have a long history of helping immigrants become integrated into their community, for instance, through offering emotional and instrumental (e.g., finding housing and employment, offering language classes) support (Hirschman, 2004). In a study of Korean American families, Min (2000) found that religious institutions can serve as an extended family, as

the families involved in the church enjoyed frequent and extensive social interactions (such as going to lunch with other families, celebrating birthdays and holidays together, engaging in sports, and attending retreats). The church can provide an important anchor for Asian immigrants as they navigate in a new and unfamiliar country.

In sum, community institutions are important for meeting the social and cultural needs of Asian American families by offering spaces for social interactions with co-ethnics. For new immigrants, ethnic communities help rebuild social ties. For parents, ethnic communities reinforce and help pass on cultural traditions. For children, ethnic communities provide a place to learn their cultural values and to incorporate these values into their identity. Children can learn from other kids and families how to adapt to the new culture and to maintain ties to their heritage culture. Moreover, they can sympathize with each other, knowing that parental expectations for academic and cultural adherence can be very high. And they can define and normalize their Asian American experiences by seeing other kids engage in the same activities (such as after-school and weekend education and cultural programs). In all these ways, a community-based ethnic institution can provide an important platform for the children's cultural development and identity. These community institutions serve as an important link between the child's family and broader society (Zhou & Kim, 2006).

## CONCLUSION

Acculturation is notable for its complexity and its importance in understanding Asian American immigrant children's adaptation and resettlement. Yet, despite its importance, acculturation research faces many challenges. One challenge is the need to move beyond simple acculturation-adjustment links to more deeply examine the contexts that shape acculturation. That is, to understand acculturation and its links to adjustment, we need to consider the interactions among individual characteristics, the family and community contexts, the broader societal context, and the contexts of departure and reception. These contexts can produce divergent trajectories for Asian American children and families, allowing some to become upwardly mobile, while trapping others in downward mobility (Portes & Rumbaut, 1996; Zhou & Xiong, 2005). A second challenge for acculturation researchers is to move beyond cross-sectional examinations to conduct longitudinal studies (Fuligni, 2001). This is a critical need as the nature of acculturation is *change*. Most studies that have examined acculturation change have done so at the group level, and not at the individual level (Phinney, 2003). In other words, research has documented differences between immigrant

groups (e.g., comparing first-generation versus second/later-generation immigrants), but has paid less attention to change within persons over time. Yet, it is important to study such change (over time) to disentangle effects of acculturation on child outcomes, and vice versa. A third challenge is to include more diverse groups of Asian families. This is especially important because the contexts and circumstances for each group vary immensely. Currently, there are far fewer studies of Asian Pacific Islander children and adolescents compared to those of East Asians and Southeast Asians. Finally, a fourth challenge is to disentangle the experiences of being an immigrant from those of being an ethnic minority (Hsaio & Wittig, 2008). What stressors are associated uniquely with being an immigrant versus an ethnic minority? Understanding the distinction and overlap between the two is necessary for developing evidence-based prevention programs and policies that can more effectively promote Asian American children development.

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## **Chapter 5**

# EMOTION DEVELOPMENT IN ASIAN AMERICAN YOUTH AND CHILDREN

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It is not always easy to characterize emerging fields within psychology, and the area of Asian American emotion development is no exception. The field of emotion development has mostly relied on homogenous European American research samples ranging from infancy to school-aged children, a period of primary interest for developmental researchers. The literature has now included a small but growing number of studies of children who live in Asia (Asian children) and those who have Asian backgrounds but live in America (Asian American children). Studies from an emotion development perspective are rooted in developmental theory but often reference long-standing Asian values as explanations for observed emotion behavior, even for Asian American samples. On the other hand, Asian American studies tend to take a bicultural perspective of development in understanding emotion-related difficulties. These studies mostly focus on the period between adolescence and young adulthood rather than on early childhood.

The perspectives from these areas of research inform aspects of Asian American development but have remained largely unrelated with regard to discussions on *emotion development*. The purpose of this chapter is to bring together disparate literatures to characterize emotion development in Asian American youth and children. Several aspects of these literatures

are considered in this review: (1) observations of emotion behavior among Asian and Asian American children, (2) Asian social and developmental values thought to be salient to emotion development, and (3) bicultural experiences that affect emotion in Asian American youth. To do so, I draw from various disciplines, including developmental, cross-cultural, and Asian American psychology.

## EMOTION DISPLAYS IN ASIAN AND ASIAN AMERICAN CHILDREN

To start, I provide a brief overview of broad emotion norms for Asian and U.S. culture. I follow with a review of observed children's emotion behavior, specifically emotion expressivity and socio-emotional behaviors, while noting variations within Asian and Asian American emotion that diverge from simple assumptions of Asian cultural effects.

**Emotion norms.** Cultural values for human behavior vary across Asian and Western cultures. "Western" cultures are often described as "individualistic" based on the emphasis placed on the individual within a community and the culture's promotion of autonomy in children. Within the United States, individualism is thought to have originated from ideals (driven largely by the Protestant work ethic) that emphasize personal responsibility and innovation. Valuing personal choice, intrinsic motivation, and self-esteem is one way of attaining autonomy.

Asian cultures tend to be more "collectivistic," as individual attributes are downplayed to preserve group cohesion. Mechanisms that promote this group cohesion include cooperation and adherence to one's role in the group. Various forms of Asian thought influence the manner in which emotion is regarded within this collectivistic framework. For example, Buddhists train to experience *sukha*, a state of equilibrium that encompasses a sense of well-being, inclination toward compassion, and attention to the interconnectedness with other living beings (Ekman, Davidson, Ricard, & Wallace, 2005). In Confucianism, expressing oneself can be regarded as an opposition to maintaining a sense of responsibility for the family (Bedford & Hwang, 2003). In general, self-expression is thought to interfere with group cohesion in Asian cultures, in contrast to its role in Western culture.

Western culture is certainly not entirely individualistic, nor is Asian culture completely collectivistic in nature. These cultural value systems coexist among the parenting goals and behaviors within a culture (Tamis-LeMonda et al., 2008). However, the process by which emotion is socialized may parallel the particular emotion norms of each culture. In valuing autonomy and self-expression (Chao, 1996), European American parents encourage

their children to express their feelings and opinions (Rubin, Stewart, & Chen, 1995). These parent practices predict positive behavioral outcomes in European American young children. For instance, high levels of parent support of children's everyday emotions are associated with positive child outcomes, whereas punitive reactions and minimization of emotions are associated with less constructive coping strategies in children (Eisenberg, Fabes, & Murphy, 1996).

In contrast, East Asian, Southeast Asian, and South Asian parents generally discourage children's self-expression (Chao & Kim, 2000; Nguyen & Williams, 1989). Training a child not to reveal his or her thoughts and feelings and instilling solemnity and self-control early in a child's life are important socialization practices in Asian culture (Bond & Wang, 1983). Asian parents are more likely to discourage children's negative feelings (Strom, Daniels, & Park, 1986) or expression of opinions when it differs from those of family or friends (Helwig & Helwig, 1980; Kim & Choi, 1994; Wakil, Siddique, & Wakil, 1981).

**Emotion expressivity.** Are Asian and Asian American children's emotional expressions consistent with Asian emotion norms for emotion moderation? Among cultural differences observed from emotion-expressivity studies, Asian and Asian American children do show more neutral expressions or simply a narrower range of positive or negative expressivity relative to European Americans. This effect has been demonstrated across development from infancy onward (Bornstein, 1989; Camras et al., 1998; Fogel, Toda, & Kawai, 1988). Such lower levels of expressivity do appear to be in line with traditional Asian norms of emotion (Farver, Kim, & Lee, 1995; Farver & Shin, 1997; Kobayashi-Winata & Power, 1989).

Although Asian children have been found to be less expressive than European American children, it is not always true. Variations of expressivity persist within Asian groups. For instance, Freedman (1974) found that Chinese American newborns were less negatively reactive than both Japanese and European American newborns. Similarly, Camras and her colleagues (1998) found that during laboratory tasks designed to elicit frustration and fear, Chinese infants showed fewer instances of crying as coded by the mouth. Chinese infants also showed fewer Duchenne smiles—expressions of spontaneous occurring joy—than Japanese and European American infants. However, no differences were observed between Japanese and European American infants in these behaviors. Most developmental researchers acknowledge both biological and socialization influences on observed cultural differences within early child development (Brody, 2000; Camras, Oster, Campos, Miyake, & Bradshaw, 1992), with some suggesting that the effect of socialization plays a greater role

in expressivity by late infancy (Bornstein, 1989; Camras, Bakeman, Chen, Norris, & Cain, 2006). For instance, Camras suggested that variations in educational levels might explain the expressivity differences observed in Chinese and Japanese infants. In her study, Japanese mothers shared a similar educational background with European American mothers; mothers in both groups had a college education, in contrast to Chinese mothers, who mostly had a high-school education. Yet it remains unclear how educational levels affect the family environment, and in turn, infant expressivity within these respective groups.

More recently, a compelling study conducted by Camras and her colleagues (2006) indicated that family environments can differentially affect specific aspects of children's expressivity, even among those who share a Chinese biological background. Facial expressivity in response to pleasant and unpleasant visual stimuli was measured in three-year-old European American, adopted Chinese, Chinese American, and mainland Chinese girls. Groups that shared the same cultural home environment (i.e., Chinese American and mainland Chinese have a Chinese upbringing experience; European American and adopted Chinese have a more Western upbringing experience) showed similar levels of expressivity. That is, Chinese and Chinese American girls smiled less than European American girls, while European American and adopted Chinese showed greater disgust expressions than mainland Chinese girls. In follow-up analyses, Camras and her colleagues found that mothers' self-reported aggravation and strictness predicted children's facial expressivity, suggesting that parenting behaviors may encourage or discourage children's emotional expressions.

It is difficult to predict how Asian American children express their emotion given that bicultural children are socialized with the emotion norms of two different cultures. In one study (Liu, Measelle, Ablow, Snidman, & Tronick, under review), five- to seven-year-old Chinese American and European American children participated in a frustrating tower-building task while alone and then while in the presence of their mothers. As expected, Chinese American children were less expressive than European American children when conducting the task alone. Yet surprisingly, Chinese American children did not minimize their frustration in the presence of their mothers, and were in fact just as expressive as the European American children. This finding suggests that the audience may differentially affect the level of expressivity across groups.

In another study, four- and seven-year-old Chinese American and European American children were presented with a disappointing gift in the presence of an adult experimenter (Garrett-Peters & Fox, 2007). One might predict that the Chinese American children of immigrant parents

would downplay their disappointment more than European American children. However, older Chinese American children showed more negative expressions than European American children, and in fact displayed negative expressions at a rate similar to younger Chinese American children. Furthermore, the more Chinese American children endorsed Western values, the less they showed negative expressions; a positive trend was found in the relation between Western values and positive expression. On the other hand, children's adaptation to Asian values was not associated with any type of expressivity. Why did Chinese American children show greater negative expressions in this situation? The authors suggest that Chinese American children did not minimize disappointment as expected because disappointment may not be as threatening to interpersonal relations compared to other expressions, such as anger or sadness. The authors also refer to findings which suggest that Chinese children show slower gains in situationally based emotion knowledge than European American children (Wang, 2003) and the observation that Chinese parents tend to focus less explicitly on emotion understanding than European American parents in their socialization practices (Chen et al., 1998; Wang, 2001). If so, the Chinese American children may not have assessed the appropriateness of their emotion displays in this situation.

Altogether, these findings suggest a bicultural effect on the emotion type expressed in childhood. Asian American children might not necessarily adhere to one cultural norm for emotion displays over another and other moderators such as context or emotion type might play a role in the way they express emotion.

**Socio-emotional behaviors.** In a related body of research, Asian and Asian American children seem to display socio-emotional behavior that is consistent with the cultural norms for emotion moderation and group harmony. For instance, three- to five-year-old Korean American children showed more cooperative behaviors whereas European American children showed more assertive behaviors during their play (Farver et al., 1995). In contrast, four- to five-year-old European American children in the United States had more aggressive responses than Japanese children when presented with hypothetical interpersonal dilemmas (Zahn-Waxler, Friedman, Cole, & Mizuta, 1996).

Substantial attention spent on understanding shyness suggests that Asian and Asian American children tend to exhibit shy behavior or withdraw from unfamiliar social contexts more than samples of Western children (Chen et al., 1998; Kagan, Kearsley, & Zelazo, 1978; Rubin et al., 2006). Shy behavior is often viewed negatively within Western culture (Rubin & Asendorpf, 1993), with shyness found to be associated with peer rejection

and isolation in U.S. and Canadian Caucasian children (Chen, Rubin, & Li, 1995b; Rubin, Bukowski, & Parker, 1998). However, shyness is considered acceptable or even adaptive in contexts where group cooperation and interdependence are valued and is associated with positive adjustment outcomes among Chinese children (Chen, Rubin, Li, & Li, 1999; Chen et al., 1995a, 1995b, 1995c).

However, the relationship between shyness and social competence in China may be in the process of being redefined as a result of the greater Westernization and rapid societal change during the past two decades. Newer analyses examining associations between shyness and social competence show gradually weaker associations between shyness and social competence from 1990 to 1998. Remarkably, lower levels of negative associations between shyness and social competence were observed by 2002 (Chen, Cen, Li, & He, 2005). Thus, the cultural values for social characteristics such as shyness can change quickly, and its adaptive function within society may change accordingly. Although Asian American children do not necessarily experience such large-scale societal changes in America, the effect of environmental change may be salient to the individual Asian American experience. This is especially true for recent Asian immigrant families where children might be praised for being shy at home but encouraged to be more outgoing and expressive at school.

## EMOTION SOCIALIZATION IN ASIAN-BASED SOCIETIES

Although emotion moderation is emphasized in Asian culture compared to European American culture, the way in which emotion is socialized in Asian groups may not be as explicit of a process as it is with European Americans. Western approaches often applied to the study of emotion socialization tend to focus on parent intentions and behaviors directly related to the regulation of children's emotional experience or expression. However, certain social and developmental values seemingly unrelated to emotion development per se may be a greater socialization priority for Asian and Asian American parents. It is important to consider how these values might indirectly affect the way that Asian and Asian American children learn about emotion.

**Hierarchy.** Several Asian societies place an importance on fulfilling familial or group roles. In a hierarchically oriented culture, social status is strongly defined by characteristics such as generational status, birth order, age, or gender (Saraswathi & Pai, 1997). For instance, it is important that Hindu individuals are involved in caring for senior family members, and patriarchal communities expect Hindu men to make decisions and provide

protection for the family (Mullatti, 1995). Confucian-based cultures emphasize filial piety, which is characterized by respect, obedience, and loyalty to elders (Kim, Kim, & Hurh, 1991; Koyano & Shibata, 1996; Maeda, 1983) and acting appropriately according to his or her place within the hierarchy (Ho, 1996; Jing & Wan, 1997).

Social status within a community or family directs individual emotional behavior in the context of his or her culture. Socialization practices that instill filial piety require parents and elders to restrain affection in parenting. In fact, Confucians warn against permissive parenting practices thought to spoil the child. Children's displays of self-expression to their parents may be considered irreverent ("drowning children in love").

Gender differences also exist with regard to the appropriate level of affection displayed between parents and children. Specifically, each person is expected to modulate displays of emotion depending on his/her gender and his/her role in the family. Asian mothers from patriarchal groups are expected to provide greater positive affective care than fathers, who are expected to show less positive affect toward the child (Saraswathi & Pai, 1997). It is unacceptable for Indian children to display anger to fathers, although it is acceptable if they show anger to their mothers. Fear displays to fathers, however, are acceptable (Kakar, 1978).

Asian children appear to be aware of their status and how it ought to dictate their behavior. Japanese and Korean children are taught to use honorific forms of language depending on whom they are addressing. Children must recognize their status in social interactions to determine what honorific form to use (Cook, 1999; Park, 2006). Five- to nine-year-old Indian children who adhered to traditional hierarchical norms perceived others to be less accepting of any emotion displays and reported controlling all displays. In contrast, less-traditional children living in newly formed suburban areas perceived others to be less accepting of anger and sadness than physical pain. As such, these suburban children controlled this anger and sadness more than physical pain (Raval, Martini, & Raval, 2007). Thus, behaving according to hierarchical standards in these ways may be a traditional Asian practice. Such practices may be maintained by Asians living in the United States (e.g., caring for their family members may be held in higher regard among Asian Americans compared to European Americans) even though hierarchy is not emphasized or adopted as a major U.S. behavioral norm. It is important to examine the extent to which Asian Americans hold to the hierarchical roles and whether emotion experience and expressivity vary according to these traditional Asian practices.

**Morality.** The development of morality is highly emphasized in Asian cultures, and Asian parents may value children's moral learning over



emotion understanding during socialization efforts. In conversations between Chinese and European American mothers with their three-year-old children, European American mothers elaborated on the cause of their children's negative feelings to facilitate emotional understanding; in contrast, Chinese mothers were more likely to promote a moral lesson based on their children's negative experience. Moreover, European American mother-child dyads tended to discuss experiences of sadness, whereas Chinese mothers focused instead on children's anger from failing to attain a goal (Wang, 2001; Wang & Fivush, 2005). Children themselves also seem to respond according to cultural norms. European American children tended to elaborate on causes for their emotions, whereas Chinese children made more statements about social rules (Wang, 2003).

The reasons behind socialization efforts are not always due to morality. When asked how important it was for their preschool child to share and help others and to control their emotions, Chinese mothers endorsed moral reasons (Cheah & Rubin, 2003). Korean mothers of daughters also endorsed moral reasons (e.g., "It is important to share because it makes the other child feel like they are included in the group"); however, Korean mothers of sons gave developmental reasons (e.g., "The child is developmentally ready") (Park & Cheah, 2005). Korean mothers may be adopting a Western understanding of developmental attributions while holding gender-specific reasons in their expectations for their children's behavior. Asian socialization efforts seem to be consistent with the Asian emphasis on moral values although the extent that moral values are followed may differ across Asian groups.

It is plausible that Asian and Asian American children adjust their emotions to adhere to the moral values expected of them. Overall, there seems to be enough evidence to suggest that emotion understanding could vary according to moral emphases in Asian socialization. However, greater ethnographic and empirical research with Asian Americans is needed to determine how moral education is prioritized within Asian American communities and whether it is associated with emotion understanding in Asian American children.

**Academic achievement.** Asian and Asian Americans generally place a high value on academic achievement. Historically, passing examinations was the primary avenue for Chinese individuals to attain a greater status in society. Currently, examinations are required for admission to various levels of schooling, and such systems have been adopted by other Asian cultures, such as Korea, Japan, Taiwan, and India. Although educational testing is less intense in the United States than in Asia, Asian immigrant families place great importance on their children's educational attainment

as it can provide the upward mobility that they may be seeking in the United States.

As such, the pressure to achieve seems to play a large role in the life of many Asian and Asian American children. In fact, many studies on Asian American parenting and education have sought to understand the effects of academic expectations placed on Asian American children. However, the relations between academic expectations and emotion development have not been well examined even though children's ability to regulate emotion is important toward educational attainment as conceived within Asian culture. For instance, children's self-expression may be considered a distraction to studying. If academic achievement is a way for children to demonstrate filial piety, expressions of displeasure or disregard for academic achievement may be considered disrespectful to the family. Asian American children likely engage in emotion regulation strategies to meet educational expectations. The way that expectations for educational achievement cultivate the emotion experience and expression of children is another area for those interested in the emotion socialization of Asian American children.

**Shame.** The prospect of being shamed and the experience of shame itself are powerful mechanisms for regulating individual behavior among cultures that value group cohesion. Shame is an emotion that is discussed and experienced within Asian culture. Shamed individuals may experience rejection from the group following a failure in adhering to the group norms.

There has been a growing literature on the concept of shame in Asian American young adults. Among the studies conducted on children, however, most have been on Asians and not on Asian American children. We know from studies on Chinese socialization that the concept of shame is cultivated early on (Fung, 1999). Chinese parents explicitly review past transgressions with their children to invoke shame, even at the age of two years (Fung & Chen, 2001). By the age of three years, more Chinese children understand "shame" better than European American children. Most five-year-old Chinese children understand the meaning of "shame" (Shaver, Wu, & Schwartz, 1992).

Other Asian groups intentionally invoke shame to promote children's regulation of behavior as well. South Asian parents commonly practice shame induction with their children (Baptiste, 2005; Sue, 1981; Viswanathan, Shah, & Ahad, 1997). As a way to regulate their children's behavior, Japanese and Korean parents remind their children that other children might laugh at their behavior if they do not act properly (Miyake & Yamazaki, 1995; Yang & Rosenblatt, 2001). As I describe later in the chapter, shame concerns are likely to be a salient aspect of the Asian immigrant experience

as family members cope with their adjustment to the broader U.S. society. However, we still have a limited understanding of how shame develops, how it is experienced and manifested, and what it means to young Asian Americans across development.

Overall, it is important to consider the possibility that the explicit promotion of children's emotion development may be a secondary goal for Asians and perhaps Asian Americans. Instead, Asian groups may place a greater emphasis on helping their children to understand hierarchy statuses in their community and the moral behavior that is expected of them within their culture. Moreover, the emphasis on academic achievement has been a long-standing concern across history, and Asian and Asian American children continue to experience the pressure to succeed academically. Finally, a sense of shame motivates children to act according to expected norms. Efforts to socialize according to these values may be an indirect means for the socialization of emotion in Asians and Asian Americans.

## **BICULTURALISM AND EMOTION EXPERIENCES IN ASIAN AMERICAN CHILDREN AND YOUTH**

The effect of traditional Asian socialization practices may wane as Asian American children become increasingly exposed to vastly different cultural norms. This may take place as children enter the school setting; being in a new environment requires children to learn an additional set of appropriate emotion behavior and display rules. Immigrant parents, in particular, are often confronted with their children's exposure and adjustment to Western norms. Parents must reevaluate their approach to socializing their children as they adjust to living in the United States.

This section describes aspects of the Asian American childhood experience and how it might affect their emotion development differently than their Asian or European American counterparts. To date, the research linking factors in bicultural development to emotion development is sparse, especially since the research in emotion development tends not to interpret cultural factors from a bicultural perspective. I review what we know about acculturation, ethnic identity, and its effect on the family, as well as immigration and other specific events that disproportionately affect Asian American youth before proposing how these bicultural features might have an effect on their emotion development.

**Acculturation and ethnic identity.** Acculturation refers to the way in which individuals negotiate their values and behaviors as they come into contact with a new culture (Berry, 1997; LaFromboise, Coleman, & Gerton, 1993; Nwadiora & McAdoo, 1996). The effect that acculturation has on

children's experience and behavior depends on a number of factors, including generational status or age at immigration at the most simplistic level (Phinney, 2006). In general, Asian American children who are reared with more traditional Asian values and who are less exposed to American norms may experience or display more "Asian" emotion. As Asian children enter into U.S. environments, emotion behaviors may appear more "American." This may explain why Asian American children might sometimes resemble Asian children but at other times resemble European American children.

Of the emotion development research that includes Asian or Asian American samples, most primarily focuses on early childhood and gives little consideration to the effects of acculturation. In contrast, Asian American studies on acculturation tend to focus on adolescence and young adulthood. Adolescence is a period of time when children are exposed to and are confronted by diverging cultural experiences, during which further ethnic identity exploration takes place. During this period, ethnic labels can change during the course of ethnic identity exploration. The labels adopted by individual Asian Americans can shift to and from "Asian" to "American" or to a blended ethnic identity such as "Asian American" (Kiang, 2008). Ethnic identity is also context-specific. Adolescents may feel pressured to act "American," especially in peer or school contexts. At other times, adolescents may feel pressured to act "Asian" to meet the expectations for behavior set by their Asian family and community.

Emotion socialization may take place through parents or friends who explicitly describe the Asian or American ways of experiencing or expressing emotion (Costigan, Su, & Hua, 2009; Hughes et al., 2006). Additionally, children may also observe the emotion behaviors of their two cultural environments and make conclusions about the difference in Asian or American emotion values. For instance, children might discover that their non-Asian friends do not express deference to an elder in the same way that they do in their home culture. Thus, emotion learning may be an implicit process acquired through behavioral modeling.

**Managing cultural identities.** As previously mentioned, adhering to and negotiating the different emotion norms for each culture is a qualitatively different developmental experience for many Asian Americans compared to European Americans. Again, emotion experience and expression are specific to the context; for individuals with multiple cultural identities, emotions shift according to the situation and to their cultural identity (Perunovic, Heller, & Rafaeli, 2007; Ross, Xun, & Wilson, 2002). For example, fluctuations in emotion affect were observed among adolescents depending on the language spoken across situations that they were in over

the course of the day (Perunovic et al., 2007). Even more striking is the finding that individual ethnic identity in everyday life varies with mood (Yip, 2005, 2009). Because all of this work has been conducted only on young adults and not with children, the developmental course for this cultural flexibility and its relation to emotion have not been documented.

Understanding the experiences of those who are bilingual or multilingual may be one way to examine the early development of cultural orientation “switching” and its relation to emotion development in Asian Americans (Kramsch, 2008; Pavlenko, 2005). Many Asian American children speak more than one language. Acquiring a second language requires that children be sensitive to the context so that they can appropriately switch languages when one language may be more appropriate than another. Doing so demonstrates a capacity to change behavior accordingly, a skill that is similar to what is required for emotion regulation (Bialystok & Viswanathan, 2009). Children are able to take into account the language ability of those in the situation and the languages used in the particular situation by the age of two years, although children are not necessarily consistent in switching languages appropriate to the context (e.g., children may initially speak the language at day care or preschool before realizing that the predominant language in that context is English) (Deuchar & Quay, 1999; Grosjean, 2001; Nicoladis & Genesee, 1996; Quay, 2008).

Speaking an Asian language might have an effect on the emotion development of Asian American children given the evidence in adult literature that language used in a particular context induces certain emotional experiences or expressions (Marian & Kaushanskaya, 2004; Perunovic et al., 2007). In a study by Ross, Xun, and Wilson (2002), bilingual Chinese Canadian students were asked to describe themselves in either Chinese or English, cultural conditions that were randomly assigned to them. Students in the Chinese condition reported a greater balance of positive and negative mood in the situation, whereas students in the English condition reported more positive than negative mood. Similarly, bilingual Asian Americans resembled Westerners with regard to affective structure in situations where they spoke a non-Asian language more than in situations where Asian language was spoken (Perunovic et al., 2007). Future research should examine whether the experience of speaking an Asian language shapes the way that Asian American children experience and express their emotions.

**Familial factors.** Preserving family relationships is a priority among Asian cultures, and is likely no less important for Asian families living in the United States. Individuals may undergo acculturation in ways that differ from other family members, which differentially affect the expectations of emotion behavior within the family.

For instance, immigrant parents seem to show a slower rate of acculturation than their children (Portes & Rumbaut, 2001; Sluzki, 1979). Parent and child conflict can arise when children adopt cultural norms inconsistent with those held by their parents (Lim, Yeh, Liang, Lau, & McCabe, 2009; Tsai-Chae & Nagata, 2008). Parents may express anger or disappointment toward their children for lacking in what they believe as proper filial piety. Not adhering to the gender norms of their Asian culture or not spending enough time with family could be considered acts of disobedience. Further, because the family and the broader Asian American community may place academic pressure on children, poor academic performance may not only be considered shameful for the child but could also bring shame to the family (Feghali, 1997). Asian American children may resent the academic pressure they experience, especially if their non-Asian peers do not endure this type of pressure.

Intergenerational conflict may differ across Asian American groups as well. One study comparing major sources of intergenerational conflict among Chinese American, Korean American, Japanese American, and Southeast Asian American college students showed that differences in family expectations were a larger source of conflict for Korean and Southeast Asian Americans. Differing family expectations for dating and marriage contributed to intergenerational conflict for all Asian American females, other than the Japanese American females in their sample (Chung, 2001).

Overall, the differing rates of acculturation may affect the way that emotions become expressed or perceived among families. It is likely that some Asian American children experience and express more disappointment or anger toward their elders compared to Asian children; children living in the United States are exposed to environments that promote one's self and sense of agency, where negative emotion expressions might be tolerated, expected, or even encouraged. However, negative emotion displays may be deemed unacceptable among older Asian American family members who are less acculturated than the children.

The family structure may change during immigrant adjustment to America. Traditionally, the father is the head of the household; however, it can be difficult for fathers to maintain this role as their children acculturate faster to the United States, and if the family can benefit from this acculturation. For example, young children may be required to language broker by translating English documents or negotiating with non-Asians on behalf of their parents (Weisskirch, 2005; Wu & Kim, 2009). Language brokering may be one instance where the traditional Asian hierarchy is disturbed, with roles for caretaking reversed. Children's language brokering may be seen as filial piety. On the other hand, both parents and children may experience shame

for the loss of parental authority in matters that parents would normally be responsible for (Wu & Kim, 2009). As children are placed in authoritative roles, they may perceive themselves as having greater status within their family. As children gain such responsibility, family members may perceive children's corresponding emotion behaviors to be disrespectful, which may in turn contribute to intergenerational conflict.

Maintaining the prescribed roles within a hierarchy may become more difficult within Asian American families as communication styles change with acculturation. Japanese Americans and Korean Americans likely "lose" the "honorific" forms of their language (Jo, 2001). The communication styles of Japanese or Korean Americans who do not adhere to honorific rules in speech, nor the expected emotion displays that accompany these rules, may be perceived as disrespectful compared to traditional Asians or Asian Americans who do display these honorific forms of expression (Shin, 2005).

**Specific stressors.** Certain stressors related to the Asian American experience likely have a profound effect on children's emotion development. Immigration itself is a major life event for many Asian American families. The circumstances surrounding one's immigration vary across Asian American groups. Since the middle of the 20th century, many East Asian and South Asian immigrants have voluntarily moved to the United States for educational or occupational opportunities. On the other hand, many Southeast Asian immigrants arrived in the United States as refugees under severe and unfavorable circumstances (e.g., war within their native country). Although voluntary immigrants face many challenges described earlier in the chapter, refugees experience harsh difficulties in their immigration, including sudden relocation, unemployment, and the loss of family members. Moreover, refugees are usually unprepared for coping with the sudden change in environment (Hsu, Davies, & Hansen, 2004).

Any traumatic effects from the refugee experience may be transmitted to children born in the United States. For instance, U.S.-born children of Asian refugees tend to show increased adjustment difficulties (Tobin & Friedman, 1984). There is also evidence to suggest that parent refugee status itself is linked to youth violence in Southeast Asian children as they become more acculturated to the United States (Spencer & Le, 2006). It is very possible that such circumstances surrounding the immigration set in motion developmental trajectories that impact children's emotion experience.

Discrimination continues to be a chronic stressor for many Asian Americans. Regardless of generational status, Asian Americans are often perceived as foreign (Rosenbloom & Way, 2004; Sue, Bucci, Lin, Nadal, & Torino, 2007a), to the extent that some consider



Asian Americans even less “American” than non-U.S. Whites (Devos & Banaji, 2005). There is also an overall perception that Asian Americans are successful, and this tends to minimize their discrimination experiences (Asamen & Berry, 1987; Goto, Gee, & Takeuchi, 2002; Lee, 2003; Takeuchi, Chun, Gong, & Shen, 2002), when in fact research consistently demonstrates that this discrimination has a negative effect on Asian American daily functioning and overall well-being (Barry & Grilo, 2003; Dion & Kawakami, 1996; Kessler, Mickelson, & Williams, 1999; Phinney, Madden, & Santos, 1998; Ying, Lee, & Tsai, 2000). These effects vary based on generational status and time in the United States. Asian immigrants in the United States are generally found to be healthier than non-immigrants (Takeuchi et al., 2002), and Asian Americans who have spent a longer time in the United States experience greater levels of discrimination (Goto et al., 2002) and exhibit more health problems (Takeuchi et al., 2002).

There has been a greater focus on adverse racism and discrimination experiences in adults, with little work on its relationship to children’s emotion development. However, these experiences across development ought to shape the way Asian American children express their emotions and perceive the emotions of those around them. Future research may want to examine children’s strategies for dealing with culturally related social exchanges, emotion socialization experiences that often take place at school and on the playground. One possible avenue for understanding its impact over development is to explore Asian American children’s experiences of microaggression. Microaggression is defined as “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color” (Sue et al., 2007b) and is a phenomenon that has recently received more attention from researchers and clinicians (Constantine, Smith, Redington, & Owens, 2008; Sue et al., 2007a; Thomas, 2008).

Major discriminatory events shared by an ethnic group can also have a significant impact on the emotion development across generations of group members. The experience of Japanese American internment during World War II demonstrates the enduring effects of discrimination on emotion development. Treated as foreigners, 110,000 Japanese Americans were forced to evacuate their homes and were incarcerated in U.S. internment camps shortly after the Japanese bombing of Pearl Harbor. The trauma experienced from this event combined with Japanese norms for communication has affected the intergenerational communication patterns among Japanese Americans (Nagata & Takeshita, 1998). Japanese

tendencies to suppress emotions (Kitano, 1969) may be a reason why those who endured the experience have shared less about their experience with their children (Nagata & Cheng, 2003). Japanese Americans who did not share the internment experience with their parents had fewer conversations about the experience than those Japanese Americans who did. Even those who went through the internment experience but were too young to remember may carry a sense of shame for having been incarcerated (Nagata, Trierweiler, & Talbot, 1999). These findings suggest that acculturation to U.S. norms does not necessarily mitigate the emotional effects of discrimination on Asian Americans; even more, the psychological experience and behavioral response to discrimination can have an effect on the development of emotion expression among subsequent generations.

## SUMMARY

As I have reviewed, Asian and Asian American emotion behaviors do correspond with Asian emphases on emotion moderation and group cohesion, but not always. For instance, the effects that context and emotion type have on emotion have not been systematically examined in laboratory studies, yet initial studies have shown that these factors play out differently depending on values held by Asians or Asian Americans. It can also be particularly difficult to observe concrete instances of emotion socialization among Asians and Asian Americans who adhere to traditional Asian norms for emotion behavior. Asian and Asian American parents may not be particularly explicit about their expectations for their children's emotion experience or expression, but instead be explicit in their expectations for children's adherence to social and developmental goals. Children's adherence to these goals may organize the way they experience and express their emotions and should not be overlooked in observational and self-report studies. Furthermore, there is little research on the way Asian Americans integrate American norms into their parenting practices. It will be important for future research to assess how emotion socialization takes place within the context of acculturation or ethnic identity formation among family members across generations

Finally, it is crucial to make a distinction between Asian and Asian American when studying emotion development. Although Asian American children might be socialized with Asian emotion norms, there are unique emotion experiences associated with being bicultural from early childhood on. It remains unclear how children develop the capacity to switch from one cultural orientation to another and whether there are individual or group differences in this development. In addition, family and individual

experiences with immigration can substantially affect children's emotional adjustment to American culture. Overall, the developmental trajectory for emotion development among individuals who negotiate two different norms for emotion behavior is unknown, especially since the emotion research on early childhood tends to focus on Asian norms, whereas later development focuses on bicultural adjustment difficulties. An important challenge for researchers is to characterize this development through longitudinal studies that take into account children's bicultural experiences.

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## Chapter 6

# TEMPERAMENT, SELF-REGULATION, AND SCHOOL ADJUSTMENT IN ASIAN AMERICAN CHILDREN

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Asian Americans have often been referred to as “model minorities” in the United States because they have been perceived as having achieved greater success than most other ethnic minority groups and sometimes even White Americans. In particular, Asian Americans have been stereotyped as high- or overachievers academically. However, this stereotype ignores the fact that there is often a bimodal distribution in Asian American students’ achievement (Kao, 1995). Furthermore, school success is primarily defined by grades or degree attainment and obscures the fact that pressures associated with the model-minority stereotype may place Asian American children at significant risk for social, emotional, and behavioral problems at school (Ying et al., 2001). This chapter will discuss school adjustment in the context of the model-minority myth and acculturation as culturally relevant factors for Asian American children. Research has shown that effortful control is an intra-individual or temperamental factor that promotes achievement and protects against school maladjustment, and we review this literature and highlight its relevance for Asian American children’s schooling outcomes. In addition, we discuss the role of parenting in Asian American children’s self-regulation and school adjustment. This chapter will conclude

with implications for fostering academic resilience in Asian American children and working with their families in culturally sensitive ways.

Predicted to increase from approximately 5 percent to 9 percent of the U.S. population by 2050 (U.S. Census Bureau, 2008), Asian Americans represent one of the fastest-growing ethnic groups in the United States. Relative to other ethnic minority groups, Asian Americans may not represent the highest proportion of ethnic minority. Yet they often represent the highest proportion of high academic achievers in the United States. For example, Asian Americans are “overrepresented” among the top performers as indicated by high school grade point averages (GPAs) as well as standardized tests such as the Scholastic Aptitude Test, the Graduate Management Admissions Test, and the Graduate Record Examination test (Kao & Thompson, 2003; Thatchenkery & Cheng, 1997).

Even though statistics from GPAs and standardized tests may reinforce the stereotype that Asian Americans are model minorities, such statistics do not account for the fact that the Asian American population is a highly heterogeneous group. From a historical perspective, the term “Asian American” was constructed and used only after the 1960s, and the people that are included in this term have become increasingly diverse since then (Chan & Hune, 1995; Oyserman & Sakamoto, 1997). “Asian Americans” as an ethnic group encompasses more than 20 ethnic subgroups, each of which has its own cultural, linguistic, religious, and historical background (Leong & Lau, 2001). In the 1970s, Asian Americans primarily consisted of individuals from Chinese, Japanese, or Filipino backgrounds. By the 1990s, these three ethnic groups made up only a little more than half (approximately 57 percent) of all Asian Americans. The other portion of the Asian American population includes ethnic groups often labeled “Southeast Asians” (e.g., Vietnamese, Cambodian, and Laotian), Asian Indians, and Koreans (Chen & Hune, 1995; Cho, 1997). Because a substantial portion of Asian Americans are immigrants, some parents of Asian American children arrived in the United States with high levels of educational attainment and job skills, while others were relatively disadvantaged (Kao, 1995). Thus, the notion of Asian Americans as “model minorities” ignores the diversity among group members and the fact that many Asian Americans may have low socioeconomic status and could be underachieving and undereducated relative to other ethnic minority groups (Kao & Thompson, 2003).

Since Asian Americans are perceived as being the hard-working, resilient, and high-achieving “model minority,” they are also perceived to be less prone to mental health problems. In fact, earlier researchers thought that their extremely low rates of utilization of mental health services reflected

lower rates of psychopathology (Lin & Cheung, 1999). However, when Asian clients or patients were examined more closely, their conditions were significantly more severe and chronic and required more intensive treatment and longer care than patients of other races (Lin & Cheung, 1999). This is still the case today; compared to other ethnic groups, Asian Americans have the lowest utilization rate for mental health services and are more likely to present with severe mental health diagnoses (Zhang, Snowden, & Sue, 1998; Uba, 2003).

## SCHOOL ADJUSTMENT AS MULTIDIMENSIONAL

Despite being a fast-growing and heterogeneous ethnic group in the United States, there are relatively few systematic studies on the school adjustment of Asian American children. School adjustment has historically been conceptualized in terms of academic learning or achievement such as reading or mathematics. However, educators and researchers increasingly acknowledge that school adjustment pertains not only to functioning in the academic domain, but also the social-emotional and behavioral domains (Perry & Weinstein, 1998). Thus, children's attitudes and liking of school, academic motivation and engagement, and relationships with peers and teachers are important factors to consider as part of children's school adjustment (Birch & Ladd, 1996; Ladd & Price, 1987).

It is a common misperception that Asian Americans in general must be well adjusted in school since they have high rates of high school graduation and college completion (Lee, 1996). However, as previously highlighted, the statistics on Asian Americans' academic achievement may be misleading if ethnic group differences are not examined. In fact, the few studies that do examine school adjustment among Asian American ethnic groups have found that there are ethnic group differences between achievement and school adjustment (Eng et al., 2008), and we describe such differences in the following sections. Furthermore, research has shown that cultural values and the acculturation process have a significant relationship to achievement and adjustment (Zhou, Peverly, Xin, Huang, & Wang, 2003).

**Academic domain.** School adjustment occurs in three primary domains: academic, social, and behavioral (Perry & Weinstein, 1998). Cultural values and the acculturation process have an influence on Asian American children's adjustment in each of the three domains. The academic domain, which consists of academic achievement and motivation, is a common area of focus for Asian American child research and the media (Eng et al., 2008). Scholars suggest that the model-minority stereotype and assumption of group homogeneity detract researchers from examining within-group

ethnic differences that can provide insight to school adjustment of Asian American children (Castillo & Phommarath, 2006; Park, Goodwin, & Lee, 2003). However, when ethnic group differences are examined, the impact of cultural value and acculturation on adjustment is clear. For instance, Eng et al. (2008) conducted a study on school achievement differences among Chinese and Filipino American adolescents. Using the National Longitudinal Study for Adolescent Health (ADD Health) data, the study found that Chinese American adolescents had greater academic achievement than Filipino American adolescents. Acculturation, the process of adopting the values, beliefs, and behaviors of another group, also had a significant impact on academic performance. Results of the study indicated that acculturation was a negative predictor of school achievement for Filipino American participants but not for Chinese American participants. That is, Filipino American adolescents who adopted cultural behaviors and values of the United States reported poorer academic achievement. Eng explains the findings by examining cultural differences between Chinese and Filipino cultures. Chinese and Filipino Americans share common cultural values such as collectivism, but they also have different cultural and historical backgrounds that may influence the level of resistance to acculturate to U.S. cultural values. For instance, due to Spanish colonization, many Filipinos have been exposed to Western cultures that are similar to U.S. culture. Furthermore, English is primarily used in schools in the Philippines, which makes assimilation to U.S. culture easier. Conversely, Chinese individuals may not have as much exposure to Western culture and have limited knowledge of English, thus making it difficult to acculturate to U.S. cultural norms.

**Social domain.** The model-minority stereotype, as well as misunderstanding of cultural norms, can also negatively impact school adjustment, particularly in the social domain (Lee, 1996; Lee & Koro-Ljungberg, 2007). The social domain consists of the quality of peer and adult relationships. Differences in cultural norms and expectations can often lead to misunderstandings that in turn influence the quality of peer and adult relationships with those who are unfamiliar with Asian culture. For instance, many Chinese children are taught to be formal in their relationships with authority figures in schools (e.g., teachers and principals) and that being silently attentive in class is a sign of respect for the teachers (Zhou et al., 2003). However, in the United States, assertiveness and verbal interactions in class are valued and sometimes expected by teachers. When teachers do not take cultural backgrounds into account, Asian American children may be labeled as reserved, shy, and inhibited. In their study of Chinese American and European American adolescents, Zhou and colleagues (2003) found



that feelings toward teachers (e.g., respect and regard for authority figures) were significantly related to levels of stress primarily for Chinese American students.

Quality of peer relationships also has a significant impact on Asian American adolescents (Qin, Way, & Rana, 2008; Rosenbloom & Way, 2004). Research suggests that negative peer relationships can impact school performance and are associated with externalizing and internalizing problems (Rubin, Coplan, Nelson, Cheah, & Lagace-Seguin, 1999). For instance, Zhou et al. (2003) found that Chinese American adolescents reported more stress in interpersonal relationships and felt excluded from social activities in comparison to their European American counterparts. Lack of acculturation can exacerbate problems in peer relationships. For instance, Lee and Koro-Ljunberg (2007) examined the experience of Korean adolescents who were attending U.S. schools for the first time. In their qualitative study, they found that all participants were bullied and teased by other students. Their lack of English proficiency led to name calling and being left out of group activities. One participant described her anguish when she stated, "I cried at home many times when it was time to begin the school" (p. 104).

**Behavioral domain.** Lack of school adjustment in the academic and social domains can ultimately lead to problems in the behavioral domain. The behavioral domain consists of externalized (e.g., anger, frustration, and fear) and internalized (e.g., sadness, anxiety, and shame) distress. However, public display of emotion is customarily viewed as undesirable in the Asian culture, and disclosing one's problems to another may be experienced as a loss of face for the self and the family. Therefore, Asian American children may not always readily verbalize or express their emotions even if they are under stress or distress. Instead, stress or distress experienced by Asian American children or adolescents may be somaticized (Chun, Enomoto, & Sue, 1996) as complaints of sleeplessness, loss of appetite, and stomach pains (Yagi & Oh, 1995). Negative emotions associated with anxiety, stress, or distress may also be externalized. For example, Yagi and Oh (1995) suggest that anxiety and stress may be manifested in maladaptive or destructive ways, such as aggressive behavior, alcohol or drug use, and risky or illegal activities. Scholars suggest that the model-minority stereotype exacerbates internalizing or externalizing problems for Asian American children, particularly for those who do not fit the stereotype (Lee, 1996). Furthermore, cultural expectations can also place pressure on Asian American children. For instance, during childhood, bringing honor to the family is often fulfilled through academic achievement (Serafica, 1990). When not performing well academically, Asian American children

may view it as bringing dishonor to, and a loss of face for, their family (Castillo & Phoummarath, 2006). This can be particularly devastating for children whose parents sacrificed everything in their native country for them to have educational opportunities in the United States (Zhou et al., 2003).

## **EFFORTFUL CONTROL AND SCHOOL ADJUSTMENT**

From a bioecological perspective, children's school adjustment can be viewed as a cumulative function of current and earlier child and environmental (e.g., familial, peer, and communal) influences (Bronfenbrenner & Morris, 2006; Rivkin, Hanushek, & Kain, 2005). The next sections will focus on children's self-regulation as an intra-individual resource that may protect against school maladjustment or promote academic resilience, learning, and adjustment at school. In addition, parenting will be discussed as an extra-individual resource in Asian American children's school performance and adjustment.

Although there are diverse opinions on the types of skills children need to be academically and socially successful at school, empirical evidence increasingly points to self-regulatory skills as important prerequisites for school readiness, achievement, and social or behavioral adjustment (Bierman et al., 2008; Blair, 2002; Payton et al., 2008; Raver & Knitzer, 2002). School readiness is a concept about whether children enter formal learning environments with the developmental capacities and preparedness to learn and to be taught (Bierman et al., 2008; Denham, 2006). Self-regulation has been defined as "the internally directed capacity to regulate affect, attention, and behavior to respond effectively to both internal and environmental demands" (Raffaelli, Crockett, & Shen, 2005, pp. 54–55). Examples of self-regulatory abilities or skills include being able to plan ahead, resist distractions, and be goal-oriented (Rothbart, Ellis, Rueda, & Posner, 2003).

## **TEMPERAMENT AND EFFORTFUL CONTROL**

In early childhood research, self-regulation has often been conceptualized as being part of the temperament system (Eisenberg et al., 1995; Liew, McTigue, Barrois, & Hughes, 2008; Posner & Rothbart, 2000). Temperament refers to early and stable individual differences in emotional, attentional, and behavioral predispositions toward acting and reacting (Derryberry & Rothbart, 1997). Thus, temperament has been viewed as inborn qualities or the basic building blocks that provide the developmental foundations

for complex social-emotional and motor behaviors, personality, adaptation, and adjustment or psychopathology (Rothbart & Bates, 2006).

Effortful control has been identified as a prominent aspect of temperamental self-regulation. Effortful control refers to the volitional aspect of self-regulation, and is defined as the ability to voluntarily inhibit a dominant attentional or behavioral response to activate a subdominant response (Rothbart & Bates, 2006). Thus, effortful control involves self-control over attention and behavior. As such, effortful control is often demonstrated through self-control over behavior, but executive functioning is also intimately linked to effortful control (Sheese, Rothbart, Posner, White, & Fraundorf, 2008). For example, children would demonstrate effortful control by doing something they need to do over something they prefer to do, such as focusing attention and studying for an exam rather than looking through the window at friends playing outside and then joining them to play.

The need for children to exert effortful control becomes evident as early as preschool or kindergarten when teachers request children to pay attention, lower their voices, or wait and line up before going to the playground. As children transition into grade school, capacities for effortful control become increasingly important for learning and achievement as children are expected to remain seated and pay attention to academic lessons for extended durations. Furthermore, the need for effortful control extends beyond the academic domain into the social and behavioral domains of school adjustment, because children with emotional, attentional, or behavioral difficulties may experience poor social relationships with peers or teachers (Eisenberg, Hofer, & Vaughan, 2007).

**Effortful control and academic achievement.** Considering the formal learning environment that many children experience, it is no surprise that children's capacities for effortful control would be important for their learning and achievement. For children as young as kindergartners, nearly half of their school day is spent in structured or teacher-directed instruction (Rimm-Kaufmann, LaParo, Downer, & Pianta, 2005). In structured learning environments, children typically are expected to comply with teachers' requests and classroom rules, to work independently at their desks for extended periods, and to cope effectively with the negative emotions or frustrations. Given such expectations, it is not surprising that children with low levels of effortful control will likely encounter difficulties in their learning and achievement.

A growing body of empirical evidence confirms such a linkage between effortful control and academic achievement in preschool and school-aged children (e.g., Blair & Razza, 2007; Liew et al., 2008; McClelland et al., 2007). In a study of preschoolers enrolled in Head Start programs

(designed for low-income children and their families), children's abilities for effortful control contributed to their emergent mathematics and literacy skills (Blair & Razza). Similar results were found in a study with preschoolers from diverse socioeconomic backgrounds (McClelland et al.). Effortful control continues to play a role in academic achievement throughout the elementary school years. For example, in a longitudinal study of first- through third-graders who were predominantly from low-income and ethnic minority families and assessed by their school district as entering first grade with below-average literacy skills, effortful control predicted literacy achievement two years later (Liew et al.). In middle childhood, effortful control predicted GPAs above any contributions from earlier GPAs and teacher-student relationship quality (Valiente, Lemery-Chalfant, Swanson, & Reiser, 2008).

Although few studies on effortful control and achievement have focused on Asian American children, similar patterns of results have been found in countries other than the United States, which may suggest that effortful control is linked to achievement across multiple cultures. In a longitudinal study of children living in mainland China, effortful control at first or second grade predicted GPA four years later (Zhou, Main, & Wang, 2010). Interestingly, the prediction of GPA from effortful control was mediated by social competence. Zhou and colleagues speculate that children with high effortful control develop higher social competence, which in turn helps them to secure greater social-emotional and instructional resources for academic achievement. Thus, effortful control may promote skills in the social and behavioral domains of children's school adjustment, which in turn may then promote children's learning and academic achievement.

**Effortful control and social functioning.** In regards to the social and behavioral domains of children's adjustment, a large body of research shows a linkage between children's effortful control and their social competence. Generally, children with high levels of effortful control exhibit high levels of social skills (Eisenberg, Hofer, & Vaughan, 2007). In studies on preschool and school-aged children, a series of studies have shown that children's abilities to effortfully control their behavior or attention promote social competence, which includes skills such as socially appropriate behaviors, prosocial behavior, and peer acceptance (e.g., Eisenberg et al., 1995; Liew, Eisenberg, & Reiser, 2004; Fabes et al., 1999).

The pattern of relations between effortful control and social competence has been found in multiple countries with diverse cultures (Eisenberg, Zhou, Liew, Champion, & Pidada, 2006). For example, effortful control was positively related to peer competence and parent- and teacher-rated social functioning (assessed as a mixture of social skills and low problem

behaviors) in third-graders living in Indonesia (Eisenberg, Pidada, & Liew, 2001). This pattern of findings was replicated with the same group of children three years later (Eisenberg, Liew, & Pidada, 2004). With first- and second-graders living in China, Zhou, Eisenberg, Wang, and Reiser (2004) found that high effortful control and low anger/frustration as reported by children's teachers predicted social functioning. Although there has been limited research on Asian Americans' effortful control and social functioning, we would expect that effortful control would play an important role in children's social competence. Regulation of emotions such as anger and frustration may be particularly important in Asian Americans, who typically are oriented toward collectivistic values. In individuals who value collectivism, the experience or public expression of emotions is typically viewed as at odds with the maintenance of interdependent social interaction and social harmony (Markus & Kitayama, 1991).

**Effortful control and behavioral problems.** While effortful control may promote social competence, there is also evidence indicating that effortful control may protect against behavioral problems. Numerous studies show that children with low levels of effortful control often exhibit behavioral problems (Eisenberg, Hofer, & Vaughan, 2007). Behavioral problems have often been broadly classified into internalizing problems (e.g., intro-punitive emotions or moods) and externalizing problems, such as harmful and disruptive behaviors to others (Olson, Sameroff, Kerr, Lopez, & Wellman, 2005; Zahn-Waxler, Klimes-Dougan, & Slattery, 2000). Yet there is substantial comorbidity between internalizing and externalizing problems, perhaps because both involve underlying problems with self-regulation (Kovacs & Devlin, 1998; Zahn-Waxler, Klimes-Dougan, & Slattery, 2000). Furthermore, behavioral problems and academic underachievement are often comorbid (Hinshaw, 1992).

In a series of studies involving longitudinal samples of school-aged children, Eisenberg and colleagues found a relatively consistent pattern where effortful control predicted low levels of externalizing behavior two and even four years later (e.g., Eisenberg et al., 2005; Valiente et al., 2003; Zhou et al., 2007). Similarly, other researchers have found a negative relation between effortful control skills (e.g., delay of gratification and executive attention) and externalizing problems, including hyperactivity, distractibility, and aggression (Kochanska, Murray, & Harlan, 2000; Krueger, Caspi, Moffitt, White, & Stouthamer-Loeber, 1996). Zhou and colleagues have conducted several studies with children living in China and found similar patterns of results (Eisenberg et al., 2007; Zhou et al., 2008; Zhou, Eisenberg, Wang, & Reiser, 2004). In contrast to the consistent inverse relation found for effortful control and externalizing problems, research findings

on the relation between effortful control and internalizing problems have been somewhat mixed. But when relations were found, low effortful control (accompanied by high involuntary or reactive control, such as impulsivity) tends to be associated with high internalizing problems (Eisenberg, Cumberland et al., 2001). Even though few studies have focused on Asian American children's effortful control and behavioral problems, there is every reason to expect that effortful control would predict low levels of externalizing problems because emotions and behavior (e.g., anger and aggression) disrupt group harmony (Markus & Kitayama, 1991; Cheah & Rubin, 2004). In Asian cultures, abilities for effortful control of attention and emotional impulses are highly encouraged in children because it not only contributes to children's academic learning, but also helps maintain a harmonious learning environment for others in the group (Zhou et al., 2004).

In summary, research has shown that effortful control is a temperament or personality characteristic that may protect against school maladjustment by enhancing social competence and reducing behavioral problems. In addition, research has shown that effortful control may promote sustained attention and persistence, which contribute to children's academic resilience, learning, and achievement. In light of the pressures imposed by the model-minority stereotype and the stress associated with the acculturation process, fostering Asian American children's development of self-regulatory capacities such as effortful control may be important in preventing mental health and academic problems.

## **PARENTING AND THE DEVELOPMENT OF EFFORTFUL CONTROL**

Although children are born with certain temperaments and effortful control is considered to have a temperamental basis (Rothbart & Bates, 2006), that does not mean parenting has little influence on children's effortful control. In fact, numerous studies have documented linkages between parenting and children's development of effortful control (Eisenberg, Cumberland, & Spinrad, 1998; Karreman, van Tuijl, van Aken, & Dekovic, 2006). Overall, the research indicates that parents who are supportive and responsive (e.g., who express positive expressivity and warmth) to their children, particularly when children are upset or distressed, have children who exhibit high levels of effortful control, allowing them to maintain an optimal level of arousal rather than to become over-aroused in stressful situations (Carson & Parke, 1996; Carson, Burks, & Parke, 1993; Eisenberg, Gershoff et al., 2001; Liew, Youngman, Smith, & Thoemmes, in press; Parke & Buriel, 2006).

## Parenting Styles

Based on parenting behaviors of primarily European American samples, Baumrind (1971) identified general parenting styles that were associated with different child outcomes. In particular, parents who exhibit high control and high acceptance with their children have been classified as authoritative, and authoritative parents tend to have children who have positive developmental outcomes, including high levels of self-regulation and effortful control (Steinberg, Lamborn, Darling, Mounts, & Dornbusch, 1994; Steinberg, Mounts, Lamborn, & Dornbusch, 1991; Eisenberg, Zhou et al., 2005). In contrast, authoritarian parents are those who exhibit high control and low acceptance with their children. Generally, authoritarian parents (particularly those who are punitive and negative) tend to have children who have negative developmental outcomes, including low levels of effortful control (Eisenberg, Gershoff et al., 2001).

**Asian American parenting styles.** Since much of the literature on parenting and effortful control has been based on the classic work on parenting styles by Baumrind (1971), empirical understanding of how Asian American parenting styles influence children's self-regulatory abilities is burgeoning but is in its nascent stage. In the parenting literature, Asian immigrant parents have often been classified as being authoritarian (Chao, 1994; Chiu, 1987). Recall that authoritarian parenting has traditionally been found to be associated with negative or punitive parenting and negative developmental outcomes for children. However, in collectivistic societies, authoritarianism and parental negativity may not be linked (Eisenberg et al., 2009). Some researchers have expressed dissatisfaction with the application of Western parenting styles, which were developed in a Western context, to Asian American parenting. For instance, Chao (1994) believes that the Chinese terms *guan* (meaning "to govern," as well as "to love" and "to care for") and *jiao xun* ("to train children to be disciplined and hard-working") more accurately capture the essence of Asian American parenting than the traditional meaning of authoritarian parenting. In addition, these indigenous concepts of *guan* and *jiao xun* reflect or exemplify Confucian teachings on role relationships: (1) a person is defined by his or her relationships with others, (2) relationships are structured hierarchically, and (3) social order and harmony are maintained by each party honoring the requirements and responsibilities of the role relationships (Bond & Hwang, 1986).

**Parenting styles and effortful control.** There has been preliminary evidence of the salience of the training (e.g., *jiao xun*) parenting style. Chao (1994) found that after controlling for Chinese American mothers' scores



on the authoritarian and authoritative scales, the mothers were still higher on the training parenting style than European American mothers. As of yet, few studies have examined the role of this type of parenting on the development of Asian American children's self-regulatory capacities, such as effortful control. In a study on immigrant Chinese mothers and their preschool children, Cheah, Leung, Tahseen, and Schultz (2009) found that authoritative parenting predicted increased children's behavioral and attentional self-regulation abilities. Additionally, Rudy and Grusec (2006) found that directive behavior and strict rules were not associated with low parental warmth and a negative view of the child in mothers from collectivistic backgrounds. Highly directive parenting, which is often seen as characterizing authoritarian parenting, may not impede on children's adjustment in collectivistic cultures, perhaps because this type of parenting is viewed as appropriate and good for the child. Further, Bugental and Grusec (2006) suggest that it is not the high levels of control necessarily, but the punitive aspects of authoritarian parenting that are likely associated with maladjustment in collectivistic cultures. Punitive parenting has been found to be negatively related to children's effortful control and ego resilience in a sample of Chinese first- and second-graders (Eisenberg, Chang, Ma, & Huang, 2009).

**Parental involvement and effortful control.** In addition to parenting styles, another key aspect of Asian American parenting is parents' level of involvement in their children's education, beginning as early as the preschool years. Relative to European American parents, Asian American parents report greater involvement in teaching their children basic math, reading, and writing skills when they are in preschool (Schneider & Lee, 1990). Although substantial evidence shows that parental involvement is linked to Asian American children's academic performance, and emerging evidence shows that effortful control and academic achievement are related (Zhou, Main, & Wang, 2010), the linkages between parental involvement, children's development of effortful control, and academic achievement are not clearly established for Asian American children. Importantly, parental "over-involvement" and control may have a negative impact on children's adjustment. Hayashino and Chopra (2009) point out that Asian parents tend to use internal rather than external controls to discipline their children. As a result, children are often motivated to obey their parents and do well in school because of a fear of shame, rejection, and guilt placed upon them by their parents.

For Asian Americans, parents' use of control as a form of discipline may be effective in controlling children's behaviors because of the strong internalized values of filial piety and collectivism; however, there has been

limited research on long-term social-emotional consequences of this type of discipline. Of interest is a study by Chao (2009), who found that, relative to European American children, Asian American children feel less anger toward their parents' use of control, but when they do get angry, it has a more negative impact on their adjustment (Chao, 2009). Chao found that parents' use of behavioral and psychological control may have different consequences on the behavioral adjustment of Asian immigrant and European American youth because of the moderating effect of their interpretations (i.e., anger) toward control. In European American samples, feeling anger toward parents' use of psychological control may help youth distance themselves from the negativity associated with their parents' shaming or inducing of guilt and thus is associated with fewer problem behaviors. However, results suggested that for Asian American youth, feeling angry about their parents' controlling behaviors (e.g., parental monitoring) may hurt rather than help them. In Asian cultures, the expression of anger is highly discouraged and seen as inappropriate, which may explain why Asian immigrant youth report lower levels of anger with parental control compared with European American youth. In Asian immigrant youth, as with all youth, psychological control is associated with internalizing symptoms; however, psychological control seems to have less serious consequences for Chinese and Korean immigrants than for European Americans in terms of an association with externalizing behaviors such as drug use. Thus, the influence of parental control on Asian American children's adjustment must be understood in light of Asian cultural values (Chao, 2000). The results of this study, while not pertaining directly to self-regulation and effortful control, suggest that children's interpretations of their parents' directive or controlling behavior moderate the relationship between parenting styles and children's social-emotional and behavioral adjustment.

In summary, the literature on Asian American parenting suggests that some aspects of Asian parenting behaviors support children's development of effortful control, while other aspects may hinder its development. While the value of education passed down from parents to children likely plays a role in the children's academic achievement, too much pressure and psychological control may negatively impact children's development of self-regulatory abilities and put them at risk for adjustment problems, such as internalizing symptoms when they do not meet expectations. Because traditional classifications of parenting styles may not readily apply to Asian American parents, there is a need for further research examining the Asian American parenting construct, as well as the relations between Asian American parenting and children's effortful control and adjustment.

In light of the pressures imposed by the model-minority stereotype and the stress associated with the acculturation process, fostering Asian American children's development of self-regulatory capacities such as effortful control may be important in preventing mental health and academic problems.

## **FOSTERING ACADEMIC RESILIENCE IN ASIAN AMERICANS**

Given the notion that education is one of the primary viable avenues for social and economic mobility for Asian Americans in the United States, it should not be surprising that Asian American children and youth are under extreme pressures to achieve academically if they are to be considered "successful." However, it is important to recognize that children's school adjustment includes achievement, social, and behavioral domains. Thus, children's achievement may suffer when their social or behavioral needs are unmet. Because research has shown that effortful control contributes to academic, social, and behavioral functioning, fostering children's development of self-regulatory capacities such as effortful control may be important for academic resilience and school adjustment. In light of the pressures imposed by the model-minority stereotype and the stress associated with the acculturation process, Asian American children may benefit from interventions that enhance their effortful control abilities. For school professionals who are interested in implementing school-based intervention programs or curricula that promote children's effortful control abilities, one resource that reviews and compares various programs is *Safe and Sound: An Educational Leader's Guide to Evidence-Based Social and Emotional Learning (SEL) Programs* (Collaborative for Academic, Social, and Emotional Learning, 2003). In addition to school-based interventions or curricula, research has shown that parenting plays a role in the development of children's effortful control. Thus, parents may benefit from learning about parenting practices such as positive expressivity and parental warmth and support with children that research has shown to be parenting behaviors that are associated with children's development of effortful control.

While fostering academic resilience and school adjustment through the development of children's effortful control is important, it is equally vital for mental health professionals in schools to be sensitive to not only the academic, but also the social and behavioral domains of Asian American students' school adjustment. For example, an Asian American student could be doing extremely well academically but suffering from anxiety or depression. Making efforts to establish an emotional connection or

rapport with Asian American students and periodically checking in with them could make it easier for school professionals to detect internalizing or externalizing symptoms regardless of students' academic performance. Furthermore, it is important for mental health and school professionals to be mindful that acculturation differences between parents and children may heighten tension and pressures for Asian American students. Due to the values of filial piety and collectivism, children are often motivated to obey their parents because of a fear of shame and guilt placed upon them by their parents. This may potentially lead to negative short- or long-term emotional consequences for children. Although school professionals need to respect parents' cultural values, it is also important to encourage both parents and students to consider the developmental needs of the whole person (including academic achievement and social-emotional needs) in order for the student to be academically successful and psychologically healthy.

While the model-minority myth suggests that Asian American children are problem-free in their school adjustment, the research gives us a balanced view of the self-regulatory (intra-individual) and parental factors that play a role in children's school adjustment. In fact, we see that some factors such as parental control and the value of collectivism can be both helpful and potentially harmful in children's school adjustment. Thus, it is important for researchers, educators, and mental health professionals who work with Asian American children to be aware of their unique risk and protective factors that contribute to their school adjustment. Additionally, there is a clear need for further research in the areas of relations between temperamental self-regulation, parenting, and school adjustment for Asian Americans.

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## **Chapter 7**

# ACADEMIC AND EDUCATIONAL ACHIEVEMENT AMONG ASIAN AMERICAN CHILDREN AND YOUTH

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Education carries high stakes, as academic attainment is associated with indicators of better life conditions in most modern societies. Educational attainment has been called “the key enabling variable—linked to higher birth-weight of offspring, fewer children, higher attainment of offspring, higher pay, more job security and access to health insurance, less violence and less contact with criminal justice and mental health systems, and more hope and efficacy” (Weinstein, 2006, p. 15). Given the relatively high educational attainment of Asian Americans in the aggregate compared to those of other racial minority groups (Tseng, Chao, & Padmawidjaja, 2008), scholars have long sought to understand the how and why of Asian American children and adolescents’ academic achievement. In this chapter, we review recent social science literature on Asian American children and adolescents’ precollege educational outcomes, focusing particularly on scholarly publications within the past decade.

We organize our review using the ecological systems framework (Bronfenbrenner & Morris, 1998), starting with the family context, then examining the school context, and finally the larger ethnic community context. However, we must also acknowledge that for Asian Americans—a racial

minority group—the racial ecology of the United States is a pervasive influence. Thus we preface our review with a brief discussion of the racial discourse on Asian American academic achievement. An excellent and more comprehensive review of Asian American educational experience, extending to college-age population, is already available elsewhere (Tseng et al., 2008).

## RACIAL LENS

Within the United States, public discourse on the “how, why, and who” of Asian American educational outcomes has been filtered through the racial lens from early on. The much-discussed model-minority thesis (*see also* Niwa, Way, Qin, & Okazaki, 2011) originated in the 1960s, lauding Japanese and Chinese Americans as achieving remarkable academic success despite the history of discrimination against them. An article in the *U.S. News and World Report* declared:

At a time when it is being proposed that hundreds of billions be spent to uplift Negroes and other minorities, the nation's 300,000 Chinese Americans are moving ahead on their own—with no help from anyone else. (“Success Story,” 1966, pp. 73–74)

That this narrative gained currency during the civil rights era is not a coincidence, as Asian Americans were held up as the “model” for other racial minorities. Asian Americans were lauded not just for their high achievement, but also for the manner through which they achieved: by working hard to overcome obstacles instead of engaging in activism en masse to eliminate societal obstacles. To be fair, Asian American activists began critiquing the model-minority stereotype as early as 1969, pointing to the irony of Asian Americans participating in the perpetuation of racial hierarchy (Uyematsu, 1971). However, the invocation of the Asian American model minority at the expense of other racial minorities continued decades later, this time in the context of national focus on the perceived failure of the American educational system. For example, a 1987 *Time* magazine article claimed:

The largely successful Asian American experience is a challenging counterpoint to the charges that U.S. schools are now producing less-educated mainstream students and failing to help underclass blacks and Hispanics. (Brand, 1987, p. 51)

In an analysis of the mainstream media's use of the model-minority image in the 1980s, Nakayama (1988) suggested that "the 'model minority' discursive formation situates Asian Americans as serving the social function of legitimating status quo social institutions" (p. 71). Because Asian Americans, a racial minority group, manage to succeed within the existing American educational system, problems of underachievement of Blacks and Latinos were cast as residing within minorities themselves (i.e., poor choices, lack of effort, inferior culture, etc.) rather than in the educational system.

Today, the Asian American population in the United States has diversified beyond the predominantly American-born, English-fluent East Asian Americans who populated the nation prior to the 1965 Immigration Act. Compared to just a few decades ago, Asian Americans today are more likely to be immigrants than American-born, more likely to speak a language other than English at home, and trace their heritages to Southeast Asia, South Asia, and the Pacific Islands as well as East Asia (Reeves & Bennett, 2004). Yet, despite the vastly changed demographic profile of the Asian American population, the model-minority image of Asian American students as high academic achievers (especially in science and math) who are supported by educated, industrious, upwardly mobile parents, has remained firmly planted within the American narrative. In fact, the model-minority image has become such an established narrative within Asian American communities that, as Chong (2008) argued, it has become "a central hermeneutic for Asian American self-analysis" (p. 43) not just in the academic realm, but in all aspects of social behavior.

While the lay public and many Asian Americans themselves continue to view the Asian American educational experience through the model-minority image, immigration scholars have increasingly embraced segmented assimilation theory (Portes & Zhou, 1993) as a more nuanced view of social-mobility pathways of children of post-1965 immigrants. According to this theory, children of immigrants may assimilate into an American society through a variety of pathways (upwardly, as in the classical assimilationist tradition, downwardly, or horizontally), and these multiple intergenerational pathways and varied outcomes are segmented by class and race. Specifically, only middle-class, highly educated immigrants are well-positioned to assimilate into White middle-class American society, and even then, they do so using selective acculturation strategies (i.e., gaining competence in English and American societal norms while preserving aspects of their native language, culture, and values). Poorer, less educated immigrants of color and their children do not experience upward



social mobility; rather, the children may acculturate into oppositional culture associated with minority urban youth.

In this review, we strive to portray the diversity of social-mobility trajectories and educational outcomes of Asian American children and adolescents that are shaped by a myriad of forces within their family, school, and community contexts.

## FAMILY CONTEXTS

Providing better educational opportunities for their children in the United States is a significant motivator of immigration for many families, including Asian immigrant parents. However, beyond simply enrolling their children in schools in the United States, how do Asian American families impact their children's educational attainment? We review recent research developments regarding the family contexts for children's academic outcomes, with a focus on both psychological and behavioral factors (i.e., expectation, socialization, and involvement) as well as structural factors (namely, family income). We also review the impact of bilingualism on educational achievement of Asian American youth and adolescents.

**Parental expectations.** Although there are many anecdotal accounts of Asian American parents placing high academic expectations on their children, there are only a handful of empirical studies on this topic. In an analysis of the Early Childhood Longitudinal Study Kindergarten Class of 1998–1999 (ECLS-K; National Center for Education Statistics, 2002) data of first-time kindergartners and their parents, Suizzo and Stapleton (2007) compared 526 Asian American parents' responses with those of African American, Latino, and European American parents. This study, which focused on home-based parental involvement in kindergartners' education, revealed that Asian American and Latino parents reported significantly higher expectations for their kindergartners' eventual educational attainment (average between a bachelor's and master's degree) than did African American and European American parents. Moreover, the parental expectations among Asian American and Latino families were not associated with maternal education level or family income, unlike European American and African American families, suggesting the possibility that immigrant parents hold higher educational expectations for their very young children.

The finding that Asian American parents hold higher educational expectations for their very young children appears to have some developmental continuity. In a qualitative study of 12 Chinese Canadian adolescents in Vancouver, Li (2009) found that high parental expectation for academic

achievement was one of the most salient themes in the adolescents' narratives. In addition to expectations for high grades, the adolescents also reported that their parents expected them to socialize with "straight-A" students and not to engage in social activities that the parents felt would detract from their studies (e.g., dating). Moreover, the students also perceived their parents' expectations for all-around development, as they reported their parents registering them for various art, music, sport, and social programs despite a tight family budget.

Many Asian American youths reciprocate their parental expectations with regard to academics. For example, Chen and Lan (2006) compared 185 Chinese and high school students in mainland China (Shanghai and Luoyang) and 140 non-Chinese American and 39 Chinese American high school students in the United States (Oakland, California, and Chicago, Illinois). Both Chinese and Chinese American students reported greater willingness to fulfill their parents' academic expectations than did their non-Chinese American counterparts.

However, high parental expectations and academic pressure among Chinese immigrant families are not without psychological costs. In an analysis of interviews with Chinese immigrant parents and teenagers collected over five years, Qin (2009) found that 90 percent of the 72 students reported that their parents expected them to get at least a college degree. Notably, nearly 40 percent perceived the parental academic pressure to be a negative factor in their relationships, and 53 percent of the students reported that their parents were upset about their school grades. Qin argued that when parental expectations for their children were motivated by the parents' own difficulties in immigration adaptation and by the parents' own history of thwarted educational aspirations, such expectations were felt as burdensome pressure by the children.

**Parental socialization.** Family socialization practices have received scholarly attention as a prime candidate factor to explain high academic achievement of Asian American students. Earlier studies had focused on understanding the relationship between various parenting styles and academic achievement (Chao, 1994; Dornbusch, Ritter, Leiderman, Roberts, & Fraleigh, 1987), but more recent studies have examined family socialization factors that go beyond East Asian cultural beliefs and practices that promote achievement. For example, Asakawa (2001) examined the data on 34 Asian American adolescents whose first language was not English from a longitudinal study of career development. Asakawa found that Asian American parents were less likely than White American parents to manage their adolescents' school experience (e.g., decide what classes to take, help with homework, discuss school courses and things studied at

school, etc.). At the same time, Asian American parents were more likely to structure how adolescents spend time at home (e.g., limiting TV and game time and discussing plans and preparations for standardized tests) and to discuss college choices. Asakawa concluded that Asian American parents seem to use different academic socialization practices to support their children's academic success than White American parents.

Many Asian American parents socialize their children regarding the importance of education with specific reference to their racial minority status. In a study of more than 400 Chinese American families with adolescents (Benner & Kim, 2009a), the parents—the overwhelming majority of whom were foreign born—were asked how frequently they engaged in racial socialization practices with their children. The majority (76 percent of mothers and 72 percent of fathers) reported that they discussed with their children about what to do if someone racially harassed them. Moreover, more than half of the parents (51 percent of mothers and 56 percent of fathers) reported that they talked to their children about the need to do better in school in order to assure their future success because of racism. These racial socialization practices, which were driven by Chinese American parents' perception of being discriminated themselves, were, in turn, related to their children's sense that they were cultural misfits within American society. Moreover, the parents' reported levels of stress due to racial stereotyping were related to their children's own sense of being discriminated against and also with their belief that education may not result in a successful outcome for them (i.e., they hold negative concrete attitudes toward education, as conceptualized by Mickelson, 1990). Another study of 11th-grade students in Southern California (Hyunh & Fuligni, 2008) also confirmed that Chinese American and Mexican American students reported receiving messages from their parents to learn about their heritage culture while also preparing them to face racial bias within the United States. Positive cultural socialization messages accounted for higher academic motivation among Chinese American and Mexican American students.

Louie (2001) conducted a qualitative study with Chinese American university students attending Columbia University, an elite Ivy League university, and Hunter College, an urban public college attracting local commuter students in New York City. After being asked to look back on their parents' socialization surrounding education, both groups of students recalled their parents repeatedly telling them that the reason they immigrated to the United States was to give their children better opportunities through education. Interviews with parents of these students also supported this notion. Moreover, many parents had also socialized their

children with the belief that the children's American education and native English fluency could overcome some of the social barriers the parents faced as immigrants, although the parents also acknowledged that the children may continue to face some racism due to their Chinese heritage. These messages of racial discrimination were conveyed in the context of the parents exhorting their children to work harder than other (White) Americans and to pursue higher education in order to offset the effects of racial discrimination.

**Parental involvement.** Few studies have found that Asian American immigrant parents tend to show indirect rather than direct engagement with their children's schools. For example, Sy and Schulenberg (2005) examined the ECLS-K data and found that despite the mean differences between Asian American parents and European American parents with respect to parent expectations, attitudes toward academic achievement, and school involvement practices, the degree to which parent beliefs and expectations predicted their children's achievement trajectories did not differ between the groups. However, the researchers noted that Asian American parents with high expectations for their children's education were less likely to participate in school activities than their European American counterparts. Garcia-Coll et al. (2002) also found that Cambodian parents held high expectations for their children's academic success but had low levels of involvement in their children's education. The finding that Asian American students demonstrate high academic achievement despite their parents' relatively low involvement has been documented in other studies (Bankston & Zhou, 2002). These findings suggest that parental involvement in education in Asian American families may perhaps take a very different form than those that have been traditionally used to assess parental involvement in other ethnic group families.

In another study, Huntsinger and Jose (2009) compared the parental involvement in the families of 40 second-generation Chinese Americans and 40 European American children. Both groups were well-educated, middle-class, two-parent suburban families in a large midwestern city. The longitudinal study followed the children from their study entry (in preschool or kindergarten) for four years. The immigrant Chinese mothers and fathers had been in the United States for an average of 11 and 12.3 years, respectively. Chinese American parents tended to be less involved than European American parents in activities at school (e.g., volunteering in classrooms, talking informally with teachers, serving on school committees, etc.). However, there were many ways in which the immigrant parents engaged in supplementary education of their children at home. Many Chinese American parents felt that their young school-aged children

were not receiving enough homework from school and thus assigned extra homework, made up tests at home for their children to practice their skills, or taught math ahead of their grade level, using math workbooks from Taiwan and China. Chinese American parents also reported supplementing their children's English and reading schoolwork through exposing their children to European American reading tutors or library story hours, as they felt their own English reading skills were not comparable to those of native English speakers. Contrary to the common American belief that additional academic work at home is demotivating for children, Chinese American children in the study reported liking school more than their European American peers.

**Family income.** Although much of the literature on Asian American families and educational outcomes has focused on middle-class, upwardly mobile families, there is some recognition that poverty and financial strain experienced by many immigrant families constitute a major force in the daily ecologies of many Asian American students. For example, Yeh, Kim, Pitus, and Aktins (2007) analyzed the data from 10 focus groups conducted in an urban school setting in a northeastern city in which approximately 85 percent of the student body was comprised of Chinese immigrants from mainland China. Across the focus groups with students, parents, school support staff, and teachers, one of the main themes involved poverty and downward socioeconomic mobility for immigrants. Among these urban immigrant students' families, many of the parents had professional careers in mainland China but were working in low-paying jobs within manual labor and service industries. Because of the families' precarious economic situations, many of the students discussed shifting their educational and career aspirations downward in order to contribute to their family finances.

In a larger longitudinal study of over 400 Chinese American families in Northern California, Mistry, Benner, Tan, and Kim (2009) examined the relationship between parents' reports of their family economic hardship, their adolescent children's perception of the family financial strains, and the children's academic outcomes. The findings suggested that Chinese American adolescents are keenly aware of family conflicts about money, which results in their own worries and anxieties about money, which, in turn, affect their academic engagement and outcome. That is, Chinese American adolescents whose family experienced financial hardship reported feeling more disengaged at school and expressed less positive attitudes about the role of education in their future success.

In the past decade, there have been a handful of ethnographic studies of Asian American students that highlight the particular hardships faced by those from low-income families (e.g., Lee, 2005; Lew, 2006). Because

these studies tend to highlight Asian American students' experiences that transcend their family context to encompass school and community contexts, their findings will be discussed in later sections.

**Bilingualism.** Many Asian American students come from households wherein immigrant parents are not fluent in English. Examining the data on 832 first- and second-generation Asian American eighth-grade students from the 1988 National Educational Longitudinal Study (NELS), Mouw and Xie (1999) examined whether fluent bilinguals have academic advantages over those students who speak only English fluently. Their analysis found no evidence that fluent bilingual eighth-graders did any better academically than English-only speakers. Instead, Mouw and Xie found that the benefits of bilingualism with respect to school achievement were limited to households in which the immigrant parents lacked English-language proficiency, as children's bilingualism in those households facilitated parent-child communication and quality of parent-adolescent relationships (a finding corroborated by Oh & Fuligni, 2010), which indirectly seemed to have positive effects of their school adjustment. However, in households where the parents had attained even a moderate level of English-language ability, their children's linguistic status was not related to their academic achievement at eighth grade.

Examining the longitudinal data available in the NELS 2000 data, Guglielmi (2008) focused on the analyses of 899 limited-English-proficient (LEP) students. Among Hispanic students, the data suggested that the students' native language proficiency at eighth grade predicted English reading achievement scores and overall high school academic achievement. However, for Asian American students, their native language proficiency did not predict later English reading scores or gains over the four years in their English reading. The finding with Asian American LEP students may suggest the possibility of difficulty in cross-language transfer of their native language literacy into English-language acquisition and overall achievement, which in turn has implications for the differential efficacy of bilingual education for language-minority students.

**Confluence of family factors.** Clearly, a multitude of family-level forces shape the academic life of Asian American children and adolescents. Analyses of large data with a nationally representative sample are useful for examining the relative contributions of various family-level factors. Vartanian, Karen, Buck, & Cadge (2007) used the National Education Longitudinal Study (NELS) 2000 wave data, which included 640 Asian American students who had been followed longitudinally since eighth grade. The 2000 wave had surveyed respondents eight years after many of them had graduated from high school and college (at around age 26) regarding

their college degree attainment. Comparative analyses of Asian Americans with other ethnic groups found that family factors such as parental immigrant status, higher family SES, higher proportion of two-parent families, and high parental educational expectations appeared to explain the relatively high long-term educational outcome for Asian American students with respect to college degree attainment. However, parenting rules and parent participation in school activities at eighth grade did not explain Asian American students' long-term educational outcomes. In fact, the effect of SES on educational attainment was less for Asian Americans than for other ethnic groups. That is, Asian American students seemed to be less negatively affected by low SES than students of other ethnic groups with respect to college degree attainment.

Using just the Chinese American and White American students' data in the NELS 2000 dataset, Pearce (2006) also reached similar conclusions. Both White American and Chinese American students' educational trajectories were shaped by structural and familial-cultural factors, but certain familial-cultural factors seemed to exert differential effects. For example, parental expectations of educational attainment and family discussion of school activities had substantially more pronounced positive influence on Chinese Americans' eventual attainment than for White Americans. Parental attendance of school meetings in high school had a positive influence on White American students' attainment but a negative one on Chinese American students. Pearce speculated that those Chinese parents who attended school meetings did so primarily in response to difficulties in their children's education, whereas White American parents may have attended meetings to reflect their cultural value of parental involvement in schools.

In summary, the available evidence from studies that examined family contexts for Asian American educational achievement suggests that Asian American parents tend to hold high expectations for their children's educational attainment, socialize their children to value academic achievement as a strategy for upward mobility within the racialized context of American society, and structure their children's lives to maximize their opportunities for success. However, immigration-related strains such as poverty and lack of parental English skills, as well as singular focus on academic achievement, confer stress on the children's and family's psychological functioning.

## SCHOOL CONTEXTS

Although previous educational achievement literature regarding Asian American children and adolescents has tended to focus disproportionately



on individual and family factors, recent studies have begun to focus attention on the school contexts that shape Asian American students' educational experience.

**Peers at school.** Much of the existing research on peer influence for Asian Americans is concerned with racial or ethnic identity without specific discussion of academic outcomes, with a few exceptions. One of the influential early studies by Steinberg, Dornbusch, and Brown (1992) suggested that in a racially diverse (but segregated) urban school setting, peer support for academic achievement among Asian American adolescents seemed to be related to their high academic achievement, whereas parenting styles and parent involvement were not. Steinberg et al. hinted at the racial dynamics (e.g., social segregation by race, beliefs about race, and opportunity structures in the United States) that may be shaping the peer influence and educational outcomes.

Recent studies of urban Asian American youths have expanded on the themes suggested by Steinberg et al. (1992) by pointing to complexities of race and class in school and peer contexts. For example, Chang and Le (2005) studied 329 Southeast Asian American middle school and high school students in Oakland, CA. This sample was comprised largely of second-generation Cambodian, Laotian or Mien, and Vietnamese American students as well as some Chinese American students. The students were asked to report on their own academic achievement (self-reported grade point average), attitudes toward school, and peer delinquency. The analyses found that peer delinquency negatively affected the youths' attitude toward school, which, in turn, was related to lower academic achievement.

Low (2006) compared the schooling experiences of 42 Korean American students at an academically selective math and science magnet high school and 30 Korean American adolescents who had dropped out of high school and were enrolled in GED courses in New York City. Of particular relevance to the present discussion on peer influences, Korean American high school drop-out students tended to come from low-income families that had difficulty accessing educational opportunities and resources available to their wealthier middle-class counterparts. As a result, the low-income students felt marginalized from their co-ethnic peers. They reported that their peers were almost exclusively other poor or working-class Asians, Blacks, and Hispanics rather than the wealthier "studious" Korean Americans. Identifying with the poor urban minority collective, the low-income students dropped out of high school and adopted practices that were not conducive to educational attainment (e.g., working at low-wage jobs that offered no opportunities for advancement).

Through an ethnographic study of 1.5- and second-generation Hmong American high school students from poor socioeconomic backgrounds attending an elite, upper-middle-class public high school in a mid-western college town, Lee (2005) illustrates the compounding challenges of poverty and racial minority status with respect to academic success. Lee observed that Hmong American students generally tended to cluster into “traditional” and “Americanized” groups. “Traditional” students were 1.5-generation Hmong Americans who were placed in ESL classes. They were viewed as “good” kids by White adults in the school and by Hmong adults in their community because they were academically engaged and motivated to do well in school. Moreover, these students maintained close kinship and cultural ties with their families and their ethnic community. Interestingly, although the teachers and administrators often viewed Hmong culture and language as barriers to students’ academic success, the immigrant Hmong students and their parents had embraced certain aspects of American culture—namely, the support for formal education as a mobility pathway—and recast them as traditional values. Nevertheless, many of the Hmong American students were not high academic achievers and were socially and academically isolated from the rest of the school culture.

The “Americanized” students were second-generation Hmong American students in (non-ESL) mainstream classes. Their “Americanization” involved adopting the hip-hop style associated with urban youth of color. And whereas they distanced themselves from the “traditional” Hmong American peers and community, the “Americanized” students socialized almost exclusively with other second-generation Hmong American peers by traveling to weekend Hmong soccer or volleyball tournaments across the Midwest. These Hmong American students were struggling academically at school, primarily because although they were fluent English speakers, they lacked the reading and comprehension skills to succeed academically. Many had had negative experiences with teachers and other adults at the school, had largely internalized the ethnic stereotype of Hmong as academically unsuccessful, and exhibited behavior suggesting disengagement from academics (e.g., chronic truancy and poor study habits). Consequently, although the second-generation Hmong students admired those who were successful academically, they were not certain that they themselves would be able to achieve social mobility through academic achievement. Such attitudes are reminiscent of the negative concrete attitudes about the payoff of education and schooling held by low-income African American students (Mickelson, 1990). The Hmong American students in Lee’s study were keenly aware that

their race and class held severe cultural disadvantages within their academically elite high school that privileged White middle-class values and behavior. Importantly, although their academic and school engagement differed, Lee found that the overwhelming majority of Hmong American students were academically and socially marginalized. And despite their belief that education is important for economic success, Hmong American immigrant parents—lacking linguistic, economic, and cultural capital to navigate the White, upper-middle-class school culture—were viewed as ineffective parents by educators.

**Teacher expectations.** Teacher expectations have been named as a critical piece of the school context that may contribute to racial gaps in academic achievement (Weinstein, Gregory, & Strambler, 2004). Although there have not been many studies focusing on teacher-student relationships as part of the school contexts for Asian American children and adolescents' educational outcome, the evidence to date suggests that teachers do tend to regard Asian Americans with high academic expectations. A meta-analytic study of teacher expectations based on children's ethnic backgrounds (Tenenbaum & Ruck, 2007) found small but significant effects of teacher expectations. Specifically, teachers held higher expectations for Asian American students than for all other groups of children.

McKown and Weinstein (2008) examined the ecology of teacher expectations in mixed-ethnicity classrooms using two separate datasets of elementary-aged children and their classroom settings. The analyses revealed that teacher expectations for reading and math were higher for European American and Asian American students than for African American and Latino students with equal records of actual achievement. Notably, the teacher biases in expectations were more acute in ethnically diverse elementary school classrooms and those in which the students also agreed that their teachers were biased in favor of high-performing students. Moreover, the differential teacher expectations for racial groups seemed to result in greater racial gaps in year-end academic achievement. These analyses of large national datasets or meta-analyses converge with ethnographic accounts of students' perceptions. For example, Way and her colleagues (Greene, Way, & Pahl, 2006; Rosenbloom & Way, 2004) have found that African American and Latino/a adolescents perceive race-based differential teacher expectations in favor of Asian American peers and that such teacher bias may contribute to peer victimization of Asian American students.

**Student-teacher relationships.** Crosnoe and Elder (2004) examined the linkage between adolescent academic adjustment and emotional support from parents in contexts of interpersonal relationships with friends, siblings,

and teachers using the National Longitudinal Study of Adolescent Health (Add Health). The researchers found that emotional distance from parents is a significant academic risk factor for adolescents. Of note, Asian American adolescents reported having more friends and receiving more support from their teachers than did other ethnic group adolescents, and that unlike other ethnic group adolescents, support from teachers and friends serves as a protective factor for Asian Americans in their educational outcomes when emotional comfort is lacking at home with their parents.

Although the analysis from a large-sample national dataset such as the Add Health is encouraging, there are emerging counter-narratives of marginalized Asian American students who have not felt supported by their teachers. For example, ethnographic portraits of low-income Hmong American students (Lee, 2005), low-income Korean American high school dropouts (Lew, 2006), and Chinese American students from working-class immigrant families (Louie, 2001) have pointed to their experiences of poor or uncaring relationships with their high school teachers and school guidance counselors.

**Racial harassment in schools.** Although many Asian American children and adolescents thrive in school contexts, many students also experience racial discrimination and harassment, especially at the hands of peers (*see, e.g.,* Niwa et al., 2011; Rosenbloom & Way, 2004). An analysis of ELS 2002 data found that immigrant Asian American and Latino students reported that they felt unsafe at their school due to fear of being victimized by school violence (Peguero, 2009). In a study comparing European American and first-generation immigrant Chinese American middle school students in New York City with Chinese middle school students in a southeastern city in mainland China, Zhou, Peverly, Xin, Huang, and Wang (2003) found that Chinese American students were faring worse in school than their counterparts. Specifically, Chinese American students had more negative attitude toward their teachers, had a higher sense of inadequacy at school, and had higher distress. Interview responses revealed that Chinese American students experienced physical and verbal violence in school settings by other ethnic minority peers that contributed to their distress. Chinese American students also reported feeling not understood by their teachers and peers and felt that their teachers disliked them or were uncaring. Another study of Chinese American and African American middle school students in New York City (Rivas-Drake, Hughes, & Way, 2008) also found that Chinese American students reported a higher prevalence of racial harassment by peers than did African American students. Experiences of peer racial harassment continued into the high school years (Greene et al., 2006).

There is now some emerging evidence that racial discrimination not only affects Asian American students' well-being, but also their academic outcomes. In a longitudinal study of 350 Chinese American students in Northern California, Benner and Kim (2009b) found that the perception of discrimination (in middle school) was predictive of later socio-emotional and academic outcome (in high school), even after accounting for the effects of socio-emotional adjustment and academic performance in middle school. Specifically, earlier discrimination, but not contemporaneous discrimination, predicted later academic outcome in high school for these Chinese American students. Moreover, the negative effect of discrimination was particularly robust among Chinese American students who were more acculturated to American mainstream culture. Although the reasons for this effect await empirical tests, Benner and Kim speculated that racial discrimination is especially distressing to those Chinese American adolescents who strongly identify with the mainstream American culture yet face racial discrimination.

**School-family interaction.** Evidence for the reciprocal effects of school and family contexts on adolescents' school functioning is emerging. For example, Flook and Fuligni (2008) found that Chinese American ninth-grade students reported fewer daily family stressors during a two-week daily diary study compared to their Latino and European American peers. However, the consequence of family stressor on their school functioning (e.g., attendance and learning problems the following school day) was more pronounced for Chinese American students than for other ethnic group students. Moreover, in following the same students over a three-year period, Telzer and Fuligni (2009) found that students' family obligations and assistance may impede academic outcomes. In the daily diary study, students were also asked to keep records of how much time they spent each day engaging in various activities to assist their families (e.g., cooking or cleaning for the family, taking care of siblings, or helping parents with business or work). The researchers found not only that Mexican American and Chinese American students reported more family obligations and family assistance than European American students, but also that increases in the number of days spent assisting families had a negative impact on academic achievement for Mexican American and Chinese American students. This effect was not explained by school-related problems or by a reduction in the students' study time. It is possible that increased time demands for adolescents to assist the family reflect economic strain in those families, which may exert stress on the students.

To summarize, recent studies of Asian American children and adolescents regarding their peer and school contexts have painted a more divergent

portrait. Like other children and adolescents, Asian Americans' academic achievement and social behavior are largely influenced by their peers and by their teachers in positive or negative directions. It appears that the model-minority stereotype as well as other racial stereotypes of Asian Americans can at times impede their academic achievement, particularly for those who do not conform to the middle-class, upwardly mobile, suburban profile.

## **STRUCTURAL SUPPORTS WITHIN COMMUNITIES**

Beyond families and schools, many Asian American children, adolescents, and families also utilize ethnic community resources to support the students' academic achievement. In a study of Chinese American and Korean American communities in Los Angeles, Zhou and Kim (2006) observed that the values and norms of immigrant Chinese and Korean families that heavily emphasize certain types of educational achievement form a community-level force that creates and supports structures within the ethnic community to support the values. That is, norms and values must be translated into everyday practices and supported through a well-established system of supplementary after-school education. Situating the Chinese-language after-school program within Chinese American history from the late 1880s until the present, Zhou (2008) describes the evolution of the function of these contemporary schools beyond teaching the children language and culture into an agency of ethnic capital that facilitates the children's education. Some schools in dense ethnic enclaves such as in Chinatown or in "ethnoburbs" have classes seven days a week or on weekends, offering a wide variety of enrichment classes (e.g., Chinese geography and history, Chinese painting and calligraphy, computer, sports and dance, and cooking) as well as academic support (e.g., test preparation for the SAT and other standardized tests, tutoring, skills development in debate and leadership, etc.). Moreover, the schools seek parental involvement through parent-teacher associations and parent-directed activities and seminars (e.g., college application and financial aid and leisure activities such as t'ai chi, chorus, etc.).

Paralleling the proliferation of nonprofit language schools in Chinese and Korean American ethnic enclaves, for-profit ethnic after-school institutions more narrowly focused toward educational achievement and college admissions have also increased in popularity (Zhou, 2008).<sup>1</sup> Together, the nonprofit and for-profit supplementary educational institutions provide tangible resources for immigrant Chinese and Korean (mostly middle-class) families. Moreover, these schools also serve as the

physical places for immigrant children and parents to socialize and build co-ethnic ties, thus building communities where ethnic identity and pride may be protected and nurtured. In this way, the educational success of some Asian American immigrant children is facilitated by the interaction of cultural values of the immigrants as well as ethnic-specific structural conditions of the immigrant community.

However, access to community resources is also stratified by socioeconomic status. A study in New York City comparing 42 Korean American students at an academically selective math and science magnet high school and 30 Korean American adolescents who had dropped out of high school and were enrolled in GED courses (Lew, 2006) illustrates the ways in which families' class shapes access to ethnic community resources. There was a clear contrast in the class backgrounds of Korean American students in these two groups. Whereas 36 percent of students at the magnet high school were eligible for reduced-fee or free lunches, 80 percent of the GED students were eligible. In a majority of the families (60 percent for the magnet school students and 80 percent for the GED students), at least one parent worked in the ethnic economy, but the parents of magnet school students tended to be business owners themselves (53 percent) rather than a worker for co-ethnic entrepreneurs (7 percent). In contrast, the majority of GED students' parents worked for co-ethnic entrepreneurs (67 percent) and only 13 percent were business owners. A greater number of GED students came from single-parent households (40 percent) than did magnet high school students (12 percent). These differences in family class resources were also clearly reflected in how much structural support the parents could lend to their children's education. Magnet school parents were more likely to send their children to for-profit after-school academies (*hag won*) in Korean ethnic enclaves. In contrast, GED students could not afford the tuitions at these after-school academies but instead had to work (as cashiers, manicurists, or valet parking attendants for Korean businesses) in order to contribute to family income.

In addition to the differences in resources that the Korean American families could expend on their children's after-school education, Lew (2006) found that the magnet high school students' families had formed a tight ethnic network through Korean church attendance, where the value of educational achievement was reinforced among co-ethnic families and peers. Through the ethnic network, parents exchanged information regarding the application process for academically selective public high schools, for-profit after-school academies, private tutors, and bilingual private college counselors to help prepare for college applications. In contrast, the GED students described an absence of close ties to their parents and other



Korean American families. The GED students tended not to attend Korean church at all, or they tended to not attend the same church as their parents. Consequently, even though their immigrant parents also believed strongly in the value of educational achievement as a means for social mobility, the GED students did not have strong social capital or ethnic network ties that supported educational achievement.

For Asian American students from low-income families whose parents have limited access to community resources, programs targeting youth can serve a critical function. In a 15-week ethnographic research at a community-based youth center for low-income and working-class immigrant Chinese American adolescents in a major East Coast city, Wong (2008) documented the ways through which an after-school program provided support to the immigrant youth who were struggling in overcrowded urban schools. For example, the tutoring program took on the larger task of mentoring immigrant youth and providing them with access to resources and information (e.g., SAT classes, school choices within a public school district, and information about colleges) through the ethnic network of bilingual and bicultural agents. Importantly, the program sought to keep the students' immigrant parents in the fold by mailing monthly progress reports on their academics (written in Chinese) and following up with phone calls. Similarly, the ESL classes offered not just language lessons, but also practical cultural lessons on how to navigate the American societal norms (e.g., teaching students English words to describe their parents' occupation). The youth center staff also strived to serve as advocates for the immigrant students and communicated with the school and the teachers on behalf of non-English-speaking parents, although the staff acknowledged the difficulty of establishing and maintaining collaborative relationships with many of the local schools and teachers.

## **SIMILARITIES AND DIFFERENCES AMONG ASIAN AMERICANS**

To the extent that Asian American children and youth must contend with the racial stereotype of them as nerdy, hard-working, quiet, high-achieving students, it makes sense to discuss their academic achievement patterns in the aggregate. Such broadstroke portraits of Asian Americans as model-minority students have also tended to ascribe Confucian philosophical roots to all Asian Americans, regardless of their origin. However, as the review thus far has also made clear, there are many points of divergence among Asian American children and youth with respect to factors that shape their achievement patterns. For example, many Southeast Asian

American students are children of refugees who were forced to flee Vietnam, Laos, and Cambodia following the Vietnam War. In contrast to the urban professionals arriving from Korea and India, many Southeast Asian immigrant parents were more likely to have rural and lower educational backgrounds (Ngo & Lee, 2007). The Philippines has a long history of colonialization by Spain and the United States. Filipino Americans have been found to adhere to a different set of cultural values and to possess a different perspective on education compared to their East Asian American counterparts (Kim, Yang, Atkinson, Wolfe, & Hong, 2001). As the Asian American population has diversified over the years, research has also begun to yield distinct trends in educational outcomes among various Asian ethnic groups residing in the United States.

The National Education Longitudinal Study (NELS) has provided the most comprehensive evidence to date of the differential achievement patterns among the Asian American ethnic groups. Although the particular Asian ethnic groups selected for analyses vary somewhat across the studies, there are general trends that are seen across the years. In a study that examined various predictors of eighth-grade achievement using data from the initial 1988 cohort of the NELS study, Corwyn and Bradley (2008) found that Korean Americans obtained the highest academic achievement scores (as measured by reading, math, science, and history standardized test scores) compared to Chinese American, Filipino American, and Southeast Asian American students. In this analysis, there were many structural factors that favored Korean American students' achievement. For example, Korean Americans had the highest level of socioeconomic status, educational expectations, learning materials in the home, and family discussion on educational topics; they also had the lowest mean number of siblings and the lowest percentage of students with limited English proficiency.

Using the NELS: 90 data when the students were in 10th grade, Goyette and Xie (1999) found that Korean American and Chinese American students' standardized test scores continued to be the highest, followed by those of South Asian American, Southeast Asian American, White American, Japanese American, and Filipino American students. All Asian American groups' parents were found to hold higher expectations of their children's educational attainment than did the White American parents, but again, the level of expectations varied widely, with Chinese and South Asian parents holding the highest expectations and Japanese and Filipino parents holding relatively lower expectations.

Blair and Qian (1998) had analyzed the NELS 1992 data and found that Chinese American high school senior students had obtained the highest grade point average, followed by Korean American, Southeast Asian,

Filipino, and Japanese American students. These five Asian ethnic group students varied widely not only in their academic achievement, but also on family factors such as the use of family income, a native language at home, parental education, number of siblings, and so on. However, the five groups were similar in the relatively high level of parental control reported by the students over their daily lives (e.g., curfews, car privileges, choice of classes and college, etc.).

Using the National Longitudinal Study of Adolescent Health (Add Health) data, Eng, Kanitkar, Cleveland, Herbert, Fischer, and Wiersma (2008) compared the academic achievement patterns of Chinese American and Filipino American adolescents. This study supported the NELS findings (e.g., Corwyn & Bradley, 2008; Goyette & Xie, 1998) that Chinese American youth performed significantly better in school than did Filipino American adolescents. Acculturation and parent school involvement significantly predicted achievement in Filipino Americans. The more acculturated Filipino American students became, the lower they achieved, suggesting that continued adherence to one's cultural values has a positive impact on academic achievement. In contrast to the NELS findings, parents' greater school involvement was associated with higher academic achievement in this sample, although this effect was quite small and held only for Filipino Americans. However, neither acculturation nor parental involvement in schools predicted achievement for Chinese American adolescents.

These large national datasets, which allow comparative analyses of Asian American ethnic groups, make clear that there are notable differences in both the overall educational attainment levels and the factors that shape their achievement. It should be mentioned that in these analyses, some ethnic groups still tend to be aggregated in order to boost the sample size even though significant differences exist even within subgroups (e.g., Southeast Asians and South Asians). For instance, Ngo and Lee (2007) noted that Vietnamese Americans tend to perform better academically than Cambodians and Laotians. It is critical, then, for practitioners and researchers alike to be mindful of these critical ethnic differences among Asian American children and adolescents.

## CONCLUSION

In reviewing the scholarly developments on Asian American children and adolescents' educational outcomes within the past decade, two main themes emerge. Contrary to the notion that Asian American students succeed academically largely because of Asian cultural values and attitudes toward education, the studies point to a complex intersection of race,

class, and community contexts that shape their academic experiences. Ethnographic as well as quantitative studies illustrate the powerful cascading effects of the family's socioeconomic status on the educational trajectories of Asian American students, many of whom are from first-generation, immigrant families. While many Asian American children and adolescents thrive in schools, helped by parental guidance and socialization, peer and teacher support, and ethnic-community resources, there are also many who are struggling academically. It is critical for scholars, practitioners, and policy makers to understand the divergent and segmented character of educational processes and outcomes for Asian American children and adolescents and work to overcome the disparities that have long been overlooked.

## NOTE

1. Of note, the private after-school education market in South Korea has expanded rapidly within the past few decades. For example, whereas only 15 percent of school-aged students participated in private after-school education (e.g., extracurricular art and athletic lessons, English and other academic supplementary classes, and cram schools) in 1980, 72.9 percent did so in 2002 (Yang, 2003, quoted in Park, 2007).

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## Chapter 8

# ETHNIC IDENTITY OF ASIAN AMERICAN YOUTH: PROCESS, CONTEXT, AND OUTCOMES

*Tiffany Yip and Sara Douglass*

In the past three decades, research in the social sciences, and in psychology in particular, has observed an increasing interest in how Asian youth in the United States come to form an ethnic sense of self and how this identity relates to other outcomes. Systematic investigations into the implications of ethnic identity for youth began with research on African Americans (Clark & Clark, 1939, 1947). Perhaps because of this history, much of the early work on Asian Americans was modeled after frameworks developed from research on this population. In recent years, however, scholars have come to recognize the unique experiences of all minority groups in the United States and have moved toward refining theoretical models to reflect these varied experiences. In fact, even among Asian Americans, there is significant diversity. While Asian Americans represent approximately only 4 percent of the U.S. population (U.S. Census Bureau, 2000), the term “Asian” includes more than 20 distinct ethnic groups and conceals important ethnic group differences in language, religion, values, cultural norms, value orientations, and immigration history (Atkinson, Morten, & Sue, 1993; Nagayama Hall & Okazaki, 2002; Uba, 1994). As such, the terms “ethnic identity,” “panethnic identity,” “cultural identity,” and “racial identity” can all connote important delineations in how Asian groups are defined.

As an example, in 1992, Espiritu published a book outlining the distinction between ethnicity and panethnicity. Specifically, ethnicity and hence, ethnic identity, is based on the cultural heritage of one's ancestors. Panethnicity, however, is a socially constructed category that was initially imposed by the majority group (Espiritu, 1992). Today, the term has evolved to have real meaning for members of the group in terms of serving as a common identity that provides a political resource for members of the Asian American community (Park, 2008). Because of the common socially constructed nature of racial groups, panethnicity and race are often used interchangeably with respect to the Asian American community. As culture is an ever-changing construct, cultural identity is considered to be more dynamic than ethnicity. However, in referring to identity, the dynamic nature of culture is often overlooked; hence, "ethnic" and "cultural" identity are often used synonymously.

Although the importance of these group demarcations has been delineated in the sociological literature, the empirical psychological literature has not reflected this level of specificity. As such, the following review of the current state of research on ethnic identity among Asian American youth will necessarily draw upon studies that investigate ethnic, panethnic, and racial identity. Therefore, for the purposes of this chapter, "ethnic identity" will refer to a range of research that has examined multiple forms of identification as it relates to Asian American culture, ethnicity, panethnicity, and race.

In this chapter, we review the existing state of research on ethnic identity among Asian American youth. We begin this chapter with a review of literature that describes the relative social position of Asians in the United States. Because identity construction is a process that occurs in a social milieu, it is important to first consider this context. Next, we summarize research exploring the *process* of ethnic identity construction and development among Asian American youth. We then continue with a section examining the *contexts* in which ethnic identity development occurs. The next section includes a review of studies that have examined *outcomes* related to ethnic identity. Finally, we summarize the current state of the literature and end with some suggestions for future directions and considerations.

## ASIANS IN THE UNITED STATES

Before reviewing research on the development of ethnic identity among Asians in the United States, it would be helpful to consider the larger context within which these identity processes occur. That is, it seems important to situate Asian Americans in the broader American society in order

to fully comprehend the forces that influence how youths come to form a sense of ethnic self. In the United States, much of the discourse around race relations has centered around the bipolar distinction between Black versus White. As such, the discussion of other minorities, including Asian Americans, remains relatively silenced (C. J. Kim, 1999). Instead, scholars have noted that Asian Americans have been “triangulated” between Whites and Blacks. In essence, Asian Americans have been portrayed as faring “better” than Blacks, but not quite White (C. J. Kim, 1999). The myth of the model minority has served to perpetuate further the position of Asian Americans relative to Blacks and Whites. Specifically, the myth raises the question that, if Asian Americans are able to overcome obstacles to success, why are Blacks not able to do the same? Yet at the same time, the myth also underscores the fact that Asians are not White; that is, the reason that Asian Americans are purportedly so successful is because they possess cultural values that are different from the White American mainstream (C. J. Kim, 1999). In addition to pitting minority groups against each other, the model-minority myth seems to have adverse consequences for the development of Asian American youth (Cheryan & Bodenhausen, 2000; P. A. Lee & Ying, 2001; S. J. Lee, Wong, Alvarez, & Tewari, 2009). Specifically, research has suggested that Asian youths exhibit both positive and negative feelings about and behaviors around academic achievement (P. A. Lee & Ying, 2001). In particular, it seems that the model-minority myth itself may place unrealistic pressures on Asian American youth to succeed beyond their abilities, resulting in additional stress. Therefore, although we know of no one who has studied this phenomenon, it seems reasonable to assume that the model-minority myth influences ethnic identity development among Asian Americans.

Yet another experience that defines identity development among Asian Americans centers around others’ perceptions of Asian Americans as perpetual foreigners (Cheryan & Monin, 2005; C. J. Kim, 1999; S. J. Lee et al., 2009). As visible minorities, even third-generation Asian Americans whose parents were born in the United States often face the question, “where are you *really* from?” Asian Americans report that experiences of identity denial by others, namely, denial of one’s American identity, are common (Cheryan & Monin, 2005). For example, others assume that Asian Americans do not speak English or are from another country. Such experiences can have a profound impact on how one comes to construct a sense of self around ethnicity, particularly since Asian Americans report national identities similar to those of European Americans (Cheryan & Monin, 2005; Sidanius, Feshbach, Levin, & Pratto, 1997). Specifically, research among college students has observed that when Asian Americans

experience identity denial by others, they respond by asserting their American identity more strongly (Cheryan & Monin, 2005). It seems that for Asian Americans, the juxtaposition of “Asian” and “American” emphasizes a bicultural fusion of two aspects of identity that coexist synergistically. More often than not, it is the “American” component of their identity that is denied by others, not the “Asian.”

## PROCESS OF ETHNIC IDENTITY DEVELOPMENT

Regardless of the specific labels that Asian Americans adopt to describe their identity, emergence of an identity is a process that occurs over time. Because identity formation is an inherently developmental process (Erikson, 1968), much of the theoretical literature has been devoted to outlining how identity unfolds over time. In particular, adolescence has been identified as a key developmental period for the onset of identity development (Erikson, 1968; Marcia, 1980; Phinney, 1993). One reason for the focus on this period is that identity formation requires certain cognitive foundations in order to have implications for one’s well-being (Uba, 1994). Therefore, adolescence is considered to be a time when questions such as, “who am I?” and “what is my place in this world?” co-occur with the cognitive abilities necessary to answer these questions. As such, much of the empirical work begins to consider the importance of ethnic identity around adolescence. Interestingly, however, although identity has been discussed as a developmental process, there have been few longitudinal studies of ethnic identity in general, and none (to our knowledge) focusing specifically on Asian American youth in particular. Instead, the longitudinal research that does include Asian Americans includes them as one subset of other ethnicities. As such, there are few empirical papers that present findings for Asian American samples alone. Therefore, the current review will draw upon the available research, which is primarily cross-sectional.

To our knowledge, there is only one theoretical framework that outlines identity-development processes specifically among Asian Americans. Using published autobiographical narratives of Asian American adults, Tse (1999) traced identity-development patterns to formulate a four-stage model of identity-development trajectories. In the first stage, *ethnic unawareness*, individuals do not think of themselves as a member of a particular ethnic group. The second stage, *ethnic ambivalence/evasion*, typically occurs in adolescence and is characterized by behaviors and attitudes that create distance from one’s ethnic heritage in favor of identification with the dominant group. *Ethnic emergence* describes a third stage whereby adolescents and young adults realize that they will never fully be accepted as a member

of the dominant group, and, therefore, turn to their ethnic group for a sense of belonging. Finally, individuals reach a stage of *ethnic identity incorporation* where ethnicity becomes integrated into one's sense of self, though the meaning of one's ethnic identity may continue to change over time. Although this stage model mirrors similar ones proposed for other minority groups (e.g., Cross, 1991; Helms, 1995), it has never been empirically tested. Therefore, whether all Asian Americans develop an identity in the sequence outlined above remains in question. In fact, studies exploring identity-development models in other populations have found that it may not unfold in a linear sequence (Yip, Seaton, & Sellers, 2006).

Related to how identity develops over time is the issue of exactly *what identity* is being developed. As previously mentioned, there are a multitude of labels that youths can choose to describe various identity constellations. Research on this topic has found that while there is diversity in the labels that Asian youths choose for themselves, there are also some predictable patterns. In a study of these ethnic label choices among Chinese American college students, Kiang (2008) analyzed responses to the open-ended question: "In terms of my ethnic group, I consider myself to be \_\_\_\_\_" and found an association with responses on the scale-based indicator of ethnic identity (MEIM: Phinney, 1992). In particular, individuals who preferred to describe their identity using a national-American label (e.g., Chinese American) reported higher levels of ethnic identity exploration compared to those opting for panethnic American labels (e.g., Asian American). That is, individuals who described themselves as "Chinese American" were more likely to report that they were in the process of making sense of their ethnic identity as compared to young adults who described themselves as "Asian American." Therefore, how one describes his or her ethnic identity seems to be related to his or her stage of ethnic identity development.

Examining ethnic self-labeling longitudinally among a multiethnic sample including first- and second-generation Asian Americans, Fuligni, Kiang, Witkow, and Baldelomar (2008) investigated the patterns of such preferences throughout high school. In this study, participants reported the label they felt best described them from a given set of panethnic (e.g., Asian), American hyphenated (e.g., Chinese-American), American unhyphenated, and national-origin labeling (e.g., Japanese) descriptors. Over time, self-labeling varied substantially, such that nearly half (47.8 percent) of participants fluctuated in their use of panethnic or American terms at least once over the course of high school. Results, however, showed no normative trend within this change of self-labeling over time, in contrast to the predictable patterns found by Kiang (2008) in a sample of young adults. Differences were found within generational status, such



that second-generation individuals were more likely to choose a panethnic or American label, though no significant changes emerged over time for these subsamples, either.

Taken in sum, ethnic identity-development theory and self-labeling research offer both insights into Asian American identities as well as questions for future research. We have seen that the manners in which Asian American young adults choose to label themselves are meaningful in relation to their identity (Kiang, 2008) and that these self-labels fluctuate over time in a seemingly random manner among adolescents (Fuligni et al., 2008). While the former finding seems to support meaningfully different stages of ethnic identity, the latter calls into question the sequential, linear progression of this development (also supported by Yip et al., 2006, conducted with African Americans). Because these studies employ different samples from different age groups, further research is needed to explore these three considerations (identity stages, self-labeling, and developmental trajectories) in concert. This would ideally be accomplished through longitudinal research that could succinctly speak to aspects of development, so that we are able to gain a more fully realized understanding of the unique identity experiences of Asian Americans over time.

## **CONTEXTS OF ETHNIC IDENTITY (DEVELOPMENT)**

Understanding of this development of ethnic identity also necessitates understanding of the contexts in which it occurs. Ecological approaches to psychology explicate the recognition of multiple contexts in the life of an individual and the varying roles that these contexts can play (Bronfenbrenner, 1980). Indeed, as individuals move through their daily lives, they must navigate and interact with diverse arrays of people and places, and the constellations of these settings also vary by proximity and importance to the individual. Research on Asian Americans has recognized multiple settings that play a significant role in ethnic identity, including home and the family, school and peers, neighborhoods, and immigration status and language. These settings will each be reviewed in turn for their unique contributions to the ethnic identity experiences of Asian Americans.

### **Home and Family Influences on Ethnic Identity**

The home environment and interactions with one's family have been observed to be particularly influential for the development of ethnic identity. For example, among a sample of Chinese American college students who were randomly prompted six times a day about their ethnic identity,

Yip (2005) found that when students reported being with family, they were also likely to report increased feelings of ethnic identity. Similar patterns were observed in a sample of Asian American young adults who reported highest levels of ethnic exploration and feelings of ethnic belonging with their parents (Kiang & Fuligni, 2009). Indeed, the existing research on familial influences on ethnic identity is consistent with existing research in other populations that observes ethnic identity may be especially salient for youths when they interact with family members (D. Rosenthal, Whittle, & Bell, 1989; D. A. Rosenthal & Hrynevich, 1985).

Parents, as well as other family members, are an important aspect of development. In a mixed-methods investigation of self-reported experiences on "growing up Asian," Ying, Coombs, and Lee (1999) investigated the specific nature of these relationships in relation to ethnic identity. The development of intergenerational relationship status and intergenerational relationship content, as well as the relationship between them, were analyzed. Intergenerational status included foreclosed, moratorium, and achieved in parallel with Phinney's (1989) conceptualization of commitment and exploration. Results confirmed a development from foreclosed to achieved with age, in support of this theory. Intergenerational content included Eastern, Western, integrated, and unintegrated in parallel with Berry's (1990) acculturation theory. Results demonstrated a stronger tendency for Eastern or integrated acculturation tendencies, which suggests that Asian Americans demonstrate less intergenerational autonomy and more connection than their European American counterparts. This, in turn, suggests a more communal set of cultural values (while this finding was more persistent in more recently immigrated families, it remained across these divisions as well). The interaction of these two considerations found that with increasingly advanced statuses, individuals were more likely to demonstrate Eastern or integrated orientations. Given explicit instances of exploration, which this research asserts is accompanied by fact-seeking and questioning family values, results suggest that Asian Americans largely come to accept the traditional values espoused by their families in relation to their ethnic status. Taken in sum, Asian Americans appear to demonstrate close intergenerational familial ties, and to highly value these relationships. Thus, the family is an important context to consider in any discussion of Asian American ethnic identity.

One reason that family may be especially related to ethnic identity may be the content of the interactions that youths have with their families. For example, research on racial and ethnic socialization has found that these socialization experiences shape ethnic identity outcomes (Hughes, 2003; Hughes, Witherspoon, Rivas-Drake, & West-Bey, 2009). Research in the

area of racial and ethnic socialization seeks to examine how parents' communications about issues of race and ethnicity subsequently influence the development of their children's ethnic identity. This research query has recently been extended to Asian American samples. For example, in a sample of more than 200 college students from various Asian ethnic backgrounds (e.g., Chinese, Filipino, and Vietnamese), researchers found that individuals whose parents were more likely to discuss racial issues were more likely to report racial identities consistent with feelings of confusion and idealization of one's ethnic group membership (Alvarez, Juang, & Liang, 2006). That is, children of parents who were more likely to talk about race were more likely to have identities that reflected an increased attention to issues of race. Therefore, consistent with research on other minority groups (e.g., Hughes et al., 2006; Hughes et al., 2009), the research on the effects of parental socialization seems to support the notion that there is an association between what parents tell their children about ethnicity and the identity that youths develop around that ethnicity.

### **School and Peer Influences on Ethnic Identity**

While home and family contexts may be the source of one's ethnic identity, school and peer influences are also largely influential for youth development. The area of ethnic identity development is no exception. Research shows that the time a youth spends with his or her peers can affect his or her own self-reflections on ethnicity, and this effect is related to the ethnicity of the peer(s); youths reported higher levels of ethnic exploration and feelings of ethnic belonging with same-ethnic peers than with other-ethnic peers, though these levels were both significantly lower than when with parents (Kiang & Fuligni, 2009). This suggests that ethnic identity is a dynamic psychological construct that reacts to the relational context of the individual. Furthermore, given the dynamic construct of ethnic identity, results revealed that there was greater variation in ethnic exploration than ethnic belonging, and that this variation was derived from the differences between relationships with parents as compared to same- and different-ethnic peers. Interestingly, this variation demonstrated no relationship with adjustment outcome measures such as self-esteem, relational competence, and affect; this is particularly interesting given the significant negative outcomes that the same patterns of results were found to have on these adjustment outcomes with other ethnic groups (e.g., European Americans).

Looking at interactions with peers within the larger school context also supports the importance of these settings for ethnic identity development.

By measuring both daily contact (interactions and surroundings) as well as school ethnic composition, Yip, Shelton, and Douglass (2011) offer a multi-level construction of peer context that facilitates a more nuanced understanding of the effect of social relationships on ethnic identity and well-being outcomes. Indeed, Asian American adolescents enrolled in high schools of varying ethnic diversity showed different patterns of outcomes based on both school context and peer interaction. For students among the numerical minority in their school, being surrounded by more Asians was related to feeling better about this aspect of their identity. However, for students in the numerical majority in their school, being surrounded by more Asians was not related to feelings about this aspect of their identity. These nuanced relationships demonstrate that peer contexts need to be analyzed at a more microlevel in order to truly understand the role they play. While we all experience hundreds of daily interactions, not all of these interactions are privileged in the same way. Further, the people around us can have a significant effect, even in the absence of direct contact. For Asian Americans, the influence of interactions with similarly ethnic peers varies according to the larger setting in which these interactions take place.

### **Neighborhood Influences on Ethnic Identity**

Looking beyond school- and peer-level influences, the neighborhood in which a youth resides is a context that is experienced daily, and thus both ecological theory and the contact hypothesis suggest that it may have both direct and indirect influences on identity development. For example, research suggests that neighborhoods may have an indirect impact on ethnic identity development due to differences in experiences of discrimination. Specifically, Goto et al. (2002) analyze notions of similarity and acculturation within neighborhoods in relation to the contact hypothesis in order to understand both identity development and discrimination experiences of Chinese Americans. By using a measurement of daily contact, a neighborhood density proxy was established. Results demonstrate that individuals living in more diverse neighborhoods (e.g., fewer Chinese residents) experienced more instances of discrimination on average. Acculturation was approached in terms of perceivable facets (e.g., language use and cultural activity participation), as these are the cues most accessible to those who engage in acts of discrimination. Similar to the diversity of neighborhoods, greater acculturation was also related to more discrimination experiences. Taken together, greater contact with non-Chinese was related to an increase in discrimination experiences, which supports one aspect of

the contact hypothesis. Though this research did not explicitly investigate the relationship of these experiences to ethnic identity, a large body of research has linked discrimination experiences and identity processes (e.g., Jetten, Branscombe, Schmitt, & Spears, 2001); this topic is reviewed later in this chapter.

Examining more direct pathways in which neighborhood contexts may influence identity development, a cross-sectional study of Asian (i.e., Chinese and Southeast Asian) ninth- and 11th-grade high school students in California considered the role of language use relative to participation in other cultural activities. Of particular interest in this study was how language use and cultural activities were related to participants' proximity to one's ethnic community. Comparing the younger and older cohorts in the sample, researchers found that on the dimensions of ethnic language use, affiliation, food, and recreation, older adolescents (i.e., 11th-graders) reported higher scores than their ninth-grade counterparts (Ying, Han, & Wong, 2008). However, because the community from which the sample was selected was in close proximity to Chinatown, researchers conducted separate analyses of the Chinese and Southeast Asian youth to explore whether the presence of an ethnic community might lead to differences in ethnic identity between the two groups. Indeed, the data suggested that the Chinese youth reported stronger ethnic affiliations in the area of food consumption and language use, suggesting that access to one's ethnic community provides opportunities for the expression of one's ethnic identity. Although cross-sectional, this study seems consistent with developmental theories that suggest that ethnic identity unfolds over time. Moreover, this study points to the importance of one's community and the presence of same-ethnicity others for the development and maintenance of behavioral indicators of ethnic identity.

Neighborhood experiences have been largely ignored by literature examining daily contexts, perhaps due to methodological measurement issues. Yet the research that has been conducted suggests that it is a worthwhile endeavor. Neighborhoods appear to offer both direct and indirect feedback for individuals on their ethnic identity, as they differentially afford opportunities for both in-group and out-group contact, as well as ethnicity-specific and ethnicity-extant activities and engagements. Further, evidence from samples of African American and Latino populations has found that the relationship between ethnic identity and neighborhood contexts is also linked to a variety of individual outcomes, including academic achievement, cognitive abilities, and perceptions of discrimination (Byrd & Chavous, 2009; Garcia & Lega, 1979; O'Brien Caughy, Nettles, O'Campo, & Lohrfink, 2006; Seaton & Yip, 2009). Thus, the research on

neighborhoods that does exist suggests that the slightly more distal context in which the home and family, and perhaps even the peers and school setting are situated, is also an important consideration in the ethnic identity development of Asian Americans. Further, this relationship may have important implications for other aspects of their lives, adding a further dimension to the importance of such considerations.

### **Generational and Language Influences on Ethnic Identity**

Finally, one's generational status and language use and proficiency seem to also have systematic associations with ethnic identity among Asian American youth. In a sample of Chinese adolescents, Kim and Chao (2009) examined the association between language proficiency and ethnic identity. Stratifying their sample by generational status, the data suggested that there were no significant differences between Chinese adolescents on reports of ethnic identity affirmation/belonging or exploration; however, differences between the two groups did appear when the researchers took language use into consideration. Specifically, among first-generation Chinese adolescents (i.e., those not born in the United States), speaking Chinese was positively associated with ethnic identity affirmation/belonging and exploration. Interestingly, among second-generation Chinese adolescents, there was no association between language fluency and ethnic identity. The authors suggest that for first-generation students, language fluency is a clear indicator of ethnic identity that distinguishes them from mainstream Americans. That is, among first-generation students, Chinese was likely the first language, whereas English was the second language. As such, language fluency became an indicator of one's ethnic status for these students. However, among the second generation who were born in the United States, the acquisition of Chinese was likely secondary to English; therefore, other behavioral indicators of ethnic identity (e.g., cultural participation) may be more important.

Generational status of an individual can never be fully explicated from the family context, and one consequence of generational status and how it relates to ethnic identity is one's language proficiency in relation to the family dynamic. For Asian American youths whose parents are immigrants (i.e., second-generation), English is not typically the parents' first language as it is for the child. As such, these youths often find themselves engaged in language brokering (Wu & Kim, 2009). Language brokering is defined as the practice of translating between English and a native language. This is a common experience for Asian American children of immigrant parents who must navigate between the two linguistic worlds in order to foster a

common understanding, and may be either a stressor or a sense of pride for them (Tse, 1996). However, the degree to which language brokering is a stressful experience or one that fosters efficacy for the individual appears to depend on how that individual views their ethnicity (Wu & Kim, 2009). A longitudinal study of Chinese American adolescents revealed the complex pathways by which both of these realities exist for individuals: greater orientation toward a Chinese sense of self is related to greater feelings of familial obligation, which in turn is related to greater perceptions of being valued by one's parents. This sense of value is then positively related to efficacy in instances of language brokering. In contrast, individuals who are less attached to their Chinese identity report feeling less obligated to their families, and this is related to feeling less valued by one's parents. With this lack of value is an associated increase in the sense of burden in instances of language brokering. Thus, feelings of the ethnic self interact with the family context to affect how individuals view their contributions in navigating two linguistic cultures. Family context does not just refer to intergenerational relationships, but also to how these generations interact with the larger American society, and this interaction may be particularly salient for immigrant children and their families.

Returning to our earlier discussion of ethnic identity in relation to the labels that youths choose to describe themselves, it appears that generational status is also an important variable to consider in the realm of ethnic self-labeling. Conceptualizing context as both a longitudinal and more momentary situation, Lien, Conway, and Wong (2003) investigated self-labeling among Asian Americans. Specifically, the study examined how the effects of length of residence in the United States and generational status interact with neighborhood ethnic composition and ethnicity of friends. With regards to generational status, individuals born in the United States were more likely to label themselves "American" as compared to their immigrant counterparts, who preferred the "Asian" label (though this tendency varied by country of origin, suggesting differential national ties). As may be commonsensical, immigrant self-labeling became more commonly "Asian American" and "ethnic American" as years of residence increased. Interestingly, the more momentary measures of context did not show such consistent relationships; self-reported neighborhood ethnic composition did not independently affect this identity measure, while having intimate White friends increased the likelihood of choosing the label "ethnic American" over "ethnic Asian." These are two momentary contexts that vary in their proximity, and the relationships within them may differ in value for the target individual, which may offer an explanation of these differences. Regardless, generational status remains a strong factor for ethnic self-label choices.



While ethnic self-labeling has been linked to ethnic identity, generational status has demonstrated a significant effect for within-person change analyses of this relationship (Fuligni et al., 2008). In identifying the relationship between ethnic identity strength (as measured by exploration and affirmation) and labeling, panethnic or American identification was associated with *decreased strength* of ethnic identity; however, this relationship was moderated by generational status such that the relationship did not hold true for second-generation participants. Additionally, lower levels of proficiency in the original heritage language were associated with a greater tendency to select a panethnic or American label by year; however, generational status was once again a moderator, such that the relationship did not hold true for second-generation participants. Ultimately, second-generation participants were more likely to use panethnic or American labels, but these were not related to variables of ethnic identity strength or heritage language proficiency as they were in first-generation individuals. Taken together, the lack of an overall normative trend in any direction suggests the lack of acculturation or assimilation trends within this high school sample; rather, generation status and age of entry for first-generation students seem to play a more central role.

Each body of research from the home and the family, school and peers, neighborhoods, and immigration status and language demonstrates the importance of consideration of each of these contexts in turn. Indeed, each context contributes to the ethnic identity development of the individual in it, and uniquely but not independently so. Though each context was stratified for the purpose of the discussion of each in turn, it is necessary to keep in mind the layered and interactional nature of each context with each other context. In reality, no single aspect of an individual's world can be extricated completely and the processes that occur within each do not occur in isolation. Thus, a comprehensive understanding of ethnic identity development of Asian Americans necessitates a comprehensive understanding of their full ecology. Future research should explore how multiple aspects relate to or perhaps influence each other in order for research to reflect the dynamism of lived experiences as closely as possible.

## **OUTCOMES OF ETHNIC IDENTITY (DEVELOPMENT)**

Understanding the context in which an individual lives, develops, and learns is a necessary precursor to understanding the meaning that ethnic identity may have for that person. Given that ethnic identity has a meaningful role in an individual's life, it is then important to consider just what implications this meaning has. Research on Asian Americans has uncovered a

variety of outcomes of ethnic identity development that affect how individuals manage and perceive their daily experiences. Indeed, ethnic identity appears to have implications for a wide variety of functioning, including internal representations of the self, the lens through which we view social interactions, and our self-efficacy. Specifically, these outcomes include self-esteem, perceptions of discrimination, and academic performance; each of these will now be reviewed for the multidimensional manners in which they relate to racial identity.

### **The Association Between Ethnic Identity and Psychological Outcomes**

For psychologists, in particular, much of the recent research interest in the area of ethnic identity is how it relates to psychological adjustment. Indeed, there has been a recent surge in research examining the association between ethnic identity and psychological outcomes. Two areas that have received the most attention are the association between ethnic identity and self-esteem (Crocker, Luhtanen, Blaine, & Broadnax, 1994; Phinney & Alipuria, 1990; Phinney & Chavira, 1992; Yip & Cross, 2004) and how ethnic identity influences the association between discrimination and mental health (Greene, Way, & Pahl, 2006; Rivas-Drake, Hughes, & Way, 2008; Yip, Gee, & Takeuchi, 2008; Yoo & Lee, 2009). In addition, a small body of research suggests that academic outcomes may be significantly related to ethnic identity (Fulgini, Witkow, & Garcia, 2005). First, we will review the literature on how ethnic identity may be related to one's overall feelings of self-worth. Next, we review research that explores how ethnic identity may influence the association between racial discrimination and mental health. Finally, we will examine research related to the role of ethnic identity in the academic domain.

#### **Self-Esteem**

There is considerable interest in the relationship between ethnic identity and self-esteem; indeed, one of the very reasons the construct of ethnic identity has been given such importance is its assumed relationship to individual self-esteem (Phinney & Chavira, 1992). Yet research has returned considerable variability in the consistency of this relationship, and a consensus has yet to be built surrounding issues of valence and directionality (Phinney, 1990). For Asian Americans in particular, the research is even more sparse and less clear. Herein we will review the limited research that has been conducted with Asian Americans and seek to build some form of consensus.

There is evidence to suggest that the relationship between self-esteem and the development of ethnic identity is interactive (Phinney & Chavira, 1992). In a longitudinal analysis of young adults, including a subsample of Asian American participants, ethnic identity and self-esteem were correlated during initial measurement as well as three years later, such that a more advanced stage in ethnic identity development (e.g., moratorium and achieved) was related to higher self-esteem reports. It is possible that this interactional relationship is both self-feeding and bidirectional: high self-esteem may give an individual the self-assurance to explore and commit to their Asian American identity, and at the same time valuing that Asian American identity may facilitate higher self-esteem for the individual. While this study cannot parse out these two options and further did not consider Asian Americans as a unique subsample, its findings contributed to the development of research investigating ethnic identity and self-esteem and are thus important to consider.

When considering the experiences of Chinese Americans alone, the relationship between ethnic identity and self-esteem may not be as salient as expected (Yip & Cross, 2004). Over the course of two weeks, Chinese youth were asked to log their daily experiences of their ethnic self, their American self, and their psychological well-being. Results demonstrated that even given meaningful and distinct stratifications of ethnic identity (American-central, Chinese-central, and bicultural) within this sample, no differences were found for either collective or individual self-esteem. That is, a youth characterized as holding his or her American identity in highest regard did not demonstrate significantly different self-esteem from the peer who prioritized his/her Chinese identity, nor from the peer who demonstrated an active but balanced consideration of both American and Chinese identities. Instead, all three identity distinctions were positively related to self-esteem. These results suggest that while Chinese Americans have multiple options for their identities, there is no inherent psychological advantage of any one. Instead, it appears that simply choosing an aspect of ethnic identity (regardless of what that is) to become engaged with is related to higher self-esteem. This research is unique in that it does not consider a developmental perspective of a single ethnic identity, but rather recognizes the multitude of ethnic identities available to any one person.

While most often considered an individual construct, self-esteem has been considered from both the individual and collective perspective, and this consideration is particularly pertinent to the discussion of ethnic identity. Collective self-esteem (CSE) refers to the feelings of self-worth and self-respect that an individual derives from social group membership, and it is made up of four components: membership esteem, which refers to

evaluations of how worthy an individual is of his or her group membership; private CSE, which refers to how one privately feels about his or her social group membership; public CSE, which refers to how one perceives evaluation of his or her social group by others; and importance to identity, which refers to how valued this social identity is for the self-concept. The collective self-esteem scale can be used in a general form, asking questions about an individual's "social group(s)." The scale has also been used in a specific form, for example, asking an Asian American individual about being an Asian American.

The summation of these components within CSE appears to play an important role in the psychological adjustment of Asian American college students (Crocker et al., 1994). While there is considerable overlap between individual self-esteem and CSE, research demonstrates that CSE can predict psychological adjustment above and beyond the effects of personal self-esteem. Specifically, it found that when measured with the general form, membership esteem and private CSE were positively related to life satisfaction and negatively related to decreased hopelessness. Further, public CSE was negatively related to hopelessness. This finding reveals that Asian Americans do not just engage in individual evaluation—group evaluation is also a part of their psychological profile.

Further, qualitative measures of private CSE and public CSE evaluations are so strongly related in Asian Americans that this near-perfect overlap suggests little separation of the self and other considerations of their Asian American identity, a notion that supports a collectivistic and interconnected notion of the self (Hong, Ip, Chiu, Morris, & Menon, 2001; Yeh & Huang, 1996). Other meaningful results about the nature of this group evaluation can be found when the general and specific form of the CSE are compared. Among White, Black, and Asian American participants, the relationships between the general and specific CSE were strongest for Asian Americans. Crocker et al. (2004) hypothesize that this reveals the centrality of this specific group membership for Asian Americans, or that it demonstrates a strong congruence between the Asian American group membership schema and other social group schemas to which they ascribe. By looking not just at how collective self-esteem is related to psychological outcomes, but also considering the dynamics of the construct itself, we see evidence for a centrally important and somewhat consolidated evaluation of Asian American membership. In fact, the interplay of these findings complements each other nicely; a centrally important and consolidated evaluation of their Asian American identity can help illustrate why CSE would have such important relationships with psychological adjustment outcomes.

## **Discrimination**

Discrimination is a salient aspect of life for Asian Americans (Goto et al., 2002; Greene et al., 2006; Rivas-Drake et al., 2008). Not only is discrimination an everyday experience for Asian American youth; they have also been observed to report higher rates of discrimination than their Latino and African American peers. For example, Greene et al. (2006) found that over four years, Asian American students reported more experiences of perceived discrimination than their Puerto Rican peers. Similar results were reported in a sample of sixth-grade Chinese American and African American students, where the Chinese students reported more discrimination (Rivas-Drake et al., 2008). On a self-report measure of discrimination experiences, Chinese American students reported more instances of peer discrimination than their African American peers, an important contribution given the norms of African American experience upon which discrimination dialogues are often founded.

Unfortunately, not only is discrimination a normative experience for Asian American youth; experiences of discrimination have been observed to be associated with negative psychological outcomes among Asian Americans (Gee, 2002; Gee et al., 2006; Gee, Spencer, Chen, Yip, & Takeuchi, 2007; Rivas-Drake et al., 2008; Yip et al., 2008). Perhaps due to the positive associations observed between ethnic identity and self-esteem, scholars have conceptualized ethnic identity as a protective resource. As such, ethnic identity has been explored as a potential buffer for the negative association between experiences of racial discrimination and psychological outcomes. For Asian American high schoolers, there was a significant negative correlation between perceptions of discrimination by adults and self-esteem (Greene et al., 2006). Further, this negative relationship was also found between discrimination by peers and both self-esteem and depressive symptoms. Using subscales of Ethnic Identity Achievement (including exploration and commitment) and Ethnic Affirmation (including pride, belonging, and attachment to one's ethnic group) from the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992), the role of ethnic identity in each of these relationships was investigated: neither ethnic identity achievement nor ethnic affirmation had any effect on the negative relationship between adult discrimination perceptions and self-esteem. A moderating effect was found for both ethnic affirmation and ethnic identity achievement and for discrimination by peers and self-esteem, such that high affirmation served as a buffer for the negative relationship, while high achievement served to heighten the negative relationship.

In a sample of Chinese American sixth-graders, ethnic identity was observed to buffer the negative association between discrimination and depressive symptoms (Rivas-Drake et al., 2008). Specifically, using an adapted and generalized version of the Multidimensional Inventory of Black Identity (MIBI; Sellers, Rowley, Chavous, Shelton, & Smith, 1997), public and private regard were examined as potential protective mechanisms against the effects of discrimination. Private regard (i.e., feeling good about being Chinese American) did not demonstrate the buffering effects between discrimination and depressive symptoms. However, public regard (i.e., how positively youths believe that others view Chinese Americans) served a protective function in the negative relationship between discrimination and depressive symptoms.

Interestingly, while there is support for ethnic identity as a buffer against the negative effects of discrimination, the opposite pattern has also been observed (Yip et al., 2008; Yoo & Lee, 2009). That is, Asian Americans with a stronger ethnic identity have actually been found to report higher levels of distress when they experience racial discrimination. Yoo and Lee (2009) examined the situational well-being (or how an individual feels at a given moment) as an immediate and moment-specific effect of discrimination (PANAS: Watson, Clark, & Tellegen, 1988). An adapted set of subscales of the MEIM (Phinney, 1992), including ethnic identity cognitive clarity and ethnic identity affective pride, were used to measure ethnic identity (R. M. Lee & Yoo, 2004). Using a quasi-experimental design in which participants were instructed to imagine given situations of discrimination (either one isolated situation or five consecutive situations), an expected negative relationship was found between imagined discrimination experiences and situational well-being. However, ethnic identity once again played a significant role; Asian Americans with high ethnic identity demonstrated a more severe relationship such that when imagining multiple experiences of discrimination, they reported more negative affect than when imagining a single experience of discrimination. Interestingly, this relationship was reversed for participants with low ethnic identity scores; this subsample reported more positive affect when imagining multiple experiences of discrimination than they did when imagining a single incident. Thus, it appears that Asian Americans who have a more vested interest in their ethnicity take greater offense when it is used as the basis for rejection or judgment; as this research clearly demonstrates, however, not having a strong sense of ethnic identity does not render it inconsequential. Rather, it offers its own set of unique consequences.

### **Academic Outcomes**

In addition to having associations with socio-emotional outcomes, ethnic identity has also been linked to academic outcomes among youths. In particular, the model-minority stereotype renders academic achievement especially salient among Asian American youth. Recent research suggests that the notion of one's ethnic self is related not only to cognition, but also to performance for Chinese American students in high school. Fuligni et al. (2005) found that ethnic identity was related to both academic attitudes and academic achievement. Students with higher ethnic centrality and ethnic private regard (measures adapted from the MIBI: Sellers et al., 1997) reported greater academic motivation, which included reports of valuing their educational experience and feeling positive about their specific high school. Further, they reported higher academic motivation than their classmates of European background, and much of the difference between these two groups could be attributed to higher ratings of ethnic centrality and regard. Given that these differences were seen between equally achieving students, it is proposed that Asian American students require more motivation than their European-background peers in order to attain equal levels of success in school; further, given that ethnic identity strongly corresponds with this motivation, it is suggested that self-evaluation of one's own ethnic identity and academic success are intimately related for Asian Americans. Applied to the model-minority stereotype, we see dissenting evidence: the stereotype purports that Asian Americans are more capable in the classroom, yet this research suggests that greater motivation is needed for Asian Americans to match their European American peers in academic performance. While identity may be an asset for Asian Americans in this context, it is an asset functioning under less than ideal circumstances. Interestingly, the model-minority stereotype may create a context in which ethnic identity becomes a hyper-adaptive component of the self.

### **CONCLUSION**

The cumulative consideration of process, context, and outcomes for Asian American identity creates a complex picture of lived experiences. As a minority-status population situated in American society, Asian Americans have a battery of unique experiences based on cultural backgrounds, public perceptions, and self-perceptions alike. The identity processes of Asian Americans progress through development in complex and nonlinear pathways; they occur in contexts of family, peers, schools, and neighborhoods; they generate meaning in areas of self-esteem, perceptions of



discrimination, and academic achievement. In short, they find connections to a large diversity of lived experiences.

Though the culmination of research is able to create this (admirably) complex picture, it is an additive process. As it currently stands, holistic understandings of Asian American identity must be understood largely in piecemeal, and future research should work to link together these pieces. Longitudinal research is a major component in addressing not only the developmental aspect of identity development (indeed, a central issue to the construct), but also in addressing how methodologically isolated aspects of experience synthesize in reality. Research that considers both context and outcomes concurrently is recently emerging, and should be pursued with greater interest for the dynamic knowledge it offers to the field. Finally, it should be acknowledged that Asian American subsamples may not afford this population the proper attention, and that research conducted solely with Asian Americans is a prudent and beneficial pursuit.

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## Chapter 9

# HOSTILE HALLWAYS: ASIAN AMERICAN ADOLESCENTS' EXPERIENCES OF PEER DISCRIMINATION IN SCHOOL

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### INTRODUCTION

After a long investigation by the Justice Department into reports that Asian students at Lafayette High School in Brooklyn were verbally and physically harassed by fellow students while school authorities looked the other way, New York City has agreed to take steps to curb harassment and enhance services for non-English-speakers at the school . . . The Justice Department said that students regularly threw food, drink cans, and even metal locks at Asian American students while shouting ethnic slurs, and that school authorities “have been deliberately indifferent to the harassment of Asian students.”—*New York Times*, June 2, 2004

The story of Lafayette High School reflects a reality for many Asian American students in the United States, particularly those from immigrant, poor, and working-class families. As the *New York Times* article suggests, it is a story of discrimination that is often left unspoken and ignored both within and outside of school settings. The problem of peer discrimination against Asian American students in schools is evident in urban and suburban school districts across the United States and has been going on for a

long time (Tatum, 1997). During the mid-1990s, peer discrimination was so pervasive that a conference was organized by students from more than 50 high schools to confront such discrimination against Asian Pacific Americans in particular (Kiang, 1996). More recent examples of peer discrimination against Asian American students in school, coupled with a lack of response from school personnel, include the recent attack on 30 Asian American students at a high school in Philadelphia (*USA Today*, January 22, 2010). According to the Asian American students in the school, teachers and other school personnel ignored the constant verbal and physical harassment that they were subjected to on a daily basis and that culminated in a serious physical assault on 30 students.

Despite the extensive history and repeated examples of such harassment in cities across the United States and multiple attempts to address the problem, discrimination by peers against Asian Americans in schools remains largely hidden from the public view and continues to be as pervasive today as it was almost two decades ago. The scholarly literature indicates that while Black and Latino youth experience high levels of adult discrimination, Asian American youth experience higher levels of peer discrimination than students of other ethnic groups (Fisher, Wallace, & Fenton, 2000; Rosenbloom & Way, 2004; Way, Santos, Niwa, & Kim-Gervey, 2008; Young & Takeuchi, 1998) and that such harassment takes many forms and often happens in school (Way & Hughes, 2010). Furthermore, it has been found that peer discrimination has profound effects on adolescents' social and emotional well-being (e.g., Greene, Way, & Pahl, 2006; Liang, Grossman, & Deguchi, 2007; Way et al., 2008) and that the roots of such discrimination are deeply held stereotypes about Asian Americans (Rosenbloom & Way, 2004; Tatum, 1997).

The aim of this chapter is to discuss the experiences of peer discrimination among Asian American students, the stereotypes that precipitate and perpetuate such experiences, and the impact of peer discrimination on the psychological and social well-being of Asian American students. We will also describe how Asian American students are responding to and challenging such discrimination. In order to address each of these issues, we will first offer a theoretical framework for examining peer discrimination and well-being. We will also integrate findings from the Relationships Among Peers Study (R.A.P.) and the Connections Study to reveal the patterns and precipitators of peer discrimination among immigrant Chinese American adolescents in particular.

The R.A.P. and Connections studies are longitudinal mixed-method studies (PI: Niobe Way) focused on social and emotional development among Chinese American, as well as African American, Latino, and



White students in New York City, over the course of a 10-year period.<sup>1</sup> These studies included 40 Chinese American high school students who participated in annual semi-structured interviews over a period of three to five years (beginning in freshman year). Participants were equally split by gender (52 percent male) and by immigrant status (47 percent first generation; 53 percent second generation). The majority (more than 80 percent) of the students were from low-income families and were eligible for federal assistance through the free- and reduced-lunch program. The students attended ethnically diverse high schools where Chinese Americans typically represented 30 to 35 percent of the student population. In the interviews, students were asked to discuss their attitudes, beliefs, and experiences about their ethnic group, including experiences of unfair treatment or discrimination. All students were asked the same questions, but probing varied depending on students' responses. Data were collected between 1996 and 2004. Students were recruited from mainstream English classes and interviews were conducted in English and took approximately 90 minutes. They were conducted during the school day in a private space to ensure confidentiality. The interviews were audiotaped and transcribed for analysis, which was conducted using narrative summaries (Way, 1998) and open coding (Strauss & Corbin, 1990).<sup>2</sup>

## **THEORY AND RESEARCH ON DISCRIMINATION**

Ethnic and racial discrimination can be viewed within the theoretical framework of ecological systems theory (Bronfenbrenner & Morris, 1998), which suggests that adolescents' perceptions of discrimination are influenced by multiple layers of a dynamic ecological system that includes schools, peers, and the larger sociopolitical context. On a macro level, U.S. society is replete with larger inequalities, such as discrimination and structural and attitudinal forms of exclusion (Sanchez-Jankowski, 1992; Suarez-Orozco & Suarez-Orozco, 2001). These distal-level processes have both direct and indirect effects on the developmental pathways of adolescents through the stereotypes that are perpetuated in the microcontexts of adolescents' lives (Spencer & Markstrom-Adams, 1990). Scholars have extended ecological models by placing experiences of racism and discrimination at the core, rather than the periphery, of developmental processes (Garcia Coll et al., 1996). According to these scholars, discriminatory experiences as well as cultural stereotypes form a critical context of human development and shape the more proximal contexts (i.e., school and peers) of adolescents' lives (Way & Rogers, 2010).

Research indicates that adolescents perceive discrimination as a frequent occurrence (Wong, Eccles, & Sameroff, 2003) across multiple contexts (Fisher et al., 2000; Szalacha, Erkut, Garcia Coll, Alarcon, Fields, & Ceder, 2003). While discrimination has been conceptualized in a number of ways, it is generally defined as “harmful actions toward others because of their membership in a particular group” (Fishbein, 1996, p. 7). This simple definition, however, belies a far more complex phenomenon. Scholars distinguish between symbolic versus traditional (e.g., Sears, 1988), institutional versus individual (e.g., Dovidio, Brigham, Johnson, & Gaerther, 1996), and chronic versus one-time experiences of discrimination (e.g., Lewis et al., 2006). Across these definitions, research notes that ethnic discrimination is a highly salient aspect of Asian Americans’ daily experiences (Alvarez, Juang, & Liang, 2006; Choi, Meininger, & Roberts, 2006; Goto, Gee, & Takeuchi, 2002; Greene et al., 2006; Lee, 2005; Qin, Way, & Mukherjee, 2008; Rosenbloom & Way, 2004; Way et al., 2008). In fact, discrimination is not only common for Asian Americans (Goto et al., 2002; Noh & Kaspar, 2003), but is consistently linked to poor mental health outcomes (Brody et al., 2006; Williams, Neighbors, & Jackson, 2003).

Yet Asian Americans often remain less visible in the social-science research than Whites, Blacks, and Latinos. For example, in a comprehensive study of mental health correlates of discrimination, Asian Americans were categorized as “other” while African Americans and Latinos were given their own racial categories (Kessler, Mickelson, & Williams, 1999). This exclusion of Asian Americans is clearly problematic given the historical record of institutional discrimination waged against Asian Americans, such as the internment of Japanese Americans during World War II and exclusionary immigration laws against Chinese Americans. Further, the Asian American population is projected to triple over the next 50 years (U.S. Bureau of the Census, 2004), and more than one in every five Asian Americans is under the age of 18, the majority of whom (92 percent) have at least one foreign-born parent (U.S. Bureau of the Census, 2003). Thus, it is critical to expand our studies of Asian American adolescents in particular.

## **DISCRIMINATION FROM PEERS**

Recent research on discrimination has begun to parse experiences of discrimination by the source of such unfair treatment and has noted the importance of distinguishing between discrimination by peers versus adults (e.g., Fisher et al., 2000; Greene et al., 2006; Rosenbloom & Way, 2004). Research on adult and college-age populations, as well as emerging research with adolescents, notes the discrimination that Asian Americans

suffer from peers, particularly in school settings (e.g., Liang et al., 2007; Rosenbloom & Way, 2004). Schools are not only academic institutions, but also social institutions where inequalities are replicated and ethnic and racial discrimination among peers is common (Coleman, 1966; Fisher et al., 2000; Rosenbloom & Way, 2004; Wong et al., 2003). Scholars have long noted the need to examine discrimination by peers in schools as it impacts academic, social, and emotional adjustment (Fordham & Ogbu, 1986; Rosenbloom & Way, 2004; Wong et al., 2003). Peer discrimination has been found to be significantly associated with lower levels of self-esteem (Fisher et al., 2000; Greene et al., 2006), depression (LaGreca & Harrison, 2005), social avoidance, and loneliness (Storch & Masia-Warner, 2004). The effects of peer discrimination may be particularly strong during adolescence, a period of heightened vulnerability and dramatic physical changes.

Scholars consistently find that Asian American adolescents perceive higher levels of discrimination from peers than from adults in comparison to adolescents from other ethnic groups (Fisher et al., 2000; Greene et al., 2006; Kiang, 1996; Kim & Yeh, 2002; Qin et al., 2008; Rosenbloom & Way, 2004; Rumbaut & Ima, 1998; Way et al., 2008; Young & Takeuchi, 1998). For example, Fisher and colleagues (2000) and Rosenbloom and Way (2004) found that African American and Latino adolescents experience more discrimination from adults, while Asian Americans experience more discrimination from peers. Additionally, research focusing on middle school students has found higher overall levels of reported peer discrimination among Chinese American students than their African American counterparts (Rivas-Drake, Hughes, & Way, 2008). In the survey component of the R.A.P. and Connections studies focusing on the source of discrimination among ethnically diverse adolescents (Greene et al., 2006), Way and colleagues found that Asian Americans and Dominicans reported higher levels of peer discrimination than their Puerto Rican and African American counterparts. Additionally, Southeast Asian students on the West Coast have been found to experience more discrimination by their schoolmates than members of other ethnic groups (Rumbaut & Ima, 1988). Finally, qualitative research with Chinese American adolescents finds that they frequently mention ethnic and racial discrimination as challenges they face in peer relationships (Qin et al., 2008). Qin and colleagues (2008) found that discrimination is experienced at the hands of both non-Chinese American and Chinese American peers, adding further nuance to how we conceive of the source of such discrimination.

Ethnic and racial discrimination also takes varying forms (Way & Hughes, 2010). The importance of distinguishing among varying forms

of discrimination has been illustrated, for example, by studies that have distinguished between explicit discrimination in the form of physical and verbal harassment and implicit discrimination in the form of stereotypes (Fisher et al., 2000; Way, Mukherjee, Hughes, & Niwa, 2009), the former of which is often a product of the latter. For example, research has revealed that African American and Latino adolescents feel that peers (and adults) view them as dangerous and not smart, and while they are subjected to verbal harassment (especially by teachers), they are rarely subjected to physical harassment due to these stereotypes. In contrast, Asian American adolescents believe that their peers perceive them as weak, and thus they are subjected to high levels of both physical and verbal harassment by their peers (Fisher et al., 2000; Goto et al., 2002; Greene et al., 2006; Liang et al., 2007; Qin et al., 2008; Way et al., 2008). Further, scholars note the indifference of many school officials when faced with examples of discrimination against Asian Americans in school (Tatum, 1997). The research suggests that these forms of discrimination (indirect and direct) are not mutually exclusive. Not only are they intertwined, but one often precipitates and perpetuates the other.

Further, scholars underscore the importance of examining differences both *between* ethnic groups within the panethnic racial category of Asian American, as well as *within* Asian ethnic groups (Kim & Yeh, 2002; Lee, 1994). Since different groups evoke and undergo varying attitudes from the mainstream culture, discrimination is not uniformly experienced by all members of the same ethnic group. Qualitative research focusing on adolescents' perceptions of discrimination illuminates the variability, construction, and meaning attached to such experiences, particularly by ethnicity, gender, and immigrant status (Goto, 1997; Kiang & Kaplan, 1994; Lee, 1994; Rosenbloom & Way, 2004; Way et al., 2008). For example, in a qualitative study comparing American-born and foreign-born Chinese American early adolescents, the researchers found that U.S.-born students were more likely than foreign-born students to try to make sense of *why* they were targets of discrimination (Liang et al., 2007). Further, students often perceive discrimination as being associated with being an immigrant (Fisher et al., 2000; Goto et al., 2002; Lee, 1994; Qin et al., 2008; Romero, Carvajl, Valle, & Orduna, 2007; Rosenbloom & Way, 2004; Tsai, 2006). These "subethnic identities" of individuals within the same ethnic group, particularly those based on immigrant status, not only act as a response to racial oppression, but also perpetuate intra-ethnic victimization (Pyke & Dang, 2003). Such examples illustrate important intragroup variations that may occur and highlight the need for future research to distinguish among the forms of peer discrimination.

## FORMS OF DISCRIMINATION: FINDINGS FROM THE R.A.P. AND CONNECTIONS STUDIES

In interview studies with Chinese American youth, peer discrimination that the Chinese American students experienced ranged from verbal harassment and name-calling to having things thrown at them to physical assault (Rosenbloom & Way, 2004). Peppered throughout the interviews were examples of verbal harassment aimed at Asian Americans, particularly in the form of name-calling and racial slurs directed at students in the school. As one student notes, “. . . the people in the school, they call me chi, stupid, or geek, or anything like that because I’m Chinese.” This constant barrage of verbal harassment led one student to lament, “At times I wish I wasn’t Chinese, ‘cause people insult me,” underscoring the link between discrimination and negative identities. Students experienced being called names that were specifically related to their ethnicity, such as “chink” and “chino.” As one boy described, “There’s this kid in junior high, he always walk up to me, ‘Hey Chino!’, talk about like Asians having tight eyes.” Beyond racial slurs, students were called names that were related to model-minority stereotypes, including “nerds” and “shorties.”

Chinese American students also endured physical harassment that took place throughout the school day. For example, one student described how, “A Black person threw food at me [in school] . . . ‘cause I’m the only Chinese person there.” Students also described being pushed, taunted, and having money, jewelry, and jackets stolen from them. While they were often the victims of such physical attacks, most students said that they did not report such instances to teachers for fear of provoking payback attacks from other students and because teachers did not seem to care. The lack of care from teachers seemed like an accurate assessment, as the harassment of Chinese American students was often quite public and no one appeared to respond (Rosenbloom & Way, 2004; Way et al., 2008). Teachers, like the general public, may believe that since the Chinese American students were not complaining about the discrimination and were doing better academically than many of their non-Chinese peers in school, there was no need to focus on the bullying that was occurring there.

In one student’s description of being victimized and thrown into a pool near his school by “five to six” White students who did not attend his school, he said that, “the teacher was there. He told them to stop but they didn’t.” When the interviewer asked what the teacher did with the tormentors, he responded, “Nothing . . . ‘cause he think that they’re just playing around. And after they did so, the teacher come to me and ask me if I’m ok. I say ‘I’m fine,’ [but] I was scared.” Such indifference was noted

by other students even when they were discriminated against “over a long period of time.” When asked what the teacher did to help, one student said, “The teacher’s useless.” Adult inaction underscored the fact that peer discrimination does not exist in a vacuum and is often in response to or a product of a set of stereotypes about racial and ethnic groups (Rosenbloom & Way, 2004; Way et al., 2008).

### **Stereotypes About Asian Americans**

One of the key findings in the research on peer discrimination is how stereotypes about being Asian American perpetuate harassment (Rosenbloom & Way, 2004). Stereotypes about Asian Americans have far-reaching implications for students (Kiang, 1996; Kim & Yeh, 2002). In particular, the model-minority myth (MMM) is comprised of a number of stereotypes about Asian Americans, including exceptional academic achievement. Implicit in the focus on high achievement among Asian Americans is the assumption that Asian Americans do not experience discrimination or need emotional support as they are already “thriving” (*see* Louie, 2004, for a review). Yet the model-minority myth obscures challenges that Asian Americans face, while simultaneously creating the backdrop for discrimination (Rosenbloom & Way, 2004; Tatum, 1997). In addition to stereotypes about academic achievement, other stereotypes about Asian Americans include being a “perpetual foreigner,” lacking social competence, and being physically weak and non-confrontational (e.g., Qin et al., 2008; Wu, 2002). These stereotypes have also been found to exacerbate the discrimination experienced by Asian Americans (Fisher et al., 2000; Kao, 2000; U.S. Commission on Civil Rights, 1992).

While Asian American adolescents do tend to perform better academically when compared to their peers from other ethnic/racial groups (Sue & Okazaki, 1990), there is much academic variation among Asian American adolescents (Lee, 1996), and they are more likely to report lower levels of psychological and social adjustment (e.g., Centers for Disease Control, 1997; Chun & Sue, 1998; Greene et al., 2006; Qin et al., 2008; Way & Chen, 2000). In particular, Asian American adolescents report higher levels of depression, low self-esteem, and anxiety than their counterparts in other ethnic groups (Centers for Disease Control, 1997; Chun & Sue, 1998; Greene et al., 2006). Such findings highlight the achievement/adjustment paradox that Asian American adolescents face (Qin et al., 2008). Research has suggested that the high academic achievement of Asian American students has, in fact, exacerbated the levels of peer discrimination toward Asian American students by non-Asian American students (Rosenbloom &

Way, 2004). Black and Latino students in the R.A.P. and Connections studies explicitly indicated that they picked on Asian American students because they were frustrated with the obvious bias that teachers showed toward the Chinese American students (Rosenbloom & Way, 2004). Such biases were often, as the Black and Latino students pointed out, unjustified given the low level of educational skills that many of the poor Chinese immigrants in our studies had when they entered the high school. Other scholars have also noted how the MMM contributes to resentment of Asian Americans by members of other ethnic groups, including Whites, and subsequent victimization and discrimination (Tatum, 1997).

Another common stereotype is the assumption that Asian Americans are “perpetual foreigners” (Wu, 2002). This stereotype assumes poor language skills and provokes much teasing and harassment for being “foreign” (Cheryan & Monin, 2005; Devos & Banaji, 2005; Kao, 2000; Lee, 1996; Liang et al., 2007; Rumbaut & Ima, 1988; Young & Takeuchi, 1998). Additional stereotypes include the assumption that Asian Americans are socially awkward, cannot communicate, and lack social competence. These stereotypes impact teenagers’ sense of social belonging and competence, particularly in the face of discrimination (Fisher et al., 2000; Oyserman & Sakamoto, 1997). In fact, discrimination against Asian Americans has been linked to a perceived lack of social skills, especially with peers (Kao, 2000).

### **STEREOTYPES ABOUT ASIAN AMERICANS: FINDINGS FROM THE R.A.P. AND CONNECTIONS STUDIES**

In Way’s interview studies of Asian American students, they found that students’ descriptions of discrimination were often grounded in stereotypes about Asian Americans, including those associated with the MMM. Three stereotypes were most evident in the students’ narratives: Chinese American students are smarter and better students than other ethnic minorities, are non-confrontational and weak, and are perpetual foreigners.

A central tenet of the model-minority myth is that Asian American students are smarter and better students than other ethnic minorities, which helps perpetuate the cycle of discrimination occurring within school. As one girl aptly described, “Um, I mean, like, when school started or I didn’t do a homework, the teacher will be like, you didn’t do your homework? And everybody will start gasping and stuff, ‘Oh my god, you didn’t do your homework.’ . . . Because I’m Chinese and, um, like, like, some people would just, you know, making fun of us, of Chinese people. . . .” Chinese American students recognized the stereotypes that others had of them and



often spoke of disliking the repetition of such stereotypes. Students from other ethnic groups also recognized that these stereotypes led to differential treatment from teachers and helped to further the distinctions that students drew among themselves. For example, an African American student explained, “The teachers think that the Chinese kids can do everything . . . kids bother the Chinese kids in the hallway.” The bias held by teachers of Chinese American students being academically capable of “everything” perpetuated the discrimination against Chinese American students. The Black and Latino students were particularly distraught over such preferential treatment because they recognized the unjust quality of this bias. Latino, Black, and Chinese American students saw a pattern of blatant segregation where the Chinese American students, regardless of their abilities, were put into “advanced” classes because, according to teachers, such students “felt more comfortable being together” (personal communication with the head of the English department in one of the schools, May 2000).

Students’ descriptions of discrimination were also laced with the assumption that Chinese Americans are weak. The interviews with non-Chinese and Chinese American students alike supported this stereotype. For example, one Chinese American student, who described the lunchroom as segregated, said, “I think it is like all the Chinese kids sit all the way in the back. I don’t know, I guess they view Asians as like the weak race.” Making a connection between sitting in the back and being weak, this student reveals the ways in which the Chinese American students did in fact retreat to avoid additional harassment and discrimination by other students. Chinese American students also noted the ways in which their friends would back down in a fight and would thus, unintentionally, perpetuate the stereotype of weakness among Asian Americans.

The assumption of weakness was particularly true for the Chinese American boys in the R.A.P. and Connections studies. A Chinese American boy said: “I really hate [that] other kids pick on us Chinese. That’s why sometimes I don’t like being Chinese ‘cause they’re small. I wish I was huge. Yeah, I wish I could, like I always hated being small. Always hated it. Other people are so big and I’m just skinny. I wish I had a bigger body, I need to work out. It’s gonna take years.” As he notes, weakness not only leads to the victimization of Chinese American students, but also makes him wish he were not Chinese, illustrating that discrimination affects both psychological adjustment and ethnic identity (Way et al., 2008). Chinese American girls were also perceived as weak, but these perceptions were more often tied to academic achievement than to physical strength. A Chinese American girl said, “Some people in this school talk about Chinese people . . . and all American people think all Chinese people are smart, so they always bother

Chinese people, always call them Chinos and stuff . . . ‘cause they think that Chinese are, like, all weak, and that these Americans should beat the Chinese up, that’s why they bother them.” The ways in which stereotypes of Asian Americans weave together is evident in this quote, as is the equation of academic achievement with weakness.

Finally, the Chinese American students often described victimization in school that was linked to language and the ability to speak English. One student described how not “understanding,” despite being born in the United States, was a part of the victimization. “You see, some kids are ignorant and they’ll call you bad names, or push you . . . like ‘Oh get out of my way’ . . . and they don’t think we understand and it’s like I understand what you’re talking about!” Not only did students get victimized by peers because of the assumption that they “couldn’t understand,” but even speaking in Chinese could act as a catalyst of discrimination. As one student lamented, “[The people in this school] hate the Chinese because when [the Chinese] speak Chinese, these people don’t understand so they slap the face of the Chinese person who is talking . . . it’s happened [to me].” Stereotypes of Asian American students as being smart, weak, and a perpetual foreigner appeared to form the root of much of the peer discrimination of the Chinese American students in our studies.

## **THE IMPACT OF DISCRIMINATION ON PSYCHOLOGICAL AND SOCIAL WELL-BEING**

Discrimination is uniformly seen as having a negative impact on psychological and social well-being, particularly during adolescence, when a sense of ethnic identity and ethnic group membership is developing (Brown & Bigler, 2005; Garcia Coll et al., 1996). Scholarly work focusing on discrimination among diverse late adolescent and young adult populations has illustrated its impact on a range of developmental outcomes, including academic achievement (e.g., Smalls, White, Chavous, & Sellers, 2007), deviant behavior (e.g., Simons, Simons, Steward, Chen, & Brody, 2003), and psychological and social adjustment (e.g., Fisher et al., 2000; Liang et al., 2007; Verkuyten & Thijs, 2006), and has also been noted as a major stressor for immigrants (Portes & Rumbaut, 2001). Research with Asian American adults has highlighted the associations between discrimination and negative psychological, social, and health outcomes (Gee, Spencer, Chen, & Takeuchi, 2007; Lee, 2005; Noh & Kaspar, 2003).

Extant research has also found linkages between experiences of discrimination and psychological adjustment among adolescents (Way et al., 2008; Wong et al., 2003). In research focusing specifically on Asian American

adolescents, discrimination has been found to impact self-esteem (Fisher et al., 2000; Greene et al., 2006; Lee, 2005; Rivas-Drake et al., 2008), depression (Greene et al., 2006; Grossman & Liang, 2008; Juang & Cookston, 2009; Rivas-Drake et al., 2008), psychological distress (Choi et al., 2006; Liebkind, Jasinskaja-Lahti, & Solheim, 2004), a sense of optimism (Romero et al., 2007), and general well-being (Liang et al., 2007). While these findings focus on the impact of general discrimination, they offer insight into the potential impact of peer discrimination on social and emotional well-being. Qualitative research helps to illustrate the deep impact that peer discrimination can have on Asian American adolescents. In Liang and colleagues' study (2007), they found that Chinese American middle school students experienced a high level of verbal and physical harassment from non-Asian peers, which left students feeling isolated, ashamed, and unsure how to deal with it. Further, they felt that the harassment hurt their ability to become friends with their non-Asian peers. Such work highlights the need to further examine this phenomenon, particularly since adolescents may be less able to cope with psychological challenges (Garnefski, Legerstee, Kraaij, van de Kommer, & Teerds, 2002).

Research on the effects of discrimination among adolescents focuses primarily on psychological and academic adjustment. Little work has examined its impact on social adjustment (Brown, 2008; Roeser, Eccles, & Sameroff, 2000). The few existing studies have been framed within a risk-factor model (e.g., Wong et al., 2003) and have ignored the myriad social consequences of experiencing discrimination. Discrimination and stereotypes will likely impact a sense of belonging, social skills, social competence, and friendship quality (Huang, 1994; Liang et al., 2007; Siu, 1996).

### **THE IMPACT OF DISCRIMINATION: FINDINGS FROM THE R.A.P. AND CONNECTIONS STUDIES**

In the interview studies, Chinese American students revealed the psychological tolls that such experiences exacted on them. When asked to describe when he isn't happy, one student sucked his teeth and said, "When some kids bother me sometimes . . . like throwing papers at me." When asked how it made him feel, he responded, "sad." While he labeled the emotion that peer victimization caused him to feel, other students expressed the desire to avoid the topic completely. For example, when asked to describe how she was discriminated against by other students, one student said, "At times I wish I wasn't Chinese because people insult me, like, um, do I have to say it? Can't I skip this part?" This desire for avoidance helps to highlight the personal implications of facing discrimination. However,

other students also described the social implications of speaking about such experiences. In fact, some even described being afraid of talking to the interviewer, despite being told that the interview was confidential. "I'm not gonna say anything bad about this school 'cause you know, everyone's gonna hear it and stuff." When the student was convinced that the interview was confidential, she confided, "Okay, then, I don't like this school. Like, you know, there's a lot of bad peeps [sic] . . . Those, you know, those bullies."

A highly negative peer climate and ambivalent adult climate were clearly frustrating to the Chinese American students. Although many of them described experiences of discrimination, students noted doing nothing in response. One student described being cut in the lunch line, "They don't cut Black people and stuff or Puerto Ricans." However, when asked how he responded, he said, "I just let them go." This avoidance of confrontation was echoed by multiple students who also reported responding to similar situations by "walking the other way" and ignoring what people said: "I just like hear something and I don't care about what they say." Such strategies in response to discrimination were often described through the lens of powerlessness, illuminating the social hierarchy in which Chinese Americans were at the bottom. Consistently, students spoke of doing "nothing" when being discriminated against, despite often having the desire to respond. This lack of social power was often equated with a lack of physical power and the fear that ". . . other people would retaliate."

When Chinese American students described experiences when they didn't fight back or respond to discrimination, they often rooted such responses in being Chinese. As one girl described experiences of discrimination, she said, "Usually Chinese people don't fight back . . . That's the culture, too. That's why people keep picking on Chinese because they just don't, you know, stick together. They just say 'Oh like, I gonna go.' They don't stick together. I mean if like, if one Chinese person gets beat up, the other Chinese people around them won't help out. They just watch it happen, and let it happen, and that's it." This description of Chinese culture as non-confrontational was endorsed by many of the students to justify not responding to victimization.

However, the students simultaneously complained that Chinese students were not united. "Basically they pick on Chinese people 'cause Chinese are not as united as you know others. They don't get close to each other, when there's a problem so people like to pick on the Chinese . . . Us Chinese are not united enough. So everything happens, they just care about individuals so we often got picked on." Regardless of their actions when faced with peer discrimination, many students expressed the desire to have more

unity among the Chinese American students who “. . . you know, like care for each other, when things happen.” However, there were suggestions of intragroup conflicts within Chinese-descent students at the school that stood in the way of such desired ethnic solidarity.

The students also spoke about peer discrimination from co-ethnics. Chinese American students expressed the desire *not* to be Chinese or to further distance themselves from their Chinese peers:

I just cannot be with Chinese people, like friends, I can't be with them. It's hard 'cause I don't feel like Chinese people. I don't feel like being with Chinese people . . . I don't like how Chinese people like spit in the street . . . they like in the school like, walking down the stairs, they run up and pu-, how do you say it, like push you, and they don't say sorry. I don't like those people . . . Not those people who came from Hong Kong, it's who came from China and stuff.

In her explanation for distancing herself from Chinese, this student distinguished between different types of Chinese people. Other students also made this distinction and purposefully distanced themselves from Chinese people who were recent immigrants, or “fresh off the boat” (F.O.B.):

. . . I'm just talking about the majority of the people who live in Chinatown. Usually they're um, you know how people say Chinese people, they stay on the phone for three hours talking like really loud, that's like Fukianese. I'm not one of them but like all the Cantonese people in Chinatown they said they they're like a disgrace to the Chinese people . . . 'cause they have no class. That's, that's why I guess that's how people get the impression that Chinese people are rude, disgusting, you know they spit on the street. And that's true they do, but most of them are like Fukianese. And like at least 99 percent of them in Chinatown are illegal immigrants.

The distinction that students drew within the category of Chinese helps to highlight the intragroup discrimination that can occur. Often, intragroup discrimination was based on existing stereotypes about Chinese and was used as a method of socially distancing themselves from their ethnic group. The tension between the newly arrived Fukianese in Chinatown and its Cantonese residents is also reflected in students' intragroup conflicts at school. Some students even took this distancing from other Chinese beyond words and actually victimized other Chinese Americans. For example, one student said, “My friend he was like 21, he pretended to be like a, ah, what is that called, INS, right? He went up to

them, he had this fake badge. I was laughing. He went up to one of them, he's like 'Excuse me, sir. Do you have your ID?' He's looking at him, like, and then a couple of them ran." Enacting stereotypes of Chinese Americans as foreigners and justified targets of discrimination often extended beyond non-Chinese students. In fact, such actions were taken to attempt to regain power and distinguish oneself from other Chinese. "I mean, even Chinese kids bully Chinese kids," one girl revealed. This "intraethnic othering" that Chinese American students enacted displayed both resistance against one's racially stigmatized status and reproduction of negative racial stereotypes about Chinese Americans (Pyke & Dang, 2003).

### **RESISTANCE AND RESILIENCE IN THE FACE OF PEER DISCRIMINATION**

Many Asian American adolescents struggle with ethnic and racial discrimination at the hands of their peers in school. While the research is sparse, it seems to be prevalent in urban, low-income schools that house both immigrant and non-immigrant Asian Americans. While such experiences of discrimination are common and profound, it is important to recognize that the story of discrimination is complex. Asian American adolescents are not simply recipients or victims of discrimination. Rather, such discrimination must be seen within a larger web of experience and development. Although some Asian American students express reluctance to strike back in the face of peer harassment, others show resilience and positive resistance in the face of such assaults. For example, Kiang (1996) notes that frequent discrimination of Asian Pacific American students in urban and suburban schools in Massachusetts led to the organization of the Conference for Asian Pacific American Youth in the 1990s, focusing on experiences of racial discrimination by peers in schools and the development of positive ethnic identity. To illustrate its success, the conference was attended by 700 students from 50 area high schools (Tatum, 1997). Further, in light of continuing victimization of Asian American students in a Philadelphia high school, many students have begun to organize to bring attention to this important issue. For example, in addition to signing petitions, writing letters, and holding meetings, Asian American students also staged a school walk-out and reached out to school administrators to help deal with the pervasive peer discrimination in school (Miller, September 1, 2009). Beyond these examples, however, there is scant literature on resistance to peer discrimination among Asian American adolescents; developing a positive sense of ethnic identity and seeking support from peers

may be two important ways that they positively cope with discrimination and stereotypes.

Resilience scholars argue that in the face of adversity, such as discrimination, psychological, social, and material resources may act as factors that protect against threats to psychological and social well-being (Masten, 2001). Positive ethnic identity may act as an important psychological resource, particularly in the context of discrimination that undermines the social status of one's ethnic group (Phinney, 2003). Ethnic identity is an important dimension of one's identity and has been theorized to make individuals feel more connected to their community, seek out other members of their ethnic group, increase pride in their ethnic group membership, and provide psychological support in the face of discrimination from others (Phinney, 1990, 2003). While discrimination has been associated with lower social and emotional adjustment, ethnic identity has conversely been associated with greater social and emotional adjustment among Asian American adolescents (Lee, 2005; Yip & Fuligni, 2002).

While ethnic identity may function as a psychological resource for some individuals, it also has the potential for exacerbating experiences of discrimination, as individuals may become more acutely aware of such experiences (Yip & Fuligni, 2002). Despite mixed findings, a number of recent studies of Asian American adolescents and adults have noted the important role that ethnic identity may play as a buffer against the negative impact of discrimination (Greene et al., 2006; Rivas-Drake et al., 2008). Such work highlights the necessity to understand how one's ethnic identity may shape the processes by which Asian American adolescents experience, make sense of, and resist experiences of discrimination.

Scholars have also begun to examine other factors that may help to protect Asian American adolescents from discrimination. In particular, support from peers may help shield adolescents from the negative impact of discrimination (Grossman & Liang, 2008). For example, in an ethnography of Taiwanese immigrant adolescents, Tsai (2006) found that having friendship networks with co-ethnics helped to guard students from the negative social impact of discrimination. This is not surprising given that these students often described nervousness and embarrassment associated with socializing with peers based on the fear of being a victim of discrimination. The literature focusing on factors that may enable Asian American adolescents to be resilient in the face of ethnic and racial discrimination is limited and the need to understand these processes is dire, as they continue to face hostile hallways in their schools (Okazaki, 2009).



## RESISTANCE AND RESILIENCE: FINDINGS FROM THE R.A.P. AND CONNECTIONS STUDIES

Chinese American students in Way's studies not only described peer discrimination, but also showed resistance and strength in the face of such challenges. In particular, they used ethnic identity as a form of resilience by describing how they fought back against victimization, resisted cultural stereotypes, and "united" with their fellow Chinese American peers.

Not all Chinese American students felt as though they had to conform to the cultural stereotype that "Chinese don't fight back." In fact, some students described experiences of fighting back as a form of resilience. For example, one girl described how her "class is different" and fought back against peer victimization in the classroom. She described her classmates in her grade as "Gangsters and stuff, but they're good gangsters though, they like kind, unite our class, they stand up for us and stuff . . . so after they fight back, after they got a big fight, and everybody knows about it." By fighting back, the social hierarchy in the class was shifted and this student described her pride: "I mean, we should like get together, not just like go away."

While some students talked about groups of Chinese American students physically fighting back, others described individual responses to stereotypes. Some students used verbal insults as a way to "fight back." For example, one student said that in response to being called derogatory ethnic slurs, he gets "pissed off" and "talks it back to them." "I say stuff about their race, but I don't really mean it—I just want to have something to say back to them." Other students also described their desire to resist cultural stereotypes. "People are under the impression that I'm passive. Beginning of high school, there were a few kids who picked on me, just pushed me out of the way. Thought I was a quiet kid and you know, I just had to do something to display to them that I'm not somebody you just fuck with." While some students expressed anger and the need to "push back," they also acknowledged the toll that such discrimination could take. As one student said, "Like, other people, um, feel bad about themselves, it's because they, they don't have like defense to, like, um, to like protect themselves from, you know." Responding to discrimination rather than doing "nothing" gave many students a sense of empowerment despite the constant harassment: ". . . like, most people, they weren't really proud of them being Chinese because they, they probably like got teased a lot of times because they were Chinese, but I'm proud of it. If they tease me, I'll tease at them back." While some students implicitly resisted cultural stereotypes by choosing to verbally or physically "fight back,"

other students discussed explicit attempts to resist cultural stereotypes. For example, one boy responded that: “I believe some people have stereotypes about us . . . about, about Asian people . . . That we’re good in math, do good in school. Doesn’t place too much emphasis on, uh, displaying their masculinity, like, you know, the macho, macho thing. People have that stereotype, and I just have an urge to prove them wrong.” These individual attempts to resist stereotypes about Asian Americans help to illuminate students’ resilience despite widespread discrimination.

While some students were more explicit in their attempts to resist stereotypes, other students focused on “being united” and helping other Chinese. Whereas some Chinese American students had reported their perception that Chinese students lacked “unity” with each other, others described being united as a form of resistance against rigid cultural expectations and norms. For example, one student said that “. . . some Chinese doesn’t speak English, and I try to help them. I saw in the street or in the school, sometimes . . . because that happened to me before, too . . . When I was in school, that’s kind of happened to me, um, because they try to, try to . . . laugh because, um, we don’t speak English.” This desire to help other Chinese Americans was derived from personal discrimination experiences coupled with the hope of protecting others.

Throughout the interviews of Chinese American students in our study, the sheer scope of peer discrimination in school emerged. Peer discrimination not only held an important role in shaping the school and peer context, but also had wide-ranging implications for students’ psychological and social well-being. Despite the negative impact that discrimination had on these students, though, some also exhibited resistance and resilience in response to such experiences, which helps us to gain a larger understanding of these processes.

## **GAPS IN THE LITERATURE**

The small but growing body of research on Asian American adolescents’ experiences of ethnic and racial discrimination from peers is limited in the following ways. First, the small but existing research often fails to examine the diversity between and within ethnic groups that all fall under the category of “Asian American.” This assumption of homogeneity within the category of Asian American ignores, for example, that Asian Americans may be both victims and perpetrators of discrimination against other Asian Americans (Qin et al., 2008). Further, within-group differences are important, as the micro- and macro-contexts of Asian American adolescents’ lives can vary greatly. For example, the experiences of the low-income,

immigrant, urban, Chinese American adolescents in our studies may differ from other Asian Americans with varying immigrant, geographic, or socio-economic statuses. Since research on discrimination in schools tends to focus on either structural or classroom discrimination, the important context of peer discrimination is often neglected. This is particularly distressing considering that Asian American adolescents tend to experience more peer discrimination than adolescents in other ethnic groups (e.g., Fisher et al., 2000; Greene et al., 2006). The limitations of the current literature highlight the necessity for future research focusing on Asian American adolescents' experiences of ethnic and racial discrimination from peers, its impact on their psychological and social well-being, and the specific stereotypes that undergird these processes.

## CONCLUSION

Too often, the story of peer discrimination among Asian American adolescents is either ignored or minimized in favor of stereotypes that view Asian Americans as "model minorities" who overcome the stresses and challenges of immigration and minority status without complaint and achieve upward mobility. The pervasive and constant assault that many students find themselves under is usually left unspoken, leaving a lasting impact on psychological and social adjustment. While many Asian American students are victims and some even perpetrate peer harassment of co-ethnics, many others find creative ways to voice the unspoken, push back against the stereotypes and harassment that they are subjected to, and create a positive and strong sense of identity and self. While limited, the existing literature on peer discrimination among Asian American adolescents helps to act as a call for action to recognize the importance of this issue, examine how such complex processes occur, and find ways to organize for change in schools that starts from their hallways and can extend beyond their walls.

The case of Lafayette High School in Brooklyn, New York, illustrates how such change can occur. Over the course of almost 10 years, the constant discrimination that Asian American students experienced went from whispered complaints to a full-scale investigation from the Justice Department to the closing of Lafayette High School. Prevention of peer discrimination, however, does not lie simply with having more responsive teachers and better-behaved peers. Efforts need to focus on the ways that our racial and ethnic stereotypes are damaging American youth. Although it has been argued that the stereotype of academic achievement among Asians is "positive," the reality is that there is much more diversity among Asian Americans (Lee, 1996) and that such "positive" stereotypes are harming

Asian American students. Peer discrimination reflects a macro- and micro-system that pits ethnic minority children against each other in the struggle for recognition in a failing educational system. Dealing with the larger structural reasons of why such a system exists is the most effective route in addressing the problem. In other words, peer discrimination is not stemming from peers themselves but from a larger structural system that perpetuates racist stereotypes about Asian, Black, and Latino students. In the midst of such a system of stereotypes, the victims of these stereotypes fight among each other, and White students resent the accomplishments of Asian American students. In order to address peer discrimination, we must first examine the social forces that foster such discrimination. Then we will be one step closer to creating schools that foster the development of all students and not just a subgroup within our public schools.

## NOTES

1. These studies were funded by the William T. Grant Foundation, the National Science Foundation, and New York University.
2. For a full description of the study, please refer to previous published studies (e.g., Greene et al., 2006; Rosenbloom & Way, 2004; Way, in press; Way et al., 2008).

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## **Chapter 10**

# **RACIAL DISCRIMINATION AND MENTAL HEALTH AMONG ASIAN AMERICAN YOUTH**

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A key predictor of one's mental health is his or her race. Racism has been identified as one of the potential stressors contributing to racial disparities in mental health. According to the Surgeon General, "racial and ethnic minorities in the United States face a social and economic environment of inequality that includes greater exposure to racism and discrimination, violence, and poverty, all of which take a toll on mental health" (U.S. Department of Health and Human Services, 2001). Mental health problems are developed throughout the life course, making it imperative to examine the experiences that contribute to these outcomes from a young age.

In this chapter, we discuss how experiences of racial discrimination are associated with mental health outcomes among a young, diverse Asian American population. We approach this chapter by conceptualizing racial discrimination as a potential stressor. We examine commonly experienced types of discrimination among Asian American youth and young adults and explore how racial discrimination may negatively influence mental health. Finally, we discuss individual characteristics that may protect Asian American youth against the negative effects of racial discrimination.

## **RACISM FACED BY ASIAN AMERICAN YOUTH**

Throughout the chapter, we refer to four key terms: racism, discrimination, stereotypes, and prejudice. The term “racism,” in Clark and colleagues’ seminal paper, is defined as “the beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or ethnic group affiliation” (Clark, Anderson, Clark, & Williams, 1999, p. 805). Racism exists at the individual and institutional levels (e.g., laws) but in this chapter, we primarily focus on individual-level racism. “Discrimination” refers to differential behavioral acts, ranging from exclusion to physical assault, that disadvantage an individual or group based on social group membership (e.g., Brown & Bigler, 2005; Gee, Ro, Shariff-Marco, & Chae, 2009). “Stereotypes” are generalizations about a social group that are often linked to experiences of discrimination (Brown & Bigler, 2005). Finally, “prejudice” is a “predetermined judgment or bias based on one’s social group membership” (Fiske, 1998). Though discrimination, stereotypes, and prejudice can be generalized to the experiences of many social groups (e.g., gender, perceived income, and age), we focus on their associations with racial group membership.

Asian Americans have historically been targets of racial discrimination (Gee et al., 2009; Leong & Okazaki, 2009; Liang, Li, & Kim, 2004), yet until recently, there has been less attention to their experiences compared to other racial groups. This discrepancy may be due to two reasons. First, because of the unique historical relationship between African Americans and Whites in the United States, research has primarily focused on African Americans’ experiences. Second, because Asian Americans are perceived as having achieved success in the United States, they are not seen as potential targets of discrimination (Gee et al., 2009; Liang et al., 2004; Okazaki, 2009).

Research focusing on discrimination among adolescents has differentiated between discrimination perpetrated by adults and peers. Some evidence suggests that Asian American youth experience more discrimination from their peers compared to youth from other racial minority groups (e.g., Rosenbloom & Way, 2004). Discrimination from peers can be particularly stressful given the importance of positive peer acceptance among this age group (Fisher, Wallace, & Fenton, 2000; Greene, Way, & Pahl, 2006; Grossman & Liang, 2008; Rivas-Drake et al., 2008; Rosenbloom & Way, 2004; Qin, Way, & Rana, 2008). As adolescents transition into late adolescence and early adulthood, they incur new responsibilities and increased stressors (Greenberger & Chen, 1996) that may increase the number of contexts in which they experience discrimination. In the following section, we categorize the various discrimination experiences faced by Asian American youth, beginning with more blatant

and overt forms of discrimination to more subtle forms. Although racism has become less blatant and more covert and subtle over the past few decades (e.g., Sue, Capodilupo, Bucceri, Holder, Nadal, & Esquilin, 2007), instances of blatant racism are still evident, especially among youth.

### **Blatant and Overt Racism**

The most blatant forms of racism against Asian Americans are hate crimes, defined as bias-motivated crimes that can involve physical assault or harassment, verbal abuse, threats online or through phone calls, or damage to property (Chou & Feagin, 2008; Umemoto, 2000). Many of these hate crimes occur in high school and college, but can occur as early as in elementary school. The timing of these incidents often coincides with key dates in U.S. history that create anti-Asian bias (NAPALC, 2002). For example, after the events of September 11, there was a sharp increase in hate crimes targeting Arab Americans, Muslim Americans, and Asian Indian Americans. Specifically, hate violence reported as “anti-other ethnicity/national origin” in the U.S. Department of Justice’s annual hate crime statistics increased by 350 percent from 2000 to 2001 and doubled in 2002. Many of these victims included Asian Americans, particularly in the South Asian American community. Moreover, it is likely that these statistics are underestimating hate crimes involving Asian American victims because of underreporting (NAPALC, 2002).

Blatant discrimination that occurs against Asian American adolescents happens most frequently in the form of physical and verbal harassment, bullying, and exclusion by peers. These experiences include being called racially insulting names, being mocked for assumed poor English skills, being excluded from peer groups, and being robbed (Fisher et al., 2000; Rosenbloom & Way, 2004). In two quantitative studies completed in Boston and New York, Qin and colleagues (2008) found that more than half of first- and second-generation Chinese American adolescents reported physical harassment (e.g., being beaten, bullied, and hit) and verbal taunts and slurs (e.g., being called “Chino” and being told to “go back to China”) from their peers. These blatant experiences of discrimination have been linked to poor psychological adjustment for Asian American youth (Greene et al., 2006; Rosenbloom & Way, 2004).

Although the aforementioned studies focus on Asian American victims and non-Asian American perpetrators, blatant racial discrimination against Asian American youth can also be perpetrated by Asian Americans themselves. First-generation Asian American students are especially likely to be targets of verbal and physical bullying from their U.S.-born counterparts

because of the group's immigrant status, lower levels of acculturation, and poorer language skills (Rosenbloom & Way, 2004; Qin et al., 2008; Qin, Way, & Mukherjee, 2008). Mistreatment may also occur between different Asian ethnic groups (Rosenbloom & Way, 2004). Lee (1996) found that some highly identified Asian high school students engaged in name-calling and arguments over current political situations in their native countries. However, a shortage of research exists on such interethnic conflict, which is surprising, given that Asian Americans consist of at least 43 ethnic groups (U.S. Department of Health and Human Services, 2001).

### **Subtle and Covert Racism**

Discrimination also involves subtle and covert forms of racism. Examples can include being ignored for service or being watched by security at a store. In qualitative interviews, African American and Latino American students noted harassment from law authorities, the racist practice of low teacher expectations, and the comparison of academic achievement across ethnic groups in school settings (Rosenbloom & Way, 2004). In contrast, for Asian American youth, unfair and differential treatment based on race may reside in interpersonal experiences of discrimination involving peers, suggesting an asymmetry in discrimination experiences between racial groups.

Sue and colleagues (2007) presented a taxonomy of brief, everyday exchanges that send marginalizing messages to racial minorities, enacted intentionally or unintentionally by perpetrators (Sue, Capodilupo et al., 2007; *see also* Harrell, 2000; Solorzano, Ceja, & Yosso, 2000). For Asian Americans, these exchanges, termed "racial microaggressions," often take the form of interpersonal slights based on common Asian American stereotypes, such as asking an Asian American where she is really from (Cheryan & Monin, 2005; Sue, Bucceri et al., 2007). Unlike blatant discrimination, racial microaggressions are harmful because of their "invisible" nature, cloaked as seemingly positive or innocuous cultural or racial comments and remarks. Because many perpetrators do not realize that these experiences are a form of aggression, experiencing potential racial microaggressions can lead racial minority targets to wonder whether they are being oversensitive and increase race-related stress (Harrell, 2000). However, these experiences can be easily dismissed and deemed negligible by perpetrators.

### **Discrimination Based on Stereotypes**

Discriminatory behavior toward racial minorities is often linked to stereotypes. Stereotypes of Asian Americans focus on a variety of



characteristics—including physical appearance (e.g., Qin et al., 2008), mannerisms, interpersonal styles, and gender-specific stereotypes (e.g., Oyserman & Sakamoto, 1997). In this chapter, we review two commonly noted stereotypes of Asian Americans: model minority and perpetual foreigner.

### **Model-Minority and Positive Stereotypes**

Prior to the emergence of the model-minority stereotype in the 1960s, the dominant stereotype beginning in the late 1800s characterized Asian Americans as untrustworthy and troublesome (Gee et al., 2009). Stimulated by the civil rights movement and the 1965 Immigration Act, which reversed years of restrictive immigration and led to an increase of highly educated professionals and scientists entering the United States from Asia, policy and public sentiment shifted in the mid-20th century. A new stereotype emerged that cast Asian Americans as the “model minority,” a highly successful group that excels in academic and economical domains because of supposed Asian cultural values emphasizing hard work (Dinh, Weinstein, Nemon, & Rondeau, 2008; Ho & Jackson, 2001; Wu, 2002).

At first glance, the model-minority stereotype appears to confer positive attributes on Asian Americans, and in some instances, these positive attributes may benefit Asian American youth. Subtly reminding Asian Americans of their ethnic identity can boost the math performance of Asian American female students. In an experiment, Shih, Pittinsky, and Ambady (1999) randomly assigned Asian American female students to think about their ethnic identity, gender identity, or neither identity (i.e., control) before taking a math test. Participants who thought about their ethnicity performed better on the test than those who did not think about their ethnicity. This performance boost has been found in Asian American girls as young as five (Ambady, Shih, Kim, & Pittinsky, 2001). Such findings suggest that positive stereotypes can positively affect performance, even among young children.

Yet, despite its apparent positive effect, the model-minority stereotype also has far-reaching, insidious consequences for Asian Americans. These negative consequences include resentment from peers, increased interracial conflict, community indifference to discrimination experiences, ignored heterogeneity within the Asian American population, and impaired academic performance. We consider each in turn below.

First, perceiving Asian Americans as model minorities can generate increased negative resentment from peers of other racial groups. Emotions like resentment, envy, and hostility can be elicited by those who perceive

Asian Americans as a model minority (Ho & Jackson, 2001). For example, some White, African American, and Latino adolescents felt resentful and in turn bullied Asian American peers who they perceived as receiving preferential treatment from teachers (Rosenbloom & Way, 2004; Qin et al., 2008). This resentment is intensified in domains involving achievement. Among college students, those who stereotyped Asian Americans as intelligent and ambitious viewed Asian Americans more negatively when they were competing for scarce resources such as job placement than when there was no competition (Maddux, Galinsky, Cuddy, & Polifroni, 2008). These findings are consistent with other research suggesting that Asian Americans are viewed not with admiration or exclusive positivity, but rather with ambivalence and resentment for their perceived success (Ho & Jackson, 2001; Fiske, Cuddy, Glick, & Xu, 2002; Frisbie, Cho, & Hummer, 2001; Gee et al., 2009).

Second, increased resentment can lead to interracial conflict by pitting Asian American students against other racial minority students in at least two ways. Inherent in the model-minority stereotype, particularly within academic settings, may be a message to other minority groups that “[Asian Americans] overcame discrimination—why can’t you?” (Rosenbloom & Way, 2004, p. 444). For example, White college students perceived the social problems of African Americans as due to personal shortcomings rather than structural factors (Ho & Jackson, 2001). The model-minority stereotype thus creates a distorted image that all Asian Americans persevere and succeed academically without complaint and that other racial minority groups are lazy and complainers. Second, the model-minority stereotype may lead some Asian Americans to endorse negative stereotypes of other racial minority groups. Rosenbloom and Way (2004) noted that although some Asian American students were upset by the model-minority stereotype, they endorsed racial stereotypes about other groups. For example, some Asian American youth believed that Asian Americans do not fight back as African Americans or Latinos do, and hence, are not disruptive and aggressive like those groups. In other words, these Asian American youth used stereotypes to define and magnify the differences with other racial groups. These findings suggest that the model-minority stereotype can polarize perceived differences between racial minority groups and exacerbate interracial tensions.

Third, the community perceptions of model minorities can lead to indifference and inaction toward discrimination targeted against Asian American youth. This indifference may stem from beliefs that Asian Americans experience little discrimination, or are unharmed by these experiences. For example, Delucci and Do (1996) found that UC Berkeley students

and administrators reacted less urgently and strongly to blatant incidents of racism faced by Asian Americans than to similar incidents faced by African American college students. Racial incidents against African Americans were labeled as racist, while racial incidents against Asian Americans were viewed as isolated acts of hostility and not racially motivated. More recently, controversy has surfaced regarding whether attacks on Asian American high school students in Philadelphia were racially motivated and received adequate attention from school officials (Hoye, 2010). In both cases, school administration responses were criticized on the basis of inaction in addressing potential racial violence against Asian American youth. Unlike other racial minority groups, Asian American youth may not be readily recognized as targets of racial discrimination because of the model-minority stereotype.

Fourth, the model-minority stereotype masks problems faced by Asian American youth who do not fit the stereotype. This is particularly true of the newer wave of Asian immigrants. Many Southeast Asian Americans (e.g., Cambodian, Laotian, and Vietnamese Americans) who tend to be in a lower socioeconomic class than Chinese, Japanese, Koreans, and Asian Indians are often neglected by social programs because the model-minority stereotype renders their struggles invisible. This invisibility overlooks experiences of discrimination among Southeast Asian American youth and other Asian American youth of lower socioeconomic status. Many of these youth may be viewed as incapable of academic achievement and are treated unfairly by teachers due to limited English skills (Yang, 2004). The model-minority stereotype can thus overlook the varying levels of success and experiences within the Asian American community.

Finally, the model-minority stereotype can also impair Asian Americans' academic performance. Asian American youth may perceive the stereotype as an unfair burden that places pressure on them simply because of their race (Oyserman & Sakamoto, 1997). Although, as discussed above, reminding Asian American college women of their ethnicity could boost their math performance (Shih et al., 1999), positive stereotypes can also undermine performance in situations where the targets of those stereotypes are concerned with being unable to meet those high expectations. Cheryan and Bodenhausen (2000) randomly assigned Asian American female students to answer questions about their ethnic identity or assigned them to a control group. The researchers found that Asian American females who were thinking about their ethnicity performed worse on a subsequent math test than those in the control condition because the positive expectations made salient by thinking about their ethnicity impaired their concentration. These findings suggest that performance may suffer when expectations

are blatantly made by positive stereotypes. Taken together, although the model-minority stereotype may appear to confer some benefits to Asian Americans, other research demonstrates far greater negative impact for Asian American youth, potentially outweighing any seemingly positive benefits.

### **The Perpetual-Foreigner Stereotype and Identity Denial**

In addition to the model-minority stereotype, Asian Americans must contend with the common misperception that they are foreign, despite how American they may feel, think, or act (Cheryan & Monin, 2005). The common Asian American experience, punctuated by questions such as “Where are you really from?” and comments such as “You speak English really well,” are indicative of the prevalence of this stereotype (Cheryan & Monin, 2005; Liang et al., 2004; Sue, Bucceri et al., 2007; Takaki, 1989). Cheryan and Monin (2005) demonstrated that college students rated Asian faces as less American than White faces, and Asian Americans themselves reported being misperceived as non-native English speakers or as from another country more often than White Americans and African Americans.

While it is the case that foreign-born immigrants comprise about 75 percent of the Asian American population (U.S. Census Bureau, 2003), the U.S.-born Asian American population is steadily growing, and the perpetual-foreigner stereotype is often imposed on them. For example, many U.S.-born Asian Americans find their loyalty to the United States contested (Committee of 100, 2009). They are often perceived as socially distanced from other American groups and unassimilable (Gee et al., 2009).

The perpetual-foreigner stereotype may be especially harmful to U.S.-born Asian American youth, who are socialized to be American, yet are not perceived to be so. The second generation, socialized within the U.S. racial minority context, forms their identity in a context that is different from foreign-born immigrants (Wiley, Perkins, & Deaux, 2008). U.S.-born Asian Americans see their membership in American society as a birthright, whereas immigrants see being American as more of an acquired identity (Ying, Lee, & Tsai, 2000). As a result, the two groups may react to discrimination differently. Whereas foreign-born Asian American youth appear to experience more racial discrimination, U.S.-born Asian Americans report being more negatively affected by it (Ying et al., 2000).

In reaction to instances of having their American identities denied, Asian American youth attempt to prove their American identity to those who doubt it. Cheryan and Monin’s (2005) study of college students showed that Asian Americans attempted to defend their American identity by

demonstrating American cultural knowledge (e.g., American TV shows) and reporting greater participation in American cultural activities. Asian American youth also reported poorer emotional well-being in response to having their American identities denied. In the following section, we describe how racial discrimination experiences, including identity threat and the model-minority stereotype, can have far-reaching, negative impacts on the health and well-being of Asian American youth.

## **THE INFLUENCE OF RACIAL DISCRIMINATION ON MENTAL HEALTH OUTCOMES**

Racial minorities in the United States suffer from poorer mental and physical health than their White counterparts (Adler & Rehkopf, 2008; Williams & Mohammed, 2009; Williams, Neighbors, & Jackson, 2003). Reviews of population-based studies have found mostly that reporting greater discrimination is associated with increased mental illness (Williams et al., 2003; Williams & Mohammad, 2009). For example, in a national study of Asian American adults, Gee, Spencer, Chen, Yip, and Takeuchi (2007) found that self-reported racial discrimination was associated with a greater likelihood of having any depressive or anxiety disorder within the past 12-month period, even after controlling for many factors such as acculturative stress, family cohesion, self-rated health, and poverty. Racism contributes to differential health outcomes beyond other forms of general distress (Pieterse & Carter, 2007) and socioeconomic status (Chen & Matthews, 2001; Williams & Mohammed, 2009). In a recent review focusing on Asian American adults, greater self-reported racial discrimination was associated with increased risk of mental health problems in 37 of 40 studies (Gee et al., 2009).

Experiences with racial discrimination are not only a social reality for adults, but as discussed above, for children and adolescents as well. Among younger children, perceiving oneself as a target of discrimination, commonly in terms of being excluded or being called names, can harm identity formation, peer relations, and physical and mental well-being (Brown & Bigler, 2005). Among adolescents and older youth, the messages and treatment they receive about their racial group have implications on their health and well-being, both physical and mental (Greene et al., 2006; Huynh & Fuligni, 2010). The following section on mental health is not meant to be a comprehensive summary of all studies on Asian American youth and mental health outcomes. We instead focus on outcomes and correlates most relevant to perceived racial discrimination, specifically self-esteem, emotional well-being and psychological distress, depression and anxiety, adjustment and motivation, physical health, substance use, and culture-bound syndromes.

### **Self-Esteem**

Self-esteem is widely considered a reliable indicator of mental health for U.S.-born and immigrant Asian Americans (Rhee, Chang, & Rhee, 2002). Low self-esteem is associated with negative emotions, depression, anxiety, and maladjustment (e.g., Baumeister, 1999). Although the conceptualization of what self-esteem really is and the benefits of pursuing high self-esteem have been debated (e.g., Crocker & Park, 2004), Asian Americans have been found to have lower levels of self-esteem than African Americans, Latino Americans, Whites (Fisher et al., 2000; Rhee et al., 2003; Twenge & Crocker, 2002), and Asians living in Asia (Chang, 2002). In particular, the difference between Asian Americans compared to Whites and Asians living in Asia might account for differences in psychological distress—such as having to deal with experiences of discrimination (Chan & Mendoza-Denton, 2008; Greene et al., 2006).

Some research has demonstrated that greater perceived discrimination is associated with lower self-esteem among Asian American youth. For example, among Chinese American sixth-graders, discrimination from peers was associated with lower self-esteem compared to their African American counterparts (Rivas-Drake, Hughes, & Way, 2008). Additionally, among Asian American high school students, increased peer discrimination was also found to be associated with lower self-esteem over a three-year longitudinal study (Greene et al., 2006). Among college students, discrimination has also been found to be associated with lower self-esteem (e.g., Lee, 2003). Asian Americans who anxiously expected rejection from others due to their race reported lower self-esteem because they felt greater shame (Chan & Mendoza-Denton, 2008), thereby highlighting the variability that exists among Asian American college students in their response to discrimination. Some researchers argue that unlike African Americans, who may be more likely to direct their emotions outwardly (e.g., anger) in response to expectations of discrimination (e.g., Mendoza-Denton, Downey, Purdie, Davis, & Pietrzak, 2002), Asian Americans have not had the racial consciousness-raising movement to protect their self-esteem against racial discrimination (Chan & Mendoza-Denton, 2008; Twenge & Crocker, 2002).

### **Emotional Well-Being and Psychological Distress**

Racism can also have indirect effects on health through its influence on emotional well-being and psychological distress (Adler & Rehkopf, 2008; Gallo & Matthews, 2003). Emotional well-being refers to people's own evaluations of their lives in terms of pleasant and unpleasant emotions and judgments of satisfaction (Diener & Lucas, 2000; Diener, Suh, Lucas, &



Smith, 1999). Little is understood about how Asian Americans' emotional well-being is influenced by racial discrimination experiences. It is likely that Asian American youth have to negotiate cultural patterns of ideal emotional functioning, as some Asian cultures may value restraint of emotions as a sign of maturity (Kim & Chu, in press; Yeh & Yeh, 2003). As a result, Asian American youth may be less emotionally expressive about their own discrimination experiences, even if negative emotions are experienced.

Ambiguous and subtle racial discrimination experiences are related to a variety of negative emotions among older youth. Siy and Cheryan (2011) provide evidence that U.S.-born Asian American youth did not find positive stereotypes (e.g., "Asians are good at math") complimentary; on the contrary, they prefer these stereotypical comments be left unsaid. Similarly, among Asian American college students, interpreting potential racial microaggressions—such as receiving poor restaurant service or being snickered at by a group of teenagers—as a result of one's own race instead of due to another social membership (e.g., age and/or gender) was associated with greater negative emotion intensity (Wang, Leu, & Shoda, 2011). While White college students were just as likely to report experiencing such situations as Asian Americans, they did not generally report experiencing greater negative emotion intensity when they were prompted to think about their race as a possibility for their mistreatment. These findings suggest that the harmful emotional experiences of these racialized incidents may be tied to the experiences of racial minorities.

Discrimination also increases psychological distress, a general term that refers to day-to-day perceived stress. For example, Romero, Carvajal, Valle, and Orduna (2007) found that in a study of California eighth-graders, Asian Americans reported more intense psychological distress in reaction to racial jokes compared to White Americans. For Asian American youth, peer discrimination in particular may lead to greater psychological distress. Fisher and colleagues (2000) found that East and South Asian youth reported greater peer-caused psychological distress than African Americans or Whites. Interestingly, some work suggests that racial discrimination contributes to increased psychological distress beyond other types of stressors, such as acculturative stress (Gee et al., 2007). For example, acculturative stress, that is, balancing family obligations and the demands of American society, did not predict daily psychological distress, subclinical anxiety (e.g., nervousness and uneasiness), and depressive feelings (e.g., sadness, hopelessness, and discouragement) among Chinese American adolescents (Fulgini, Yip, & Tseng, 2002). Future work should continue to examine whether discrimination may be a bigger factor in determining the mental health of Asian Americans beyond the stress induced by having two cultural identities.



### **Depression and Anxiety**

Asian Americans may be at heightened risk for depression and anxiety compared to other racial groups (Chan & Mendoza-Denton, 2008; Okazaki, 1997, 2000). One source of depression and anxiety among Asian Americans appears to be discrimination. Grossman and Liang (2008) found a significant association between distress in response to discrimination and increased depressive symptoms among Chinese American middle school youth in the Boston area. Among older Chinese American adolescents, perceptions of discrimination have been found to be associated with increased depression and decreases in self-esteem over time (Greene et al., 2006). Depression may be associated with how other people perceive their own racial group. More specifically, Rivas-Drake and colleagues (2008) found that Chinese American sixth-graders who perceived more favorable regard from others toward their group (i.e., public regard) reported fewer depressive symptoms than those who perceived less favorable public regard. These discrimination experiences need not be highly frequent to produce depressive symptoms. Using a two-week daily diary method, Huynh and Fuligni (2010) examined the frequency and role of discrimination on several indicators of well-being, including self-esteem, among Asian American twelfth-graders. The researchers found that though discrimination experienced every day among these youth occurred for only 11 percent of the sample, perceptions of discrimination were associated with higher levels of depression, psychological distress, and physical complaints, as well as lower self-esteem for the entire sample. Thus, discrimination experiences may not be commonplace yet perceptions of discrimination remain highly impactful for Asian American youth.

Although most studies of perceived discrimination and mental health focus on depressive symptoms as opposed to disorders (Gee et al., 2007), some studies on college-aged Asian Americans have found links between discrimination and diagnoses of clinical depression. For example, Hwang and Goto (2008) found a positive association between frequency of and perceived stress resulting from racial discrimination and mental health consequences like psychological distress, suicidal ideation, state and trait anxiety, and clinical depression. Future work should continue to examine whether discrimination impacts the onset of clinical depression and other disorders among Asian American youth.

### **Adjustment and Motivation**

In addition to the mental health outcomes discussed above, mental health outcomes are often examined in terms of adjustment, such as academic achievement and motivation among youth. Research examining educational

outcomes has suggested a paradox in which some Asian American youth may have seemingly high educational achievement yet poor psychological outcomes (Qin et al., 2008). Combined with other stressors like family dynamics and miscommunication (Qin, 2008), the severance between high academic achievement and poor psychological adjustment may be associated with peer discrimination among Asian American youth. Because Asian American youth are more likely to experience peer discrimination compared to adult discrimination, peer discrimination may have less dire consequences on academic achievement but have negative effects on peer relations and psychological adjustment (e.g., Rosenbloom & Way, 2004). In other words, Asian American students may be perceived to be well-functioning as demonstrated by high academic achievement. Yet this shrouds the reality that some Asian American youth are not functioning as well in other areas of their lives.

One potential outcome of perceived racial discrimination is poor interpersonal adjustment, defined as engagement with peer groups. As noted earlier, Asian American youth tend to experience more discrimination from peers than from adults (e.g., Rosenbloom & Way, 2004). This may have important implications on adjustment, such as less cross-racial engagement—defined as having fewer friends of other racial backgrounds compared to other racial groups, including Whites (Wong & Halgin, 2006)—and greater mistrust and discomfort with other racial groups (Kohatsu, Dulay, Lam, Concepcion, Perez, Lopez, & Euler, 2000; Romero et al., 2007). Thus, poor interpersonal adjustment among some Asian American youth may be tied to peer-discrimination experiences.

### **Physical Health**

In addition to mental health risks, exposure to discrimination may be related to physical health risks. For example, among a sample of Asian American adolescents living in Southern California in an urban context, acculturation to American society predicted sedentary activities like watching TV and playing video games and also eating fast foods like pizza and hamburgers (Unger, Reynolds, Shakib, Spruijt-Metz, Sun, & Johnson, 2004). The researchers argue that in an attempt to become American and fit in with peers, Asian American youth may become more involved in unhealthy activities.

In an experimental study investigating identity denial on physical health, Guendelman, Cheryan, and Monin (2011) found that the perpetual-foreigner stereotype contributes to the unhealthy eating habits of Asian Americans. After being denied their American identity, Asian American

college youth were more inclined to report an American food as their favorite as well as to select an American food to eat off a menu with both American and Asian options. Given that traditional Asian foods are on average healthier than prototypical American foods, this compensatory strategy to assert their American identities may contribute to poorer physical health among Asian Americans. Thus, the unique burden placed upon Asian American youth to prove that they are American can lead to detrimental behavioral outcomes that put the health of these youth at risk.

Racial stereotypes and peer pressure may also contribute to body image and eating disorders among Asian American girls and young women. Racism may contribute to negative feelings among young Asian American women regarding their physical features, due to body-image dissatisfaction in pursuing the Western beauty ideal (Hall, 1995). Similar to findings on eating habits, acculturation appears to play a role in Asian American women's perceptions of their own bodies. Specifically, Asian American college women who reported higher internalization of Western media portrayals of beauty ideals reported higher body-image dissatisfaction. Thus, for some Asian American women, the effects of racism and acculturation can lead to low self-esteem and vulnerability to eating disorders (Hall, 1995).

### **Substance Use**

Substance use, including alcohol, tobacco, and other drugs, frequently co-occurs with psychological distress and depression (National Institute of Mental Health, 2009). Perceived discrimination is an important factor to consider in tangent with acculturation in examining substance use among Asian American youth. For example, higher levels of acculturation among Asian American adolescents were found to be related to higher levels of binge drinking (Hahm, Lahiff, & Guterman, 2004) and higher smoking prevalence rates (Chen, Unger, Cruz, & Johnson, 1999). In a study examining a large sample of Asian American female high school students of Chinese, Japanese, Korean, Filipino, and Vietnamese descent, depression was found to be significantly associated with alcohol and tobacco use (Otsuki, 2003). Similar to physical health findings, acculturation may play a role in increased substance use in response to discrimination. Yet a paucity of work has examined the role of discrimination on substance use among Asian American youth.

However, emerging work has begun focusing on discrimination and substance use among Asian American adults. A recent national study found that Asian American adults' exposure to racial discrimination was associated with higher history of alcohol disorder among those with low ethnic identity

(Chae, Takeuchi, Barbeau, Bennett, Lindsey, Stoddard, & Krieger, 2008). Among Asian American adults living in Arizona, reports of differential treatment due to race were associated with increased alcohol and controlled substance use, and being treated not as American was associated with increased tobacco use (Yoo, Gee, Lowthrop, & Robertson, 2009). Extensive research linking discrimination and substance use, however, is understudied among this population, and it remains to be seen whether these associations will be found with Asian American youth.

### **Culture-Bound Syndromes**

In addition to Western disorders, Asian American youth may experience culture-bound syndromes, or psychiatric and somatic symptoms considered recognizable disorders only within specific cultures (U.S. Department of Health and Human Services, 2001). These syndromes occur with greater frequency in immigrant, refugee, student, and sojourner populations in the United States than in native-born populations (*see* Dana, 2002, for a review). Often these physical states and symptoms (e.g., poor appetite or pain) cannot be translated to an English equivalent (Gee, 2004). This area of research has received little attention among youth. Because mental illness may be heavily stigmatized in certain Asian communities, some youth may experience their anxieties in terms of physical aches and pains consistent with specific culture-bound syndromes. For Asian American adolescents, the earliest symptoms of anxiety may be somatic complaints, sleep and appetite disturbance, and poor school performance (Gee, 2004; Huang, 1997), but this work has yet to be examined through the context of racial discrimination.

As emphasized throughout this chapter, discrimination has been found to be associated with worsened mental health outcomes for Asian Americans and other racial minority groups. However, little research has addressed *how* perceptions and experiences of discrimination influence the development of mental illness and distress (Brondolo, Gallo, & Myers, 2009). Among adults, Hatzenbuehler, Nolen-Hoeksema, and Dovidio (2009) have suggested that rumination, defined as the tendency to passively and repetitively focus on one's symptoms of distress and the circumstances surrounding those symptoms, may be one explanation for the association between discrimination and psychological distress among African Americans and lesbian, gay, and bisexual individuals. However, to our knowledge, this line of research has not been examined among Asian Americans. Future research should examine how processes like rumination may impact the development of mental illness among Asian American youth.

## **POSSIBLE BUFFERS AGAINST NEGATIVE CONSEQUENCES OF PERCEIVED DISCRIMINATION**

What types of individual characteristics may help mitigate the harmful effects of perceived racial discrimination among Asian American youth? In the following section, we focus on two potential buffers: ethnic identification and social support.

### **Ethnic Identity**

Research on ethnic identity, defined as the attachment one feels toward one's cultural heritages (Cheryan & Tsai, 2006), has shown that being highly identified with one's ethnic group is positively associated with life outcomes such as well-being and self-esteem (Crocker, Luhtanen, Blaine, & Broadnax, 1994; Lee, 2003). However, there is inconclusive evidence on what role ethnic identity plays in the connection between discrimination and health outcomes.

For example, in a study of Chinese American sixth-graders in New York, Rivas-Drake and colleagues (2008) found that ethnic identification attenuated the link between discrimination and poor health outcomes. Experiences of peer discrimination were positively associated with depressive symptoms and negatively associated with self-esteem; however, students with higher ethnic identification reported fewer depressive symptoms in the face of peer discrimination compared to those with lower ethnic identification. Thus, ethnic identity was shown to buffer the negative effects of discrimination on self-esteem and depressive symptoms.

In contrast, other research has not found that level of ethnic identification influences the link between discrimination and well-being. In a daily-diary study conducted by Huynh and Fuligni (2010), Asian American high school students from ethnically diverse public high schools reported their experiences of discrimination and completed a checklist measure of daily distress and self-report measures of self-esteem and depressive symptoms. They found, as others have, that greater experiences of discrimination were significantly associated with lower self-esteem, depressive symptoms, and increased distress. However, there was no evidence to suggest that ethnic identification played a role in attenuating or exacerbating the link between discrimination and these life outcomes. Similarly, Lee (2003) surveyed Asian American college youth at a large midwestern university on ethnic identification, perceived ethnic group and personal discrimination, and several measures of well-being. Replicating previous studies, greater perceptions of discrimination were associated with lower self-esteem and social connectedness. Lee (2003) found no evidence, however, to suggest

that ethnic identification had a significant influence on the link between discrimination and well-being.

This mixed evidence concerning the beneficial role of ethnic identity may be partly explained by the different approaches used by researchers. Ethnic identity is a multifaceted construct, yet much of the research within this domain has concentrated on two components: the extent to which individuals incorporate the ethnic group into their self-concept (Huynh & Fuligni, 2010; Lee, 2003; Phinney, 1990) and the private regard individuals hold for their ethnic group (Huynh & Fuligni, 2010; Lee, 2003). Focusing on these two components of ethnic identity has led to inconclusive evidence regarding how ethnic identity influences the relationship between discrimination and health outcomes. Meanwhile, other research investigating the sole influence of public regard, or an individual's perception of how others view their own group (Rivas-Drake et al., 2008; Sellers, Rowley, Chavous, Shelton, & Smith, 1997), has shown that ethnic identity may buffer against the effects of discrimination. Rivas-Drake and colleagues (2008) speculate that the buffering effect of public regard may stem from how Asian American youth draw from overall positive perceptions of their group conferred by adults to discount the day-to-day discrimination faced from peers. Due to the multifaceted nature of ethnic identity, more research will be necessary to further understand what role and which components of ethnic identity affect the relationship between discrimination and mental health.

### **Social Support**

The quality of support from parents and peers may be crucial in buffering against the daily stressors that Asian American youth experience. Qin (2008) found that Chinese American parents who were compassionate and communicated with their children about developmental and acculturation challenges, such as language barriers and adjusting to peer groups, raised children who reported less psychological distress than parents who strictly emphasized performance and achievement. In addition, some research has found that greater peer support is associated with better mental health among Chinese American adolescents. Specifically, Grossman and Liang (2008) found that with greater peer support, the association between greater discrimination distress and lower social competence was reduced. Peer support may be especially critical in protecting against the negative effects of discrimination among Asian American youth. Together, adult and peer social support can buffer the negative impact of stressful events, including discrimination.

Support may also be provided through mental health services such as counseling. Asian Americans utilize mental health services at a lower rate compared to other Americans (Sue, 1994). One cultural explanation for this discrepancy is “loss of face,” or socially sanctioned claims concerning one’s social character or integrity in relation to prescribed roles (Zane & Yeh, 2002). Within the family context, Asian American parents may believe in keeping psychological issues within the family and be reluctant to seek mental health services (Gee, 2004). It is unclear how an increasingly U.S.-born population perceives mental health services, but there is some evidence to suggest that U.S.-born Asian American young adults also hide psychological problems because of fear of stigmatization (Lee, Joun, Martinez, Hsu, Robinson, Bawa, & Ma, 2009). Future research should examine how mental health services such as counseling can be more conducive to the needs of Asian American youth.

## CONCLUSION

Racial discrimination is a critical factor to consider in the healthy development of Asian American youth, beginning from a young age and particularly during adolescence. Increased evidence suggests that racial discrimination is associated with negative mental health outcomes such as depression and anxiety. To improve the health among youth, research needs to expand our knowledge of discrimination experiences and develop effective interventions to reduce the discrimination and prejudice that afflict Asian Americans, who are often misperceived to be immune from the negative effects of racism. Understanding the negative effects of discrimination will be particularly important as the number of Asian American youth continues to rise steadily in the United States.

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**Library of Congress Cataloging-in-Publication Data**

Asian American and Pacific Islander children and mental health / Frederick T.L. Leong ... [et al.], editors.

p. cm. — (Child psychology and mental health)

Includes bibliographical references and index.

ISBN 978-0-313-38300-7 (hardcopy: alk. paper) — ISBN 978-0-313-38301-4 (ebook) 1.

Asian Americans—Mental health. 2. Asian Americans—Psychology. 3. Asian Americans—Social conditions. 4. Pacific Islander Americans—Mental health. 5. Pacific Islander Americans—Psychology. 6. Pacific Islander Americans—Social conditions. I. Leong, Frederick T. L. II. Title. III. Series.

RC451.5.A75A828 2011  
362.196'8908995073—dc22 2010045378

ISBN: 978-0-313-38300-7


EISBN: 978-0-313-38301-4

15 14 13 12 11 1 2 3 4 5

This book is also available on the World Wide Web as an eBook.  
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Praeger  
An Imprint of ABC-CLIO, LLC

ABC-CLIO, LLC  
130 Cremona Drive, P.O. Box 1911  
Santa Barbara, California 93116-1911

This book is printed on acid-free paper   
Manufactured in the United States of America

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## SERIES FOREWORD

The 20th century closed with a decade devoted to the study of brain structure, function, and development that in parallel with studies of the human genome has revealed the extraordinary plasticity of biobehavioral organization and development. The 21st century opened with a decade focusing on behavior, but the linkages between brain and behavior are as dynamic as the linkages between parents and children, and children and environment.

The Child Psychology and Mental Health series is designed to capture much of this dynamic interplay by advocating for strengthening the science of child development and linking that science to issues related to mental health, child care, parenting, and public policy.

The series consists of individual monographs or thematic volumes, each dealing with a subject that advances knowledge related to the interplay between the normal developmental process and developmental psychopathology. The books are intended to reflect the diverse methodologies and content areas encompassed by an age period ranging from conception to late adolescence. Topics of contemporary interest include studies of socio-emotional development, behavioral undercontrol, aggression, attachment disorders, substance abuse, and the role that culture and other influences have in shaping developmental trajectories. Investigators involved with prospective longitudinal studies, large epidemiologic cross-sectional samples, intensely followed clinical cases, or those wishing to report a systematic sequence of connected experiments are invited to submit

manuscripts. Investigators from all fields in social and behavioral sciences, neurobiological sciences, medical and clinical sciences, and education are invited to submit manuscripts with implications for child and adolescent mental health.

*Hiram E. Fitzgerald, Series Editor*

## PREFACE

In 2002, Praeger Press launched a new series devoted to advancing understanding of the relationship between child psychology and children's mental health. The first volume focused on imaginative play in early childhood and subsequent volumes examined a wide range of research, policy, and practice issues influencing the mental health of children and adolescents. The collective force of the nine volumes published thus far has provided national stature for the Child Psychology and Mental Health series.

Although population diversity has been represented in past volumes, they do not provide systematic inclusion of the broad issues confronting minority populations. A chapter on juvenile justice disparities among Latina/o youth, one on tribal boarding schools, another on the historical impact of slavery on contemporary African American families, or the legacy of internment of Japanese families during the Second World War, does little justice to the rich set of issues affecting the mental health of children from America's increasingly diverse racioethnic population. Most conservative estimates indicate that by 2050, at least one-half of U.S. children will be members of currently defined minorities, and many of them will speak Spanish as fluently as they speak English.

In providing justification for the volumes on youth crisis, I noted that professional and public documents increasingly draw attention to the pervasive problems affecting individual, family, and community development. It was not difficult to point out that the extraordinary number of children with poor self-regulatory skills (internalizing and externalizing disorders,



oppositional defiant disorders, attention deficit hyperactivity, poor impulse control) and poor school achievement; the extent of the impact of single parent homes (primarily without fathers); the long-term effects of child abuse (physical, sexual, emotional) and neglect; and the rise in gangs, substance abuse, aggression, poverty, and the dissolution of a sense of community, are factors that have fueled a crisis in children's mental health in the United States. In many instances, these issues are exacerbated in children and families of color, exacerbated because of poverty, institutional racism, and a deep sense of anomie. However, in many other families of color, children do succeed, families are functionally well, and hopes and aspirations are achieved. Although single volumes have addressed these issues, including volumes written by many of the authors attached to the current series, there has been no comprehensive, focused attention directed to articulation of the core issues of child development and mental health within the major minority groups in the United States and internationally as well.

The years from conception to postnatal age five are vital for all children's development. It is during these years that children develop the neurobiological and social structures that will facilitate brain development and its expression in social-emotional control, self-regulation, literacy and achievement skills, and social fitness. However, while the early years are extraordinarily important in the organization of biopsychosocial regulation, a dynamic and contextual approach to life span development provides ample evidence that there are critical developmental transitions that elementary children, youth, adolescents, and emergent adults must negotiate if they are to construct successful life-course pathways. What also is clear is that public access to state-of-the-art knowledge and recommendations about future scientific and public policy practices is limited by lack of concentrated information about developmental issues facing children and families whose skin color, culture, and racial identities are different from those of children from the dominant population.

This set is one among nine volumes targeting the educated public: individuals who not only are responsible for public policy decisions, but those individuals who are responsible for raising America's children, voting for policy makers, and making decisions about policy issues that may or may not positively affect all children. Two volumes each will address child development and mental health issues in African American children, Latina/o children, Asian children, American Indian children, and children from around the world. The collective nine volumes capture the state of the art in knowledge known and knowledge to know, and will examine social and public policies that impede or enhance positive mental

health outcomes among an increasingly significant portion of America's children as well as children around the world.

This project would not have been possible without the good will and hard work of a dedicated set of editors, uniquely selected for each two-volume set. Their efforts combined with commitments from an extraordinary group of social, behavioral, and life science scholars enabled completion within our projected two year project period. I cannot express deeply enough my thanks to authors for enduring countless email deadline announcements, quick responses to track changed manuscripts, and their good spirits throughout the editorial process. Of course, behind the scenes are the individuals who manage the production process. Prior to enrolling in graduate school, Lisa Devereaux provided initial assistance for tracking the flow of editor and author contacts. For most of the duration of the project, Julie Crowgey has served as the project manager, coordinating editors and authors and publisher to move the project toward its completion. She truly has been the glue that has held everything together. Additional thanks to Adina Huda and Gaukhar Nurseitova for their always perfect and prompt technical assistance with graphics. Finally, I must acknowledge Deborah Carvalko, Praeger editor, who conceived of the idea for the Praeger series and recruited my involvement. It has been a pleasure working with Deborah to produce all of the volumes in the Praeger series drawing attention to the interface between child psychology and mental health.

*Hiram E. Fitzgerald*

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## **Chapter 1**

# **ASIAN AMERICAN YOUTH'S DEPRESSION AND ANXIETY IN CULTURAL CONTEXT**

*Frederick T. L. Leong, Evelyn R. Oka, and  
Brittany Lannert*

The sadness and worry of depression and anxiety can shatter a person's world. This is particularly true for children and youth who are still developing cognitive and emotional resources needed for effective coping. For American children and adolescents of Asian and Pacific Islander backgrounds (AAPIs), their cultural characteristics and circumstances may result in unique psychological experiences of distress. Placing depression and anxiety in a cultural context is important to accurately understand their experience of these problems and to identify appropriate and promising pathways to promote well-being. Psychological disorders may not only have a different symptomology for AAPI youth, with different conceptual and behavioral definitions (Leong, Okazaki, & Tak, 2003), but also may emerge from within a different constellation of individual, family, and societal characteristics and experiences (Nguyen & Huang, 2007).

### **OVERVIEW OF DEPRESSION AND ANXIETY AMONG ASIAN AMERICAN YOUTH**

This chapter begins with an overview of general research on depression and anxiety among Asian Americans and moves on to the very limited

prevalence data available. The adult prevalence of depression and anxiety among Asian Americans is comparable to that of European Americans, despite considerably lower rates of treatment (Lee, Lei, & Sue, 2001). Research suggests that depression and anxiety are salient problems in Asian American youth as well, but remain understudied and undertreated (Roberts, Roberts, & Chen, 1997). There is a great need for further research to determine the extent and severity of depression and anxiety among Asian American youth. When addressing the samples included in our review, it is important to point out that much more research is available on East Asians (e.g., Chinese and Japanese) than other Asian subgroups. Therefore, research is clearly needed to correct the imbalance.

Studies on the relationship between ethnicity and distress explicitly or implicitly rely primarily on one of two models (Mirowsky & Ross, 1980). The first is the minority status perspective, which suggests that psychological distress is due to a variety of socioeconomic factors and chronic social stressors associated with the disadvantaged position of minority status. The second is the ethnic culture perspective, which suggests that psychological well-being varies in association with salient cultural values and beliefs. In addition, a widespread perspective that persists in both research and practice is a deficit model that narrowly focuses on problems within individuals and ignores cultural contexts. This view has resulted in substantial barriers to research and treatment by failing to consider the cultural appropriateness of diagnostic, research, and treatment models. Historical and cultural barriers that include scientific racism, prejudice and discrimination, incongruity in values (e.g., self-disclosure), stigma, lack of information/access, negative experiences in treatment, and preference for community/culturally appropriate services (Sue & Sue, 1990) also discourage research and treatment.

Numerous shortcomings have been identified in research with Asian Americans. There is a limited amount of research on Asian Americans, especially Asian American youth. Research often fails to disaggregate data for subgroups, obscuring real and possible subgroup differences (Gee, 2004). The lines between race, ethnicity, and culture are often blurred, and these terms are used interchangeably. Research has primarily included older children (age 10-plus) and adolescents, resulting in limited research on younger children. More research has examined depression and its correlates in Asian American youth compared to anxiety. While research has primarily focused on outcomes or correlates of depression and anxiety, less research has examined developmental trajectories, protective factors, and evidence-based treatments. Much research has been done with special groups/circumstances (e.g., Cambodian refugees and post-traumatic stress

disorder, or PTSD); more general research is limited. In research on anxiety, there remains an emphasis on college students and social anxiety, and also specialty populations (e.g., refugees) and associated distress (PTSD; Sack, Seeley, & Clarke, 1997; Hubbard, 1998; Kinzie et al., 1989; Muecke & Sassi, 1992). Currently, research on anxiety is focused on social anxiety, interpersonal relationships, and related cultural values.

Generally, there is a lack of epidemiologic data comparing ethnic group rates of depression and anxiety using the same measures, making cross-group comparison of prevalence rates difficult (Choi, Meininger, & Roberts, 2006). Research examining prevalence rates of depression in comparison to European American adolescents has produced mixed results; some has shown no ethnic differences, some has shown greater rates for Asian Americans (e.g., Asian Indian American adolescents reported higher rates of anxiety than European Americans (Farver et al., 2007), and some has shown lower rates (Roberts et al., 1997; Doerfler et al., 1988). Studies suggest a prevalence rate of generalized anxiety disorder (GAD), overanxious disorder, and social phobia of around 9 percent (Hishinuma et al., 2001). Asian American children receiving mental health (MH) services are more likely than non-Asian Americans to receive a diagnosis of an anxiety or adjustment disorder (Nguyen et al., 2004).

A heavily cited study produced the following depression rates with a large diverse sample (Roberts et al., 1997). Prevalence across the whole sample was 8.4 percent without and 4.3 percent with impairment: (a) Asian Indian American: 7.6 percent without/3.5 percent with; (b) Pakistani American: 6.9 percent/2.3 percent; (c) Vietnamese American: 6.3 percent/3.0 percent; and (d) Chinese American: 2.9 percent/1.9 percent. Other findings showed that prevalence rates were higher with lower SES, but the effect of the interaction between SES and ethnicity was insignificant. Also, there were significant effects of gender across groups; females reported higher rates. Other recent studies have produced depression prevalence rates higher than or equal to those of European American adolescents (Choi, Stafford, Meininger, Roberts, & Smith, 2002; Stewart et al., 1999). One study showed higher rates of depressive symptoms for Asian American children (Bankston & Zhou, 1997). Compared to European, African, and Hispanic American adolescents, Asian Americans reported the highest scores on family conflicts, stress, discrimination, and somatic symptoms, and the lowest levels of family cohesion, self-esteem, coping, and suicidal ideation (Choi, Meininger, & Roberts, 2006). However, a very recent study suggests that Asian American children are significantly less likely than European American or African American children to engage in internalizing behaviors later in life (Morgan, Farkas, & Wu, 2009). In general, there is very

limited empirical research on the topic, and the studies that do exist provide conflicting findings.

## **CULTURAL FACTORS RELATED TO DEPRESSION AND ANXIETY**

A number of researchers have persuasively argued that the unique experiences of racism, discrimination, and segregation that may accompany growing up as an ethnic minority can result in culturally distinctive developmental trajectories (García Coll, Akerman, & Cicchetti, 2000; García Coll et al., 1996; Quintana et al., 2006). Depending on one's social address (race, ethnicity, class, and gender), children and youth may encounter opportunities and challenges that afford or limit the course of their psychological development. This section will examine how four cultural features of the developmental context may affect depression and anxiety among Asian American and Pacific Islander children and youth: (a) immigration and acculturation, (b) racial discrimination, (c) parent-child relationships, and (d) cultural ways of being.

## **ACCULTURATION AND IMMIGRATION STATUS**

A distinguishing feature of AAPIs is their rich diversity despite the fact that they are often viewed as a singular group. A fundamental dimension on which AAPIs differ is their degree of acculturation and generational status. Some individuals arrive in the country as infants, some as adolescents, and others are not immigrants at all. There were an estimated 14 million AAPIs (identified as Asian alone) in the United States in 2008 (2008 Population Estimates, U.S. Bureau of the Census), which represents a 39 percent increase over the 2000 census. When reports include identification as other race/ethnic groups, individuals who identify themselves as Asian in addition to being a combination of one or more other races together with those who are Asian alone, 14.8 million individuals view themselves as Asian, in part or whole (2006–2008 American Community Survey, U.S. Bureau of the Census). When combined with Asian Americans, Pacific Islanders comprise about 4 percent of this total group. While the largest ethnic groups among Asian Americans continue to be Chinese (24 percent), Filipino (20 percent), Asian Indian (18 percent), Korean (11 percent), Vietnamese (15 percent), and Japanese (8 percent), these groups have had varying rates of growth over the past decade, with some increasing (e.g., Vietnamese) and others declining (e.g., Japanese).



Much of the increase over this eight-year period has been attributed to increased immigration from Southeast Asia, particularly in populations fleeing areas of military conflict and political strife. The population of Hmong and Vietnamese increased by more than 82 percent, and the number of Asian Indians doubled during that period, while Japanese in the United States declined in population (2000 Census, 2008 Population Estimates, U.S. Census Bureau). This influx of immigrants has resulted in an estimated 64 percent of Asians in the United States who are first generation, 27 percent second generation, and less than 10 percent who are third generation or higher (Zhou, 2004). Among all Asian and Pacific Islanders, 88 percent are estimated to either be foreign-born or to have at least one parent who was born outside of the United States (Kim et al., 2006). These data reflect historical changes in immigration patterns and reasons for coming to the United States that vary by ethnic group. The percentage of children under 18 years of age falls between 24 and 26 percent for most ethnic groups, except for Vietnamese and Filipino (27 percent) and Native Hawaiian and Pacific Islander (35 percent).

A central task of both immigrant and non-immigrant children is acculturation. A classic definition of acculturation is the changes that occur when different cultural groups are brought together (Berry, 2003). These changes may be cultural or psychological. Adaptations may occur, for example, in practices and customs, or in attitudes and identity (Phinney, 2003). This definition does not limit change to a particular cultural group, although nearly all research focuses on changes that occur in immigrant or minority groups rather than majority populations. Assimilation, which is often used synonymously with acculturation, will be used here specifically to refer to a particular approach to acculturation involving the participation in and adoption of patterns of the dominant culture (Berry, 1980). From an ecological perspective, this process occurs within a political, economic, social, and developmental context that influences the nature of that process (García Coll et al., 1996; Huang, 1994; Le, 2007). For example, an adolescent of Japanese ancestry growing up in the United States during World War II faced different barriers to acculturation than a child growing up Chinese or Korean American. Societal factors such as perceived national security threats, community characteristics such as presence of other AAPI students in a school, and family features such as the language spoken at home can affect interpersonal interactions and one's experience of acculturation, and result in differential psychological consequences.

Acculturation typically involves balancing at least the heritage culture of the origin country with the settlement culture. Children growing up Asian in America experience multiple, overlapping, and at times conflicting

cultures. The more recent the immigration experience, the greater the acculturative stress (Berry, Phinney, Sam, & Vedder, 2006). Youth who arrive as immigrants to the country or are socially isolated from other ethnic group members are likely to be more conscious of their race and ethnicity than youth who grow up in ethnic enclaves or mixed-ethnic communities. In more diverse settings, ethnic identity and cultural incongruities may not be as salient, and individuals may be insulated from these stresses until later in development (Huang, 1994).

Similarly, the structural features of schools can highlight or downplay race and ethnicity. Schools with large enrollments of AAPI students are likely to view the values, communication patterns, and parenting styles of AAPI families as normative, rather than as atypical or deficient. Depending on students' generational status, degree of acculturation, and the characteristics of the school, students may make an effort to fit in and conform to the peer culture. Alternatively, situations that make one acutely aware of being an ethnic minority may heighten the sense of isolation and anxiety (Huang, 1994). This is especially true during adolescence, when youth are typically concerned with establishing their identity, forging friendships, and negotiating acceptance into groups. When these normative developmental tasks intersect with issues of acculturation, this can be an unsettling time. For example, coming of age in Western societies values individuation, the achievement of independence, and differentiation. This clashes with Asian cultural traditions, which view the self as developing interdependence and connectedness (Markus & Kitayama, 1991). Thus, the challenge is reconciling these conflicting cultural ways of being to promote a sense of belonging in both worlds.

How one approaches acculturation is important because it can have effects on psychological adjustment and well-being. Researchers have conceptualized acculturation in terms of two independent dimensions corresponding to individuals' attitudes toward (1) maintaining their heritage culture and (2) participating in their settlement culture (Berry, 1980). When considered together, these two factors yield four distinctive forms of acculturation: assimilation, marginalization, integration, and separation. *Assimilation* consists of a high degree of involvement in the larger society and a lack of interest in the heritage culture. *Separation* focuses on the heritage culture to the exclusion of the settlement culture. *Integration* involves a balanced orientation to participating in both the heritage culture and society at large. *Marginalization* is marked by little interest and contact with both the heritage culture and others in society (Berry, 1980, 1997; Phinney, 1990). Research suggests that integration, a more balanced approach to acculturation that preserves both an individual's heritage and settlement cultures,

is associated with healthier psychological adjustment among adolescents across countries (Berry et al., 2006; Phinney, Lochner, & Murphy, 1990). Separation and marginalization, which are marked by a sense of disconnection from the host culture, are correlated with alienation and depression (Huang, 1994).

In a large-scale study of immigrant ( $n = 5,366$ ) and national ( $n = 2,631$ ) adolescents from 13 countries, Berry et al. (2006) further examined approaches to acculturation and found four profiles based on a cluster analysis of acculturation attitudes (integration, separation, assimilation, and marginalization), cultural identities, language use, involvement with peers, and relationship with parents. Adolescents fit into one of four profiles: ethnic (22.5 percent), national (18.7 percent), integration (36.4 percent), and diffuse (22.4 percent). The ethnic, national, and integration acculturation profiles paralleled the definition of acculturation attitudes (separation, assimilation, and integration, respectively). The diffuse profile was more ambiguous, marked by inconsistent patterns of high ethnic language with low ethnic identity and low national identity and participation. The acculturation profile was related to the period of residence in the country; the longer the adolescents had resided in the settlement country, the more likely they were to have integration or national profiles. The diffuse pattern was found most among adolescents who were recent immigrants and least likely to live in ethnically diverse settings.

The form of adolescents' acculturation matters because research has shown it to be related to psychological and sociocultural outcomes. Adolescents with the integration profile had the best adjustment; they were more likely to report higher levels of self-esteem, a greater sense of well-being, less anxiety and depression, better school adjustment, and fewer behavior problems than the other groups. Individuals with a diffuse profile had the poorest psychological and sociocultural adjustment (Berry et al., 2006). These findings suggest that, in general, the longer immigrants have been in a country, the better their adjustment, but this is more complex than it appears. The *ethnic* profile, for example, was unrelated to length of residence and associated with high psychological adjustment, but low sociocultural adjustment. This suggests that being part of an ethnic community is beneficial for one's life satisfaction and well-being, but may not facilitate successful engagement outside of these settings. The psychological adjustment of adolescents with a *national* profile was worse than the integrated and ethnic profile groups, but better than the diffuse group. The national group did not fare as well as expected in sociocultural adjustment, which fell slightly below the overall mean across all groups. While the reasons for this were not clear, the national profile was found most among

adolescents in communities where their ethnic group was in the minority. Berry et al. suggest that the ecological features of the setting may play an important role in acculturation patterns. In addition, gender matters. Girls had higher sociocultural adjustment; that is, they were more successful in school and had fewer behavior problems than boys, but were more likely to have psychological problems such as anxiety or depression. Boys, in contrast, were more likely to have behavior problems and lower school achievement than girls and fewer problems in psychological adjustment.

While this research did not separately study AAPI populations, other investigators have built on and expanded Berry and Phinney's seminal work. Research on Asian American populations has replicated some of these findings, but also revealed a more complex pattern of acculturation and adjustment. Measuring heritage and host orientations separately, Nguyen, Messé, and Stollak (1999) found that involvement in American culture was positively correlated with higher self-esteem, less depression, and more positive family relationships, whereas a high orientation to Vietnamese culture was positively related to the quality of family relationships but negatively correlated with personal adjustment. The authors speculated that an "American" orientation was more important for adjustment in this community of few Vietnamese families than in settings with larger Vietnamese communities. Contrary to previous research on other ethnic groups, these results did not indicate that an integrated acculturation orientation was most adaptive and highlight the importance of taking into account the sociocultural contexts of acculturation in relation to adjustment.

Kim et al. (2006) further refined the study of acculturation by separately measuring Asian, Anglo, and Asian American (a hybrid of heritage and host cultures) marginalization and depression in Korean American, Chinese American, and Japanese American adolescents and their parents. They found that depression was greater among Asian American adolescents who experienced being marginal members as Asian Americans and whose fathers experienced being marginal members of the Anglo culture. These findings indicate the important role that parents' acculturation status can play in adolescents' adjustment and acculturation and the value of considering multiple orientations that include the unique acculturation experience of being Asian American.

In summary, the process of acculturation is influenced by the characteristics of the various ecological systems, including the individual, family, school, community, and society, and unfolds in different ways for individuals. Acculturation that maintains involvement in both ethnic heritage and mainstream cultures (integration) is more likely to be associated with positive psychological functioning and successful engagement in

the larger society than diffuse or marginalized patterns. The acculturation process appears to be developmental, with individuals who have resided longer in the country more likely to display an *integration* approach than recent immigrants, who show the most *diffuse* profile and *marginalized* attitudes. It is clear, however, that the sociocultural context matters, and the acculturation experience differs by gender. Local ecology was correlated with specific forms of acculturation; acculturation was more likely to take the form of the *integration* profile in mixed ethnic neighborhoods, *ethnic* in ethnic communities, and *national* in predominantly majority neighborhoods (Berry et al., 2006). Having some form of contact with ethnic communities may buffer acculturative stress and help sustain heritage culture identity and involvement. Both integration and ethnic profiles are thus correlated with positive psychological adjustment, less depression, and lower levels of anxiety.

## RACIAL DISCRIMINATION

Acculturation and psychological adjustment occur in a cultural context that invariably includes experiences of racial discrimination (García Coll et al., 1996). Depending on where families reside, experiences of ethnic or racial discrimination may be commonplace and can adversely affect both the physical and mental health of children and adults. Some researchers argue that ethnic discrimination is properly viewed as a form of violence (Sanders-Phillips, 2009) that can range from subtle “microaggressions” (Sue, 2009) to racial slurs to false accusations of wrongdoing to explicit threats or acts of physical harm. Racial discrimination has thus been viewed as a form of trauma that can lead to psychological distress in individuals as well as to a weakening of systems of social support (Sanders-Phillips, 2009).

Research suggests that children and youth at different ages experience and respond to racial discrimination differently (Brown & Bigler, 2005). In early childhood, children’s understanding of the world tends to be concrete and characterized by limited perspective-taking. A preschool child may perceive differences in skin color among peers, but view this as a difference in their “tan” rather than as indicators of race. When exposed to discrimination, they may not recognize or understand the meaning of these experiences. Nevertheless, young children may absorb the negative effects of discrimination indirectly through the personal experiences of family and friends or directly through the media and popular culture (Simons et al., 2002). Young children’s repertoire of coping strategies is likely to be limited, and exposure to racial discrimination can lead to depression and

lowered self-efficacy. As children develop the ability to think abstractly and to comprehend concepts such as race and justice, they can become more aware of racial inequities and feel helpless and discouraged. Adolescents are better able than younger children to discern when racial discrimination occurs and may have more direct experiences as they venture beyond the protective shelter of their families and communities. They are also better able to make causal connections between their status as a member of an ethnic minority group and its effect on how they are treated and the opportunities they are given (Brown & Bigler, 2005).

Exposure to racial discrimination has been shown to adversely affect the psychological adjustment of children and youth of color. Much of this research has been conducted with African American youth and found racial discrimination to be associated with depression (Caughy et al., 2004; Prewitt et al., 2004; Simons et al., 2002; Wong et al., 2003), lower self-esteem (Nyborg & Curry, 2003), and increased feelings of hopelessness (Nyborg & Curry, 2003; Sanders-Phillips, 1997).

Acculturation profiles have also been found to correlate with perceived discrimination. Adolescents characterized by an integration profile reported the least discrimination, followed by those with a national orientation (Berry et al., 2006). Adolescents with an ethnic profile reported significantly more discrimination than integration and national profiles, with diffuse patterns experiencing the most discrimination. Perceived discrimination was also significantly and negatively correlated to both psychological and socio-cultural adjustment, suggesting that adolescents with ethnic and diffuse profiles are more likely to experience psychological problems. These results have also been found with Chinese American adolescents who displayed more depressive symptoms with higher levels of perceived discrimination (Juang & Cookston, 2009).

While research examining racial discrimination and psychological outcomes with AAPI youth is meager, several studies have found correlations with lower self-esteem among East Asian, South Asian, and Asian American youth (Fisher et al., 2000; Greene, Way, & Pahl, 2006), depression among Chinese American adolescents (Benner & Kim, 2009; Greene et al., 2006; Grossman & Liang, 2008; Juang & Cookston, 2009), and alienation and isolation in Chinese American adolescents (Benner & Kim, 2009). Furthermore, AAPI adolescents are more likely to experience discrimination from peers than are other ethnic groups (Fisher et al., 2000; Rosenbloom & Way, 2004; Young & Takeuchi, 1998), including from other Asian American peers (Greene et al., 2006). This typically takes the form of ethnic teasing or exclusion from activities by peers. AAPI adolescents are also more likely to experience higher expectations in school at the

same time that they are being discouraged from taking advanced classes and feeling physically threatened (Fisher et al., 2000). The contradictory experience of limited access to opportunities in the face of higher expectations appears to be a form of racial bias unique to AAPI youth. This form of discrimination can be difficult to discern because it can be camouflaged by the “model-minority” stereotype. Some youth may view this positively and enjoy preferential treatment, but the stereotype also communicates differential expectations that can elicit frustration, resentment, and harassment from peers.

The more discrimination that Asian American adolescents experience, whether from peers or adults, the greater their depressive symptoms and the lower their self-esteem (Greene et al., 2006). Furthermore, an increase in perceived discrimination over the high school years has been found to be accompanied by a greater decline in self-esteem and worsening of depression compared to peers who do not report more discrimination (Greene et al., 2006).

## **PARENT-CHILD RELATIONSHIPS**

Families can be both places of refuge and wellsprings of distress. As children and youth navigate the acculturation process, it is also important to examine the family context in which this occurs. A productive approach to studying family contexts and psychological problems has been to examine the goodness of fit (Lerner & Lerner, 1983) between parents’ and adolescents’ expectations. When children’s expectations align with those of their parents, there are more positive outcomes and fewer psychological problems than when there is discontinuity. For example, when Asian students in late adolescence (17 to 24 years of age) held similar expectations to their parents for when they should be allowed to independently make choices about various aspects of their lives, they reported higher self-esteem, closer relationships with parents, and lower rates of depression than those with dissimilar views (Juang, Lerner, McKinney, & von Eye, 1999). In contrast, greater levels of depression have been reported when discrepancies exist between AAPI adolescents and their parents in expectations for parental warmth (Wu & Chao, 2005), orientation toward heritage culture (Costigan & Dokis, 2006), and American acculturation (Kim et al., 2009).

Conflict between parents and their children is normative, especially during adolescence, but these generational differences in acculturation between AAPI parents and children can lead to conflicts that may be the key to long-term psychological well-being (Phinney & Ong, 2002).



Conflicts arising from acculturation differences in AAPI families typically involve clashes between fundamental Asian and Western values that can leave parents bewildered and disappointed and children feeling conflicted, confused, disloyal, and helpless (Kim, Chen, Li, Huang, & Moon, 2009; Ying & Chao, 1996; Ying, Combs, & Lee, 1999). These intergenerational acculturation differences have been found to lead to sustained parent-child conflicts, which in turn can lead to depression in adolescents (Juang, Syed, & Takagi, 2007; Ying & Han, 2007). In a sample of Southeast Asian American adolescents ages 14 to 17, Ying and Han (2007) found that intergenerational and intercultural conflict significantly mediated the effects of acculturation gaps on depressive symptoms. This was especially true for girls, who had higher levels of depression than boys.

Not only is the quality of parent-child interactions predictive of depressive symptoms, but so is the quality of parenting. Acculturation discrepancies between Chinese American immigrant adolescents and their fathers have been found to be associated with unsupportive parenting, which directly predicted depression (Kim et al., 2009; Weaver & Kim, 2008). Adolescents who had large differences in acculturation compared to their fathers reported less warmth, infrequent monitoring, and decreased use of inductive parenting strategies. Similar results have been reported with Korean American adolescents (Kim & Cain, 2008). Taken together, these findings indicate that the quality of parent-child relationships plays a more direct role in depression than the acculturation gap. It suggests that tending to parent-child interactions, particularly with fathers, to promote closer and more supportive relationships may reduce the risk of depression.

## **CULTURAL WAYS OF BEING**

The emphasis on group harmony and interdependence that characterizes Asian cultures can lead to a greater sensitivity to the feelings and judgments of family members as well as to those of outsiders (Kitayama & Markus, 1991). Some researchers have suggested that the collectivist orientation of Asian cultures may place AAPIs at risk for social anxiety (Hsu & Alden, 2007; Lau et al., 2009), while others have argued that heightened concerns about social evaluation are culturally appropriate (Hong & Woody, 2007). Asian American college students and adults have been found to score higher on measures of social anxiety than their European American counterparts (Hsu & Alden, 2007; Okazaki, 2002; Okazaki et al., 2002). They have been reported to display greater levels of shyness, inhibition, fear, and distress in new settings (Hsu & Alden, 2007;

Lau et al., 2009; Xie & Leong, 2008). The limited research with children and youth, however, leaves important questions unanswered, including how early these differences appear, whether they persist in adulthood, and whether they emerge later in development.

Some studies of Asian American junior high and high school students indicate that adolescents also experience greater symptoms of social stress and anxiety compared to their European American counterparts (Choi et al., 2006; Zhou et al., 2003). The pattern of these symptoms may vary, however, by ethnic group, immigrant generation, and age, and may be more pronounced for first-generation Asian Americans (Huntsinger & Jose, 2006; Yeh & Inose, 2002). In one of the few longitudinal studies conducted with adolescents, second-generation Chinese American (CA) youth initially rated themselves as more sensitive and adaptable to others (less independent) as well as being more withdrawn and inhibited (less extroverted) than European Americans (EA), but these differences, with the exception of extraversion, disappeared five years later when they were 17 years of age (Huntsinger & Jose, 2006). With development and acculturation, the personality characteristics of CA and EA adolescents began to converge and grow more similar. In contrast to previous research with adolescents and adults, no differences in anxiety (tension, apprehension, and shyness) were found between CA and EA groups at early or late adolescence.

Being aware and concerned about how one is viewed and judged by others may be adaptive in Asian cultures, but there are data suggesting that a heightened sensitivity to the evaluation and judgment of others, while culturally consistent, may also signal psychological distress. Anxiety has been found to be more strongly related to depression and self-esteem for CA than for EA adolescents, suggesting that anxiety may have a more critical role in depression and well-being for Asian American youth (Huntsinger & Jose, 2006). Among Asian and European American college students, ethnic differences in social anxiety were mediated by elevated concerns with and competency in “interpersonal attunement,” an awareness and sensitivity to the evaluations of others (Lau et al., 2009). A heightened concern with “loss of face” and one’s actual ability to accurately interpret emotions was associated with high levels of social anxiety. Ethnic differences in social anxiety may reflect differences in socialization values, but also real differences in social *competence* that arise from cultural practices and values that suppress the negative expression of emotions (Lau et al., 2009):

An awareness of one’s inaccuracies in perceiving emotions of others may exacerbate fears of social situations, especially when attunement to others

and the avoidance of loss of face are valued. As a result, AAs may find themselves in a double bind that leads to social unease—prioritizing attunement to others' emotions, yet falling short of this standard given the limitations in their learning opportunities. (Lau et al., 2009, p. 83)

The developmental course of interpersonal attunement is unclear, however, among AAPI children and youth. Interpersonal attunement involves perspective-taking and the ability to see oneself as the object of evaluation; young children may lack the cognitive skills to experience this kind of social self-consciousness and concern. More research that examines developmental contexts in childhood is important to understand how concerns and competencies in interpersonal attunement develop and the factors that may predispose youth to developing social anxiety and depression.

### **ASSESSMENT OF DEPRESSION AND ANXIETY IN ASIAN AMERICAN AND PACIFIC ISLANDER YOUTH**

The assessment and diagnosis of depression and anxiety in Asian American and Pacific Islander youth at this time are complicated by a number of factors. First, the cultural equivalence of measures developed within the context of U.S. mainstream society cannot be presumed, and use of these measures may misdiagnose or underdiagnose individuals (Gee, 2004). Second, the recognition, interpretation, and expression of symptoms of distress may vary according to cultural values of emotional expression and self-disclosure, resulting in a failure to recognize or to interpret depressive symptoms by clinicians (Choi, 2002; Sue & Sue, 1987). Finally, limited cultural competence on the part of assessors and clinicians results in a lack of understanding of the cultural context, which may result in misdiagnosis or underdiagnosis (Gee, 2004; Sue, Zane, Hall, & Berger, 2009).

Measurement inequivalence can come in many forms, but broadly refers to the differential functioning of measures across different groups (Russell, Crockett, Shen, & Lee, 2008). Measures can lack scalar equivalence, in which different groups use different response sets or interpret the scales differently, or construct equivalence, in which relevant aspects of a given construct are not captured adequately across groups. In either case, measurement inequivalence makes the interpretation and comparison of group scores difficult, as it is unclear whether these scores reflect equivalent constructs and scales. The majority of standardized assessment instruments in use today have been developed and standardized with non-Asian American/Pacific Islander populations (Lee, Lei, & Sue, 2000). In many cases, these

measures are adapted for use with diverse populations through direct translation; however, the cultural equivalence of translated measures cannot be assumed, as these translations are frequently imprecise and often incapable of retaining connotative meaning (Gee, 2004; Sue & Sue, 1987). In addition, the cultural biases embedded in the current diagnostic system, particularly an emphasis on affective symptoms in depression, may obscure true rates of distress in Asian American and Pacific Islander populations (Choi, 2002).

In order to assess the measurement equivalence of self-esteem and depression measures, Russell et al. (2007) drew a sample of 9,262 adolescents from the National Longitudinal Study of Adolescent Health (Add Health), self-identified as non-Hispanic White (8,548), Chinese (253), or Filipino (461). Previous studies with adult populations had shown measurement equivalence of these measures across groups, but it was unclear whether these results would apply to youth populations. The measures assessed were the Rosenberg Self-Esteem Inventory and the Center for Epidemiologic Studies Depression Scale (CES-D). Confirmatory factor analyses were performed in order to compare the factor structure of the two scales, and no significant differences were found on the self-esteem measure.

The factor structures of the CES-D for each group showed some significant differences, however; although the basic four-factor structure of the measure was equivalent for the European American and Filipino American adolescent groups, a three-factor solution proved to be a better fit for the Chinese American group. As in previous studies of measurement equivalence with adult populations, it was found that Chinese American adolescents experienced unique clusters of depressive symptoms that differed significantly from the European American and Filipino American adolescents. Notably, the primary difference found between groups was that Chinese American youths typically experienced the affective and somatic symptoms of depression as a single factor, rather than as separate constructs. This is consistent with previous research suggesting a stronger expressed somatic component of depression in Asian American populations relative to the current prominence of affective symptomatology in the DSM-IV (Choi, 2002).

In addition, scalar inequivalence was found between the European American and Filipino American adolescent groups for approximately half of the CES-D items, suggesting that the two groups of adolescents used a different metric or cognitive frame in how they approached the measure. In combination, these results suggest that the CES-D may not hold the same meaning across different groups, and as such, comparison

of group scores is not appropriate. It is unclear from these results whether existing measures of depression adequately capture the construct of depression as recognized within Asian American and Pacific Islander cultural systems. More research is needed to determine the cultural equivalence of measures of depression across different child and adolescent populations (Gee, 2004).

Further evidence of problems with our diagnostic instruments comes from research that has demonstrated that cultural values may impact both the subjective interpretation of symptoms and the expression of distress to others (Choi, 2002). For example, a study examining the correlates of substance overdose in Asian American and European American adolescents found that suicidal intent was a less salient predictor of future overdose for Asian American youths than for European American youths (Kingsbury, 1994). In addition, Asian American adolescents in the sample were found to be more socially isolated than their European American peers, congruent with previous research findings suggesting that symptoms of depression and distress may have more salient interpersonal effects for Asian American youth or may be expressed through deteriorating social relationships (Choi, Meininger, & Roberts, 2006; Kingsbury, 1994).

Similar studies have demonstrated that Asian American individuals may be more likely than European Americans to express symptoms of distress somatically (Choi, 2002). Hishinuma et al. (2001) found that Asian American and Pacific Islander adolescents' anxiety was predicted more strongly by negatively worded items than by positively worded items, suggesting possible differences in response sets. One explanation for this finding is that Asian American youth may be more likely to be socialized to suppress the expression of positive emotions (Russell et al., 2008). A study by Sue et al. (1983; cited in Sue & Sue, 1987) found that Asian American individuals were measured as less assertive than a European American comparison group when questionnaire methods were used, but found to be as assertive when measured with behavioral methods. In combination with the findings of Russell et al. (2007), these studies suggest that Asian American and Pacific Islander youth may express distress according to socialized cultural values, and these values should be taken into consideration in the assessment process.

In addition, the situational context of the child is important to consider, as symptoms considered pathological in U.S. majority culture may be perceived as functional and/or normal in another culture or under a different set of circumstances (Gee, 2004). For example, a child who has recently emigrated from a nation experiencing chronic warfare may have been raised in a context in which hypervigilance is an asset rather than

an expression of unwarranted anxiety. An assessor who is not culturally competent may in turn overpathologize what is essentially a functional reaction to extreme circumstances.

Cultural competence is a construct that has gained attention in recent years as the paucity of culturally appropriate mental health services has become more widely recognized (Griner & Smith, 2006). However, although cultural competence is now mandated by a wide range of governmental bodies and professional institutions, specific definitions of cultural competence and strategies for improving competence vary widely (Sue, Zane, Hall, & Berger, 2009). In general, definitions of cultural competence include the following elements: an understanding of relevant aspects and values of other cultures with regard to distress and pathology, knowledge of the client's worldview and expectations for assessment and treatment, the cultural skills to intervene in a sensitive and appropriate manner, and an understanding of one's own biases in each of these domains (Zhou, Siu, & Xin, 2009; Sue et al., 2009). An understanding of possible language differences—such as relatively fewer words for psychological distress in many Asian languages—is also a key component of cultural competence (Sue & Sue, 1987). Cultural competence is essential for both assessment and treatment of psychological distress. A lack of cultural knowledge on the part of the assessor may prevent appropriate identification and treatment of distress and widen existing health disparities (Zhou, Siu, & Xin, 2009).

Researchers have suggested a number of methods to improve assessment with Asian American and Pacific Islander youth. First, it is recommended that clinicians supplement paper-and-pencil measures with structured or semi-structured interviews with culturally competent assessors (Gee, 2004). This would minimize the effect of measure inequivalence by providing a secondary source of information. In addition, a culturally competent assessor would be more likely to recognize cultural variations in symptom expression and disclosure, and be more likely to intervene in a culturally appropriate manner when necessary. Kingsbury (1994), in his study of suicidal intent in Asian American and European American youth, notes that differential presentation of symptoms presents a diagnostic challenge for clinicians—a challenge that, if poorly resolved, has high potential consequences.

A number of researchers have also suggested incorporating the family more fully into the assessment process. It is not uncommon for the characteristic interdependence of the Asian American family to be interpreted as pathological by Western clinicians, and the strong independent bias of Western psychology frequently prevents the inclusion of the family in the assessment process (Zhou, Siu, & Xin, 2009). Gee (2004) recommends

including the family as a source of additional information and advises seeking out information from both immediate and extended family members. It is essential that assessors recognize the familial and social context in which the child resides, particularly in the case of immigrant children, in order to appropriately interpret expressions of distress. Acculturative stress, in particular, has been associated with higher levels of anxiety and depression and so should be assessed (Cooley & Boyce, 2004). Family members can provide a wealth of information about the family's immigration history, degree of acculturation, ethnic background, reasons for immigration, and current acculturative levels of acculturative stress. In addition, it may be more congruent with the family's cultural values to be included in the assessment process rather than solely focusing on the individual (Gee, 2004; Huang, 1994). Assessors may also find it beneficial to introduce the assessment in a culturally appropriate manner so as to reduce the effects of stigma; for example, the process may be reframed as beneficial for future vocational and academic success rather than as a diagnostic tool for uncovering psychological distress and dysfunction (Sue & Sue, 1990).

### **TREATMENT OF DEPRESSION IN ASIAN AMERICAN AND PACIFIC ISLANDER YOUTH**

There is an extreme paucity of information regarding prevalence and correlates of depression in Asian American adolescents and a lack of studies examining depression in young children (Gee, 2004; Roberts et al., 1997). Similarly, information regarding the efficacy and effectiveness of treatments for depression in Asian American and Pacific Islander youth is sorely lacking. Research has primarily been focused on identifying prevalence rates and correlates of depression (Lee, Lei, & Sue, 2000; Roberts et al., 1997). For example, there is no empirical evidence to suggest that cognitive-behavioral therapies (CBT) are efficacious with Asian American youth populations (Sandil, 2006).

In general, treatment research has indicated that Asian American adolescents experiencing depressed moods are less likely than European American adolescents to seek treatment; this is particularly true of Asian American adolescent males (Sen, 2004). It has been suggested that a lack of cultural competence on the part of therapists, in combination with a reliance on psychotherapeutic approaches developed according to mainstream U.S. values such as individualism, leads to the provision of services that are inappropriate, ineffective, and result in less service utilization among Asian American and Pacific Islander individuals (Griner & Smith, 2006; Sue et al., 2009).



Griner and Smith (2006) conducted a meta-analysis of studies examining culturally adapted therapies with adult populations of color. Culturally adapted therapies modify existing therapeutic approaches in order to make them more relevant to the values and expectations of culturally diverse clients (Leong & Lee, 2006). Griner and Smith's (2006) analysis revealed a number of key issues in this domain. First, ethnic and racial minorities are more likely to seek out services congruent with their existing values and beliefs. Second, mental health services tailored to meet the specific needs of the client population lead to better outcomes; Asian American clients who attended specially developed clinics in ethnic Los Angeles neighborhoods reported better outcomes than Asian American clients attending mainstream clinics. Third, the average effect size of culturally adapted therapies is significant ( $d = .45, p < .0001$ ), even when accounting for publication bias or the "file-drawer effect" ( $d = .26, p < .00001$ ). There may be a stronger effect for Asian American populations, however; the average effect size of culturally adapted therapies with Asian American clients was  $d = .53$  ( $p = .04$ ). Finally, therapeutic interventions conducted with groups of same-race participants were found to be four times more efficacious than those conducted with mixed-race groups ( $d = .49$  versus  $d = .12$ ). In combination, these results indicate that the cultural specificity of interventions has a significant effect on outcomes of treatment. More research is necessary to evaluate the applicability of these findings to youth populations.

Recommendations for conducting therapy with Asian American and Pacific Islander youth parallel those for assessment. First, cultural competence is an essential component of effective and appropriate practice (Sue et al., 2009). Research has demonstrated that Asian American students rate culturally responsive counselors as more trustworthy, knowledgeable, and capable of helping them (Zhang & Dixon, 2003, cited in Zhou, Siu, & Xin, 2009). In particular, an understanding of the importance of interpersonal relationships in depression for Asian American and Pacific Islander adolescents may lead to treatments focused primarily on repairing interpersonal difficulties rather than immediately alleviating depressed mood (Choi, 2002; Choi et al., 2006). Including the family in the process of therapy, both with children and with adolescents, may be another way in which treatments can be tailored to meet the expectations and specific values of young Asian American and Pacific Islander clients and their families (Sue et al., 2009).

Given the findings of Griner and Smith (2006) with regard to adult populations, it is suggested that mental health practitioners should cooperate with existing mental health support resources available within the client's

community, such as extended family, community leaders, and spiritual traditions (Choi, 2002). This serves multiple purposes. First, it is congruent with an interdependent construal of the self, a cultural value held widely in Asian American and Pacific Islander cultures but frequently pathologized in Western cultures (Zhou, Siu, & Xin, 2009). This may result in treatment that is more acceptable to the child's family and community, and thus lead to lower rates of attrition and negative treatment experiences. Second, it introduces the clinician to more sources of information about the child's cultural context, which can aid in treatment conceptualization and implementation (Gee, 2004; Huang, 1994). Finally, cooperation with existing sources of support increases the likelihood that treatment will consistently be received, as it reduces the barriers associated with the geographic and economic realities that frequently prevent ethnic minority individuals from receiving appropriate and effective care (Zhou, Siu, & Xin, 2009; Griner & Smith, 2006).

## CONCLUSION

Despite the lack of definitive prevalence data, our review of the research suggests that depression and anxiety are salient problems in Asian American youth that warrant further attention. There is little question that there is a great need for further research to determine the extent and severity of depression and anxiety among Asian American youth. What little epidemiologic data exist, however, regarding ethnic group rates of depression and anxiety tend to use different measures, making cross-group comparison of prevalence rates difficult if not impossible (Choi, Meininger, & Roberts, 2006). Furthermore, research examining prevalence rates of depression in comparison to European American adolescents has produced mixed results. Therefore, much more systematic research with a core set of the best measures of depression and anxiety for Asian American youth is clearly needed.

In our review, we have also sought to identify salient cultural factors that would help us gain a better and more culturally attuned understanding of depression and anxiety in Asian American youths. Consistent with research among other cultural groups, we have found that AAPI adolescents' acculturation matters and serves as a moderator of their psychological and sociocultural adjustment, including depression and anxiety. Other salient cultural variables that would contribute to a culturally attuned model of depression and anxiety among Asian American youth include experiences of ethnic or racial discrimination as well as the interaction of cultural and family dynamics. We noted that a productive approach to studying the

nexus between family contexts and psychological problems lies in the goodness-of-fit model proposed by Lerner and Lerner (1983). Cultural ways of being was the last cultural factor we examined in relation to this topic. Some researchers have proposed that the collectivist orientation of Asian cultures actually places AAPIs at risk for social anxiety, which in turn is supported by the data indicating that Asian American college students do exhibit higher levels of social anxiety than European American college students.

Of course, our epidemiological data are only as good as our assessment and diagnostic tools for depression and anxiety for ethnic cultural minority groups. We concluded from our review that the assessment and diagnosis of depression in Asian American and Pacific Islander youth at this time are complicated due to problems with measurement equivalence issues in our measures. These scales and interviews have tended to be developed within the context of U.S. mainstream society and cannot be presumed to function equivalently for Asian American and Pacific Islander youth. A further complication is the observation that the recognition, interpretation, and expression of symptoms of distress may vary according to the cultural values of emotional expression and self-disclosure among Asian American and Pacific Islander cultures. Even less literature and information is available regarding the efficacy and effectiveness of treatments for depression and anxiety for Asian American and Pacific Islander youth. Given that depression has been referred to as the “common cold” of mental disorders, it is imperative that we generate more research on the nature, prevalence, assessment, and treatment of depression among Asian American and Pacific Islander youth. At the same time, understanding the debilitating effects of anxiety for this population is also very important, especially in relation to social anxiety.

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## Chapter 2

# RISK FACTORS FOR PROBLEM BEHAVIORS AND CONDUCT DISORDERS AMONG ASIAN AMERICAN CHILDREN AND YOUTH

*Yoonsun Choi*

A significant proportion of youth engage in problem behaviors such as juvenile delinquency, interpersonal violence, conduct disorders, substance use and abuse, and risky sexual behavior (Centers for Disease Control and Prevention, 2008). For example, the National Youth Risk Behavior Survey from the Centers for Disease Control and Prevention (CDC) shows that, among the national sample of students in grades 9 through 12, 75 percent had initiated drinking, approximately 45 percent had drunk alcohol within 30 days of the survey, nearly 50 percent had had sexual intercourse, 35 percent had been in a physical fight one or more times during the 12 months prior to the survey, and 3 percent had used any cocaine in any form within 30 days of the survey (2008). Thus, engaging in one or two problem behaviors during adolescence occurs so commonly that it could be regarded almost as normative if problems are minor and temporary.

Although the frequency and severity of most problem behaviors (especially violence and delinquent behaviors) tend to decrease after adolescence and young adulthood (Moffitt, 1993), some problem behaviors initiated during adolescence, such as substance use, continue to increase into adulthood and

may persist and result in multiple negative outcomes over the life course, including substance abuse and dependence and, in some cases, death. Conduct disorders and criminal activities often have lasting effects in that they may result in early and frequent involvement in the justice system, which may continue into adulthood. School dropout and teen pregnancy are other examples of problems with potential long-term adverse effects on the youth developmental trajectory. Therefore, it is crucial to accurately understand the rates, patterns, and etiology of these youth problem behaviors to efficaciously prevent and intervene.

The number of Asian American youth and their families has grown rapidly in recent years, but relatively little is known about how Asian American youth are faring in regard to behaviors and mental health. Asian American youth are often not included in the national data or, if included, are seldom analyzed as a distinct group. Thus, empirical data and research on Asian American youth, even as an aggregated group but particularly at the subgroup level, are seriously limited. Filling this vacuum are stereotypes and prejudices used to characterize Asian Americans, the most popular of which is the “model minority,” which portrays these youth as “minorities who made it in this land of opportunity” (Cheng & Yang, 2000). To further muddy the waters, the findings of the few existing studies on the behavioral characteristics of Asian Americans are inconsistent, mixed with positive and negative findings. The mixed results warrant continued attention in epidemiological research.

Etiological studies seek to elucidate risks of problems and protective factors that buffer risks and promote resilience. Risk factors are characteristics, correlates, causes, and conditions that are associated with a higher likelihood of problem behaviors or disorders. They can reside within the individual or within surrounding developmental contexts such as the family, community, or institutions (Mrazek & Haggerty, 1994). In contrast to risk factors are protective factors. The definition of the protective factors has been subject to much debate (Dekovic, 1999). Protective factors can be defined as those opposite of risk factors, or those associated with positive behaviors that foster competence, promote successful development, and thus decrease the likelihood of engaging in problem behavior. They can also be defined as those factors that buffer risk and may provide no advantage when risk factors are absent (Dekovic, 1999; Mrazek & Haggerty, 1994). Over the last two decades, empirical studies have produced an impressive list of risk and protective factors for youth problem behaviors. Research, especially in the last decade, has included multidisciplinary, multivariable, longitudinal, contextually based, developmental, and person-centered studies (Jessor, 1998a).

Despite this significant development in the field, our understanding of the precise causal mechanisms and of the processes in which risk and protective factors lead to problem behaviors is far from solid (Rutter, 2003). As much as understanding the linkages among factors and their contexts is a daunting task (Jessor, 1998a), developing effective and appropriate prevention and intervention efforts can be achieved only with an enhanced understanding of the complex interplay and causal mechanisms of those factors (Rutter, 2003). Although researchers have investigated more complicated, multivariate, and multilevel relations among risk and protective factors and explored a range of possible pathways and causal mechanisms, there remains much to be done to achieve a comprehensive and integrative understanding that can inform the development of effective prevention and interventions.

There are several added challenges to understanding the etiology of problem behaviors among racial and ethnic minority youth such as Asian Americans. First, most existing theories used to explain and predict youth problem behaviors have been developed and tested primarily among White males or samples undifferentiated by race and gender, but then applied to diverse populations of youth. Much of this existing work implicitly assumes that the processes of youth development and the etiology of youth problems are universal and that interventions based on the universal notions of development will yield similar effects across diverse populations. This inherent assumption should be challenged. Risk and protective factors and their mechanisms should be first tested for their generalizability to other social groups not included in the studies (Choi, Harachi, Gillmore, & Catalano, 2005).

Second, for children of color, everyday social interactions are shaped by race, ethnic background, and culture. Considerable differences exist across the structural environments of different racial and ethnic groups. In addition, each racial and ethnic group may differ in the ways in which it socializes children in family contexts. Thus, a new level of theoretical understanding should accurately reflect the interaction of race, ethnicity, culture, and social class as they have not been at the core of mainstream theories (Garcia Coll et al., 1996). However, although significant advancements have been made in the literature in recent years, the effect of critical factors such as racial prejudice and discrimination and ethnic identity requires much more sustained and systematic attention (Rivas-Drake, Hughes, & Way, 2009). In addition, although cross-cultural studies have significantly increased our understanding of culturally specific family socialization, it is only recently that scholars in the area of youth problem behaviors and conduct disorders have begun considering and integrating these issues into research and intervention. The field also must better understand how the factors derived from race, ethnicity, and culture operate

along with other risks and protections for youth problem behaviors and conduct disorders.

In sum, it is imperative that we (1) test the generalizability of existing findings to determine whether they are applicable to Asian American youth and families, (2) identify group- and culture-specific factors among Asian American youth, and (3) examine how these factors unique to Asian American youth interact with risks and protective factors that are common across groups or specific to Asian Americans. Much enhanced understanding of the complex causal mechanisms of problem behaviors and conduct disorders, situated in the context of universal or culturally unique family socialization, will contribute not only to an enhanced understanding of the etiology of problems among Asian Americans, but also to the development of theories of youth development and the etiology of problems among all children.

This chapter provides, first, a brief summary of the rates and patterns of problem behaviors among Asian American youth, first as an aggregate group and then at the subgroup level, and compares these outcomes across different racial and ethnic groups. This chapter's primary focus begins with a review of the generalizability of existing etiological findings and a discussion of factors that are unique to Asian American youth and their families. This chapter discusses the processes by which these risk and protective factors may lead to (or prevent) problems. The implications and directions for future research are discussed in the final section of this chapter.

The review of existing studies draws on findings on a wide range of youth behaviors, including school behavior, aggressive and nonaggressive delinquent offenses, substance use, and sexual behavior. Such a broad epidemiological review reveals both a wide scope of behaviors among Asian American youth and how the behaviors of Asian American youth compare with other racial and ethnic groups. This understanding can guide future research efforts. Furthermore, problems among youth co-occur, are highly correlated with one another, and often share etiology (Choi, 2007; Dryfoos, 1998). During adolescence, externalizing and internalizing problems also share much common etiology (Jaffee, Moffitt, Fombonne, Poulton, & Martin, 2002). Finally, relying on studies of a variety of behaviors is also a pragmatic choice given the paucity of study results on Asian Americans.

## **RATES AND PATTERNS OF PROBLEM BEHAVIORS AMONG ASIAN YOUTH**

The model-minority stereotype prevails often without empirical support and ignores significant heterogeneity within the group. Several past and



recent studies (e.g., Sue & Kitano, 1973; Uba, 1994; Zhou & Lee, 2004) have tried to refute the stereotype, which is nonetheless tenacious within academia as well as the general public. As further discussed below, this stereotype is a serious risk for Asian American children and youth because it gets internalized, masks the needs and vulnerability of this group, and also engenders prejudices against the group.

Among the few empirical studies comparing Asian American behaviors with those in other racial and ethnic groups, the evidence is conflicting. Several studies report better academic performance and lower rates of negative behaviors among Asian Americans (e.g., Grunbaum, Lowry, Kann, & Pateman, 2000), while others suggest disproportionate street-gang memberships and violence among Asian American youth, especially Southeast Asian youth (e.g., Le, 2002).

Several factors contribute to the mixed results (Sue, Sue, Sue, & Takeuchi, 1995). First, despite the heterogeneity of Asian Americans, studies often use different subsets or one of the subgroups as study samples while applying the findings as if representative of all Asians. The size of the Asian American population is relatively small, and thus it is difficult to obtain representative samples and subsamples (Choi & Lahey, 2006). The arrival of new immigrants continues to change the characteristics of the population as well. For example, Asian youth who immigrated during the past two decades show higher levels of delinquency than their predecessors (Takagi, Shank, & Mark, 2009).

Findings from recent work (Choi, 2008; Choi & Lahey, 2006) challenge the validity of the model-minority stereotype using nationally representative samples. In addition, their comparisons of youth behaviors across diverse racial and ethnic groups provide an important insight about the role of race, ethnicity, and immigration in youth behaviors. Specifically, using data from the National Longitudinal Study of Adolescent Health, Choi and Lahey (2006) examined the aggregate rates and patterns of various youth behaviors for Asian American youth, and Choi (2008) then examined the rates across major subgroups of Asian youth.

Across several measures, Choi and Lahey (2006) found that Asian American youth reported fewer problem behaviors. For example, Asian American youth were doing better in school and were less likely to commit confrontational aggressive delinquent offenses than Black and Hispanic youth. Examples of aggressive delinquent offenses included serious physical fighting, injuring someone, threatening someone with a weapon, and taking part in a group fight. Compared with White youth, Asian American youth were less likely to smoke and drink alcohol or use substances. Compared with Black youth, Asian American youth were less likely to report

having sex. These results may at first seem to confirm existing perceptions about Asian American youth.

However, results from most of the measures of behaviors in the study indicate that Asian American youth were not behaving better than White youth, with the exception of substance use. U.S.-born Asian American youth reported more confrontational delinquent offenses than White youth. In addition, Asian American females (including both foreign-born and U.S.-born) reported more nonaggressive delinquent offenses (e.g., stealing, shoplifting, running away, and painting graffiti) than their White female counterparts. Compared with Black youth, Asian American youth also reported more nonaggressive delinquent offenses and higher proportions or rates in substance-use indicators. Many differences between Hispanic and Asian American youth were not statistically significant.

Choi (2008) also identified several significant subgroup differences in the rates of problem behaviors among Asian Americans. Chinese, Korean, and Vietnamese American youth reported largely similar outcomes. However, relative to these three groups, Filipino, "other" Asian, and multiethnic Asian American groups reported poorer outcomes. These differences are quite extensive and consistent, ranging from lower grade-point average, more aggressive and nonaggressive delinquent offenses, more sexual experiences, and greater substance use. With only a few exceptions, the subgroup differences remained significant after accounting for parental education.

In both studies (Choi, 2008; Choi & Lahey, 2006), immigrant status<sup>1</sup> emerged as a significant factor in youth behaviors; immigrant children reported better behaviors than second or later immigrant generations of youth. Although adjusting for immigrant status did not completely explain the racial and ethnic group differences in many behaviors, immigrant status either explained numerous group differences or significantly reduced the magnitudes of differences. For example, the significant differences between Blacks and Asians on school behaviors, between Whites and Asians on substance uses, and between Chinese and Japanese Americans on several indicators disappeared when immigrant status was controlled. This suggests that the significant group differences arise mainly from the fact that Black, White, and Japanese American youth were largely nonimmigrants. The findings also suggest that the better behaviors among Asian American youth may deteriorate at a faster rate across generations than among other groups. In other words, the "positive effect of immigration" may disappear more quickly among Asian youth than others, suggesting that the behaviors of Asian American youth in third or later generations after immigration may decline and their already poor outcomes may become worse.

The important question is what immigrant status means. Immigrant status is often used as a proxy for acculturation. It is assumed that the longer immigrants are in the United States, the more they begin to behave more like the native population (Rumbaut, 1997). Thus, the positive effect of being an immigrant may imply a protective effect that stems from certain elements in the ethnic group culture. In fact, culture has often been used to explain racial and ethnic group differences (Sue & Okazaki, 1990). For example, cultural values that emphasize education and promote social mobility are often cited as reasons for the higher educational achievements among Asian Americans. Again, though, assertions about Asian culture often are not based on empirical findings (Sue & Okazaki, 1990).

It is also noted that being a first-generation immigrant, i.e., foreign-born, is a protective factor not just for Asians but for other racial and ethnic groups as well, particularly for Black youth (Choi & Lahey, 2006). Some propose that this better performance among immigrant youth may be attributable to an immigrant ethos (Portes & Rumbaut, 2001). Immigrants allegedly are extremely motivated to succeed in their new home. They may also have close ties to one another. Parental pressure may be intense for children to excel at school and to achieve positions of prestige and respectability (Bankston & Zhou, 2002).

Thus, it is unclear whether the loss of certain protective cultural elements through acculturation causes deterioration of behaviors or whether the deterioration results from diminishing immigrant ethos over generations, or a combination of both. It also is worth exploring why protective cultural elements, if they exist, fail to protect Asian Americans from all measured risky behaviors, including aggressive and nonaggressive delinquent offenses. Deciphering the effect of immigration, whether such an effect is related to certain cultural elements or to immigrant ethos, can inform etiology and provide a guide in helping Asian American youth maintain better behaviors or improve bad behaviors.

## **RISKS FOR PROBLEM BEHAVIORS**

### **Common Etiology and Mechanisms: Confirming Generalizability**

Numerous studies have proposed and empirically tested several risk factors for a range of problem behaviors at different contexts of development among children and youth. For example, Rutter, Giller, and Hagell (1998) identified low levels of intelligence and certain personality traits (such as impulsive, hostile, aggressive, risk-taking, and daring temperaments, lack

of empathy to others, and hyperactivity and inattention) as risks for antisocial behaviors and conduct disorders. They also identified poor peer relationships and drug use as similar risks. Within the family context, large family size, broken homes, abuse and neglect, coercion and hostility, and ineffective parenting and poor supervision are considered risks. In addition, they identified antisocial peer groups, poverty, social disadvantages, unemployment, and mass media as possible risks for antisocial conducts. As another example, Hawkins, Catalano, and Miller (1992) compiled a comprehensive list of risks associated with youth drug problems. They identified, at a larger macro level, laws and norms favorable toward the behavior, availability of drugs, extreme economic deprivation, and neighborhood disorganization as risks for drug use. In addition, at individual and interpersonal levels, they pointed to physiological factors, family behavior and attitudes favorable toward drugs and alcohol, poor and inconsistent family management practices, family conflict, low bonding to family, early and persistent problem behaviors, academic failure, low degree of commitment to school, peer rejection in elementary grades, association with drug-using peers, alienation and rebelliousness, youth attitudes favorable to drug use, and, finally, early onset of drug use. Many of these risks associated with antisocial behavior and drug use overlap with one another, and with those risks of violence, early and risky sexual behaviors, and various juvenile offenses (Jessor, 1998b; Lahey, Moffitt, & Caspi, 2003).

Recent efforts in etiology research have sought to better understand the interplay of putative processes and mechanisms among risk and protective factors. These processes are evidently complex, with factors operating concurrently, and/or mediating, and/or moderating other associated factors. One of the specific areas that has drawn attention is the role of family, in particular whether families can protect youth against contextual adversity (Beyers, Bates, Pettit, & Dodge, 2003; Burton & Jarrett, 2000; Duncan & Raudenbush, 2001). For example, the interplay between the neighborhood and the family is suggested as crucial in explaining disproportionate rates of criminality and violence in impoverished neighborhoods. Specifically, it is claimed that parenting processes are embedded in larger neighborhood contexts (Sampson, 1997). Thus, in poor neighborhoods, a community structure may not be available to maintain effective social control over youth behavior, which explains higher rates of antisocial behaviors, violence, and criminality in poor neighborhoods (Sampson, 1997). However, the family may be able to protect children from various impoverished and undesirable conditions of the immediate environment by actively seeking resources and being restrictive in parenting to protect children (Furstenberg, Cook, Eccles, Elder, & Sameroff, 1998; Jencks & Mayer, 1990; Sampson, 1997).

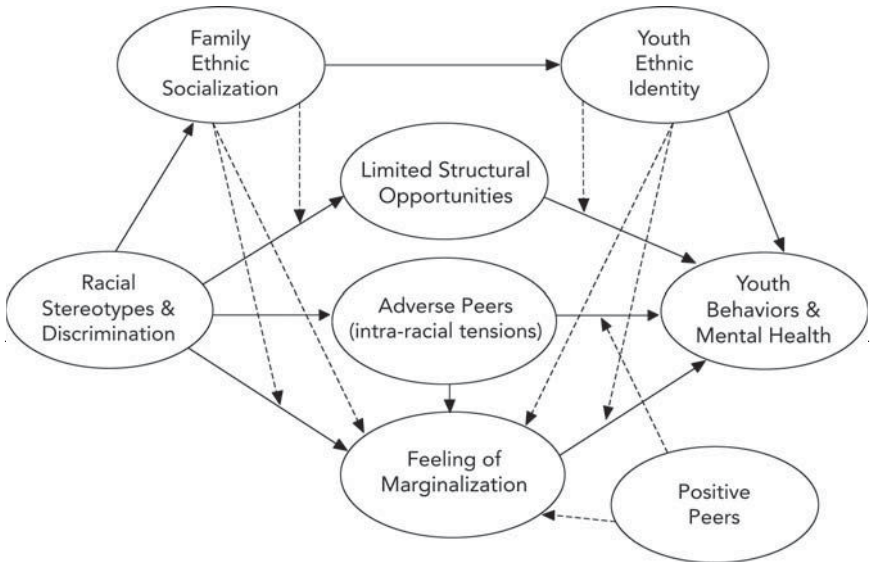
Recent efforts testing the generalizability of some of these factors and their processes to youth from diverse racial-ethnic and cultural backgrounds such as Asian American youth (e.g., Choi, 2007; Choi, Harachi, & Catalano, 2006; Choi et al., 2005) provide some support for a common etiology model, revealing several common correlates and processes of substance use and violence regardless of race or ethnicity. Those common risks include neighborhood safety, peer beliefs, and youth beliefs about behaviors. In other words, youth report higher rates of drug use and violent behaviors when they live in an unsafe neighborhood characterized by high crimes and lack of safety, and when they and their peers believe it is acceptable for youth of their age to use drugs, become pregnant, fight, drink, and steal, and these predictive relationships are equivalent across various race and ethnic groups of youth. Low academic achievement was also a common predictor of several problem behaviors across groups (Choi, 2007).

Although several risks in these studies significantly predicted problem behaviors regardless of one's racial and ethnic background, these studies also identified significant racial and ethnic group differences in magnitudes of the predictive relationships. Thus, although risks are risks no matter what one's race or ethnic background, the degrees in which these risks predict later problem behavior may vary across diverse groups of youth, showing significant interaction effects of the race/ethnic group membership. For example, Choi and her colleagues (2006) found that low attachment to one's neighborhood and lack of social opportunities in the neighborhood predicted substance use and violent behaviors more strongly among Whites than Asian Americans and other ethnic minority groups of youth. Furthermore, the significance and magnitude of the relationships between family factors (such as bonding to parents and parental monitoring) and youth behaviors are fairly complex, mixed with both universal and unique processes of family socialization, resulting in rather equivocal findings. These variations in magnitudes of relationships are likely to reflect culturally specific family socialization processes (Choi & Kim, 2010) and, possibly, a critical role for family in guarding their children from adverse social conditions (Garcia Coll et al., 1996).

### **Factors Unique to Asian American Children and Youth**

Risks for problem behaviors and conduct disorders among Asian American youth are contextualized by the historical and contemporary experiences of Asians as a racial, ethnic, and cultural minority and their liminal position in U.S. society (Kim-Ju, Maeda, & Maffini, 2009). Examples of those contextualized risks include racial prejudice and discrimination that perpetuate

**Figure 2.1**  
**Effect of Race/Ethnicity, Family Ethnic Socialization, and Youth Problems**

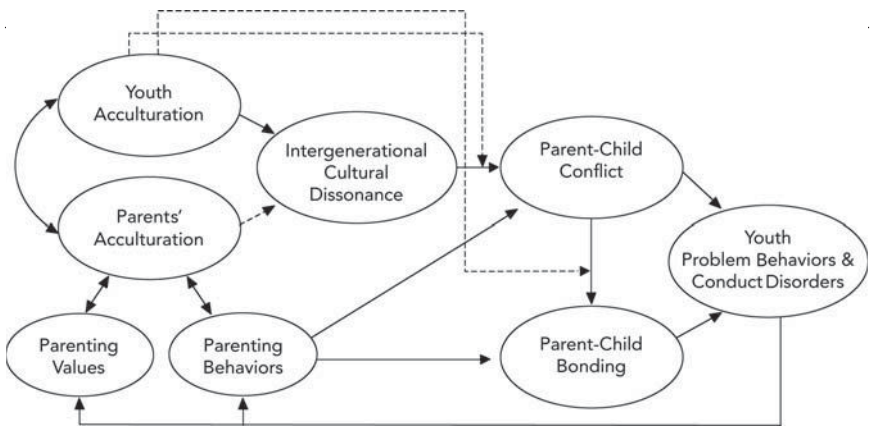


marginalization (Kim-Ju et al., 2009) and parent-child intergenerational cultural conflicts derived from linguistic and acculturative generation gaps (Choi, He, & Harachi, 2008). However, it is also noted that deleterious effects of risks do not always result in adolescent problem behaviors and conduct disorders. In other words, there are several protective factors that strengthen resilience and attenuate the effect of risks. For example, a strong sense of ethnic identity and the maintenance of cultural ties may provide unique protection for Asian American youth (Rivas-Drake, Hughes, & Way, 2008). Figures 2.1 and 2.2 summarize risk and protective factors and their linking mechanisms that are discussed in the following pages.

**Racial stereotype and discrimination.** Racial stereotype and discrimination is one of the major and serious risks that Asian American youth face. Even after several generations of residence in the United States, Asian Americans continue to be regarded as foreigners, creating a feeling of unauthentic American and a sense of alienation (Tuan, 1998). In addition, even seemingly positive stereotypes can be combined with underlying negative feelings toward the target group (Fiske, Cuddy, Glick, & Xu, 2002). For example, the positive aspects of the model-minority stereotype are often mixed with negative images of overachievement, excessive competition, social awkwardness and isolation (Lin, Kwan, Cheung, & Fiske,



**Figure 2.2**  
**Acculturation in the Family, Parent-Child Conflict, and Youth Problems**



2005), extreme violence (Choi, 2007), and monolithic assumptions such as “yet another textureless math grind” (Golden, 2006, p. 201).

Dominant society has used the model-minority stereotype to justify glossing over the structural barriers and adversities that Asian Americans struggle to overcome (Zhang, 2002) as well as to ignore various problems encountered by Asian American youth and their families. Because Asian Americans are stereotyped as successful and self-reliant, social-service programs and resources and research attention are lacking for this group (Sue et al., 1995). This stereotype has also falsely led Asian Americans to believe they have reached socioeconomic parity in society when in fact they have not. Other groups have reacted to the false image with hostility, including resentment over their perceived success and an increase in hate crimes directed at them (Ho & Jackson, 2001). Prejudice and stereotypes can further undermine social and future career prospects for Asian youth. Asian students are significantly disadvantaged at university admissions and, with similar or even better qualifications, are denied admissions at much higher rates than any other groups (Espenshade & Radford, 2009; Golden, 2006). In sum, the impact and consequences of racial discrimination and stereotypes permeate through individual and interpersonal levels to research efforts and to a societal level, posing risks and increasing vulnerability among Asian American youth at every level (Choi, 2008).

There is limited but growing evidence on racial discrimination against Asian youth and its negative impact, specifically on youth behaviors. In addition to its detrimental effect on social and emotional aspects of youth



development (Grossman & Liang, 2008), racial discrimination can instigate youth to violence and substance use. For example, in a study with a sample of minority youth including a substantial number of Asian youth ( $n = 493$ , 21.4 percent of the total sample) (Choi, Harachi, Gillmore, & Catalano, 2006), racial discrimination experienced in one's neighborhood predicted increased rates of having ever gotten drunk or high on drugs, or carried a gun or a knife. Racial discrimination at school predicted having ever cut or stabbed someone. Racial discrimination at school and in the neighborhood both predicted significantly higher frequencies of violent behaviors and substance use. An intriguing finding from this study was that, although a strong sense of ethnicity has been associated with numerous positive youth outcomes, a stronger sense of ethnic identity was associated with a higher rate of threatening to beat up someone. One may speculate that a strong sense of ethnicity in fact increases one's awareness of one's surroundings, particularly in regard to race and ethnicity issues, and this behavior might occur in reaction to such awareness. Another study found a high level of aggression among U.S.-born, but not foreign-born, Asian American youth (Choi & Lahey, 2006). Further investigation is warranted to examine whether this discrepancy stems from more acute awareness of race and ethnicity among U.S.-born youth and a subsequent aggressive reaction to situations.

In addition, Chong and his colleagues (2009) claim that a high rate of violence and crimes among Southeast Asian youth may be a situational and necessary tool in navigating their marginalized social position. In other words, in poor neighborhoods where many Southeast Asian youths reside, they are both racially and economically marginalized and their involvement in gangs, violence, and crimes is their way to survive. Zhou (1997) further argues that even those Asian youth from high socioeconomic status may be at risk of gang and related violence owing to their racial position in the United States. Thus, the effect of one's racially liminal position trumps one of the strongest positive predictors of youth behaviors, high socioeconomic status. However, even if violence escalates in response to a given environment, violence cannot be justified and is likely to lead to a myriad of other problems (Chong et al., 2009).

School, one of the primary developmental contexts for children and youth, can also mirror the reality of racial dynamics of the larger society. Heightened racial tensions among children can create a difficult school environment for Asian American youth. In their research on an urban school, Rosenbloom and Way (2004) show that Asian American youth report the highest level of physical and verbal harassment by peers. The qualitative data demonstrate a process in which teachers are perceived

to favor Asian American students (often basing their preference on the model-minority myth), and African American and Latino youths resent the teachers' bias and subsequently harass Asian American students. The result is increased racial tensions in school and the subsequent victimization of Asian youths. Recent immigrants who have difficulty with English are subject to further teasing and harassment at school (Rosenbloom & Way, 2004). The importance of peer relations during adolescence cannot be understated. Thus, it is not hard to imagine that the struggles described above are likely to result in both internalizing and externalizing problems among the targeted Asian youth and, furthermore, may push them to join antisocial peers who accept them or fight for them against harassing peers. Association with antisocial peers is one of the main predictors of youth conduct problems.

A recent eruption of racially targeted violence at a high school in south Philadelphia is a good example of this point. In early December 2009, tensions between African American and Asian American students escalated, and a group of African American students indiscriminately assaulted Asian students over a two-day period, causing serious victimizations and a high level of fear among Asian students (Graham, 2009). More than 30 Asian students were injured in just one day both in and near school. Several Asian students also fought back, assaulting African American students. The school dynamics prior to the incident appear to be very similar to those described in Rosenbloom and Way's study (2004). At this specific school, however, peer teasing and harassment reached a much more serious level of violence. This unfortunate incident underscores how a complex web of issues around race intertwined with linguistic and cultural differences can create a harsh and corrosive school environment for *all* children, putting them at risk for aggression, violence, and victimization.

**Intergenerational cultural dissonance and parent-child conflict.** Asian American families, disproportionately immigrant or refugee, face challenges in reestablishing family roles and patterns in an unfamiliar society. Although many immigrant families adjust well and make a positive transition (Chan & Leong, 1994), many parents lose their authority and confidence as parents in the process (Foner & Kasinitz, 2007; Kibria, 1993). Parent-child conflict is fairly common among families with adolescents, with a certain level of conflict regarded as an anticipated and necessary process of establishing independence during adolescence (Steinberg, 1991). The majority of Asian immigrants, however, are from cultures that emphasize less independence among youth, and more interdependence, obedience, and family obligations (Zhou & Lee, 2004). Thus, for Asian immigrant parents,

this reach for autonomy among children can be unanticipated and puzzling (Ying, Coombs, & Lee, 1999).

Immigrant families also struggle with intergenerational cultural dissonance, which is one of the hallmarks of the immigrant youth experience—the clash between parents and children over cultural values (Lee, Su, & Yoshida, 2005; Sluzki, 1979). A typical scenario finds immigrant parents adhering to their traditional cultural beliefs while their children endorse dominant Western values, resulting in parent-child conflict. This clash is likely to be more serious among families from non-Western cultures, such as Asian families, who share fewer commonalities with mainstream U.S. culture.

Although, in the process of acculturation, elements of cultures (both original and host) can coexist, some groups, such as Chinese Americans (Louie, 2004), Korean Americans (Choi & Kim, 2010), and Vietnamese Americans (Kibria, 1993), often live distinctly in the culture of origin. Parental acculturation is, at least at this point, minimal. Time in the United States does not appear to alter parents' core familial values (Choi & Kim, 2010; Chung, 2001; Lee et al., 2005). In addition, parents who perceive the mainstream culture as a threat may idealize the culture of origin and attempt to rigorously reinforce it with their children, which can increase tensions and family conflict and result in ineffective parenting (Chung, 2001; Foner & Kasinitz, 2007). A recent study of Vietnamese and Cambodian youth from a public school district in the Northwest shows that parent-child cultural dissonance increased parent-child conflict (as perceived by youth), weakened parent-child bonding, and subsequently predicted antisocial behaviors (Choi et al., 2008). This process was the same across Vietnamese and Cambodian immigrant families.

Intergenerational cultural dissonance and parent-child communication difficulty are significantly abated if youth speak their parents' language and have a good understanding and appreciation of their culture of origin (Hwang & Wood, 2009). Intergenerational cultural dissonance predicts youth problems only if it leads to parent-child conflict (Choi et al., 2008; Hwang & Wood, 2009). However, communication difficulties between parents and English-speaking youth are quite common among Asian immigrant families (Choi & Kim, 2010). Asian youth experience the most dramatic decline of bilingualism (e.g., fewer than 1 percent of Laotians, 3 percent of Cambodians, 6 percent of Vietnamese, 8 percent of Hmong, and 10 percent of Chinese and other Asians remain fluent bilinguals by their senior year in high school). Even children who are fairly good at speaking their parents' language report they do not feel that they can freely talk with their parents, especially when describing complex situations or expressing subtle emotions (Choi & Kim, 2010).

Cultural differences in child-rearing practices and beliefs also affect relationships. For example, compared to U.S. mainstream culture, Asian cultures are more likely to endorse and use physical punishment and, in some Asian communities, strict discipline is seen as evidence of involved parenting (Deater-Deckart, Dodge, & Sorbring, 2005). Thus, from the Western parenting perspective, Asian parenting is often viewed as authoritarian (Chao, 2001), which is often associated with children's negative outcomes, including aggressions. Harsh parenting and physical punishment, specifically, are well-known and highly researched predictors of aggressions and conduct problems. However, seemingly harsh parenting leads to more aggression only if youth interpret the discipline as signs of parental hostility and rejection (Deater-Deckart et al., 2005). Youths' level of acculturation, specifically their awareness or appreciation of parents' culture, influences how they interpret parents' behaviors. For example, physical punishment was associated with youth aggressions among European Americans but not among African Americans because the African American culture more often endorses physical punishment as a disciplinary method, and thus African American youth did not perceive physical punishment as parental rejection (Deater-Deckart et al., 2005).

Moreover, Asian parenting appears to be qualitatively different from the dominant Western parenting and is unlikely to be accurately conceptualized if viewed from the Western parenting perspective. In other words, Asian parenting styles, which may seem authoritarian, are not without warmth and care, and the parental control is not dominating-control but rather order-keeping control (Jose, Huntsinger, Huntsinger, & Liaw, 2000). Dominating control is associated with coercion and punitiveness, while order-keeping control is associated with verbal explanations and praise (Jose et al., 2000). Coercion, punitiveness, reactive angry parenting, and abuse are universal correlates of youth aggressions and conduct problems (Deater-Deckart et al., 2005).

Parents can help reduce intergenerational cultural dissonance and parent-child conflict by proactively learning English and the mainstream culture. However, it is often a difficult task for Asian immigrant parents, just as it is hard for youth to maintain parents' language of origin and culture. In a series of focus groups with Korean American parents and their adolescent children (Choi & Kim, 2010), parents complained that their children assimilate into the American culture so rapidly that they cannot keep up, and although they clearly see the need for learning the mainstream culture, they feel they have limited contact with and understanding of the dominant society. In addition, as immigrants, they often lack necessary resources, typically work long hours, and feel too physically

and psychologically drained to put any extra effort in learning the dominant culture and language. Their cultural and linguistic isolation, parents said, might have created a sense of embarrassment among their children because children often complained to their parents about their strongly accented English and culturally awkward behaviors. Youth also talked about being embarrassed by their parents, frequently owing to language and behaviors (Choi & Kim, 2010). Thus, a differential level of acculturation between parent and child, including language differences, not only exacerbates intergenerational cultural dissonance, but also creates problems such as feelings of isolation among parents, embarrassment among youth, and lack of mutual understanding and communication within the family (Choi & Kim, 2010; Hwang & Wood, 2009). All of these factors are likely to create difficult family dynamics. High parent-child conflict, low parent-child bonding, and poor parent-child communications are known negative proximal predictors of behavioral problems, including aggressions and conduct disorders (Hawkins et al., 1992; Rutter et al., 1998).

**Family ethnic socialization.** Contrary to the prediction that the culture and ethnicity of minority groups would slowly erode and immigrants and minorities would gradually assimilate to the dominant culture, ethnicity has undergone a global resurgence (Alba et al., 2000). Many individuals and groups have deliberately maintained their ethnic community and culture of origin. Furthermore, as racial prejudice, stereotypes, and discrimination persist, purposefully conserving one's culture of origin and ethnic identity has emerged as a crucial pivot (Alba et al., 2000) and a potential buffer against risks of youth problems (Rivas-Drake et al., 2008).

Furthermore, Asian immigrant families view traditional family values as fundamental to maintaining order and protecting the family (Choi & Kim, 2010; Kibria, 1993; Louie, 2004). Thus, although parents may modify some behaviors or beliefs, many Asian families eagerly adhere to the traditional family values and work relentlessly to strengthen the sense of ethnic affiliation in children (Choi & Kim, 2010; Kibria, 1993; Louie, 2004). Parents also perceive that their children are growing up as a racial and cultural minority, which, they believe, is likely to marginalize them culturally and socially and impede their development and future prospects. To protect their children, parents focus quite intensely on ethnic socialization within the family. This approach is shared among many Asian subgroups (Choi & Kim, 2010; Goodwin, 2003; Kibria, 1993; Louie, 2004). Although parents accept the reality that the language and some cultural behaviors are likely to eventually fade away, they work even harder to keep ethnicity and identity distinct because they strongly believe that a clear sense of ethnic identity and the deliberate preservation of the tradition help buffer the

risks and negativities derived from being an ethnic and cultural minority in this country. These perceptions among parents echo what many distinguished scholars in this area of research have advocated for (e.g., Garcia Coll et al., 1996). In addition, there is, although limited, empirical support for the positive predictive relationship between youth behaviors and a strong sense of ethnic identity and a deliberate retention of cultural ties (e.g., Rivas-Drake et al., 2008), albeit with some counter-findings noted earlier (Choi, Harachi, Gillmore et al., 2006).

## PREVENTION AND INTERVENTION

Prevention and intervention target malleable factors and contexts to reduce the likelihood that problems occur or to intervene in problems (Mrazek & Haggerty, 1994). In addition to targeting individual and societal-level risks, prevention and intervention efforts for Asian American youth and their families should appropriately target major developmental contexts (e.g., family, school, peer, and co-ethnic community) to achieve meaningful and efficacious results (Jessor, 1998b). Although developmental contexts are universally significant for youth regardless of one's race or ethnicity, the magnitudes of importance of some contexts, such as the family, can be even greater for Asian Americans and other ethnic minority and immigrant children owing to their structural disadvantages. Thus, while it is imperative to improve the adverse social conditions for racial and ethnic minorities at a macro level, it is equally critical to prepare youth to respond to structural adversity by working within their immediate contexts to develop resilience as a way to buffer risks. For example, prevention and interventions can encourage families to help youth maintain their culture of origin and develop a strong sense of ethnic identity. In doing so, however, it is imperative to determine how to maintain the culture of origin without alienating youth from the mainstream culture and peers and how to assist youth in developing a strong sense of ethnic identity and awareness without instigating a violent reaction to those from whom they are receiving unfair treatment.

The two conceptual models in Figures 2.1 and 2.2 depict both mediating and moderating pathways and mechanisms. Duncan and Raudenbush (2001) suggest that families, for example, have two possible roles in influencing youth development in conjunction with larger contexts such as neighborhoods. Family serves as a mediator in which a larger social context influences family functioning, which in turn affects youth behaviors. In this mediating process, if the family is able to resist some of the adverse contextual influence on family functioning, it can possibly mitigate the



negative effects of unfavorable social conditions on youth behaviors. For example, when Asian American parents resist the internalization of racial stereotypes and a sense of alienation and instead bolster ethnic pride among their children, a strong sense of ethnic identity and pride can help prevent negative youth behaviors and mental health issues. Family can also act as a moderator in which family and a larger social context (such as school and neighborhood) conjointly influence youth development. For instance, youth in a family that emphasizes distinct ethnic identity and pride (i.e., explicit family ethnic socialization) would conceivably be more resilient to the negative effects of structural disadvantages than those youth in families that do not impart distinct ethnic identity. Ethnic solidarity can have an even greater impact among economically disadvantaged children. Vietnamese immigrant parents living in poor neighborhoods, for example, foster resilience by forming a strong ethnic community. This solidarity is better able to protect their children from neighborhood adversity (Zhou, 1997). However, disentangling the mediating role from the moderating role of family is not a simple task (Duncan & Raudenbush, 2001). In addition, precisely identifying the mediating pathways is also a complicated challenge (Burton & Jarrett, 2000).

The emphasis on the family should not neglect other, equally important developmental contexts. For instance, to create a better school environment and to prevent serious victimization of Asian students, schools should work to improve racial relations among students by explicitly addressing the problems and bridging divided groups to help each group to understand and appreciate the other's culture. Peers, another significant development context, become more salient during adolescence. Positive and prosocial peers can help reduce the sense of marginalization and prevent youth from associating with antisocial peers (Grossman & Liang, 2008). Finally, co-ethnic community, including ethnic churches, often serves as an important source of various resources, positive co-ethnic peers, and cultural and ethnic socialization while mediating conflicts with parents (Min, 1992).

Researchers face several challenges while investigating the etiology of youth problems among Asian Americans. As alluded to earlier, sampling representative study participants is difficult, with many sources of variability in sample characteristics. We are also still in great need of reliable and valid measures of acculturation and culturally equivalent measures that can accurately assess culturally unique family socialization processes (Harachi, Choi, Abbott, Catalano, & Bliesner, 2006). Existing measures are inconsistent in operationalizing acculturation, and many cannot accurately assess cultural changes that are fluid and dynamic, which further complicates the understanding of etiology. The field needs a much more sophisticated theoretical



and empirical understanding of problem behaviors, an understanding that integrates the marginal position of Asian Americans in U.S. society.

Other complications arise in our attempts to translate the etiological findings into actual prevention and intervention programs. Our current understanding of the etiology of problem behaviors among Asian youth lacks specificity that can be translated into program components. The characteristics of Asian families are rapidly changing as well, and research and program development must respond to those changes in a timely manner. It is only recently, for example, that second-generation Asian Americans began participating in the labor force and becoming parents. Second- and later-generation Asian Americans have a different level of acculturation and different awareness of their status as a racial and ethnic minority (Min, 2006). It is unclear what forms of family ethnic socialization second-generation parents share and how much they would want to maintain and transmit the culture of their parents to their offspring. Moreover, the second generation of Asian Americans, especially women, is marrying interracially at an increasing rate, and the rate of multiracial births is growing rapidly (Min, 2006). It will be interesting to see how all these new characteristics will influence family dynamics among Asian families and racial relations in the society and how they will be related to youth problem behaviors and conduct disorders.

## NOTE

1. Immigrant status was computed from two indicators: the reported immigrant status of the parents and that of the adolescent respondents. If an adolescent reports being foreign-born, immigrant status is an immigrant (foreign-born). If the adolescent was born in the United States but has at least one parent who was born outside of the United States, the status is a child of an immigrant (or second generation). If the adolescent and both parents are U.S.-born, the status is a non-immigrant (or third or later generation). This measure is consistent with those used in other studies (e.g., Bankston & Zhou, 2002).

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## **Chapter 3**

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# **SUICIDE AMONG ASIAN AND PACIFIC ISLANDER AMERICAN YOUTH**

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### **INTRODUCTION**

According to the Centers for Disease Control and Prevention, suicide was the third leading cause of death among youths and young adults aged 10–24 years in the United States in 2004. Results from CDC studies indicate that “suicide rates for three sex-age groups (i.e., females aged 10–14 years and 15–19 years and males aged 15–19 years) departed upward significantly from otherwise declining trends” (Centers for Disease Control, 2010). According to that report, this increase in suicide and changes in suicidal behavior among females aged 10–19 years deserves closer examination. The analyses from CDC studies have identified the following as major risk factors for suicide: family history of suicide, family history of child maltreatment, previous suicide attempts, history of mental disorders (especially depression), history of alcohol and substance abuse, feelings of hopelessness, impulsive or aggressive tendencies, cultural and religious beliefs, social isolation, loss, physical illness, and easy access to lethal methods. Other significant risk factors included barriers to accessing mental health treatment and unwillingness to seek help because of the stigma attached to mental health and substance-abuse disorders. However, the influence of culture on suicide is in its early stage of development, as many of the factors often considered



in association with suicide, including those above, differ based on a wide variety of cultural variables (Leach, 2006; Leong & Leach, 2008). The focus of this chapter will be to examine cultural variables that can influence suicide among Asian and Pacific Islander Americans (APIAs).

Asian and Pacific Islander Americans represent 4.4 percent of the U.S. population (Reeves & Bennett, 2003), yet consist of significant variability in terms of cultures, languages, customs, views of mental illness, and suicide. The three largest ethnic groups in the United States are the Chinese, Filipinos, and Indians (Barnes & Bennett, 2002), though it has been estimated that there are more than 50 different APIA groups in the United States speaking 30 different languages (Baruth & Manning, 2003). Baruth and Manning (2003) delineated APIA groups into four categories, and much of the psychological literature is considered within these groups. They include East Asian (e.g., Chinese, Japanese, and Korean), Southeast Asian (e.g., Laotian and Vietnamese), South Asian (e.g., Indian and Pakistani), and Pacific Islander (e.g., Hawaiian and Samoan). When considering that the majority of suicide research literature among APIAs has been conducted with just three ethnic groups (Chinese, Filipino, and Japanese), it becomes evident that little is truly understood about Asian American suicide.

The paucity of research can be attributed to a number of factors. Suicide in general is a relatively rare event when considering the U.S. population, with approximately 30,000 completions occurring in the United States each year, though the number of attempts is much higher. Thus, it is difficult to study individuals who eventually complete suicide. Add to this small number those that are APIA and suicide within these ethnic communities becomes even more difficult to study. Additionally, the majority of APIAs reside in just a few areas of the country, restricting research access. However, suicide ideation can be considered as falling within a broad spectrum (e.g., considered suicide once versus extremely suicidal), and researchers (e.g., Wong, Brownson, & Schwing, in press) are beginning to examine suicidal behaviors at a variety of levels within the APIA community.

Despite the dearth of studies on suicide among Asian American and Pacific Islander youth, we seek to provide a review of the existing clinical and empirical literature with the hope of stimulating more research in this area. Although the focus of the volume is on both children and youth, we need to point out at the outset that data and studies of suicide among APIA children are almost nonexistent, as children in general are much less likely to attempt or complete suicide than adolescents and adults. As such, our review is focused primarily on youth. To ensure comparability to the dominant culture literature as well as attention to culture-related variables, we

have divided our review into a discussion of culture-general issues (i.e., rates, age, and gender) in suicide among APIA youth, followed by the culture-specific issues (i.e., acculturation, historical events, religion and spirituality, discrimination, sexual orientation, and therapeutic acceptance). We then present information on clinical interventions and prevention, followed by research suggestions.

## **CULTURE-GENERAL ISSUES**

### **Rates of Suicide**

While suicide ideation may be prevalent in the Asian American community, completions are relatively rare (Leach, 2006; Leong & Leach, 2008). However, suicides in Asia may comprise the greatest number of suicides from a geographic global perspective (Beautrais, 2006) since Asians represent more than half of the world's population, and 70 percent of Asian Americans are foreign-born. As will be presented later in this chapter, Asian Americans with stronger identity ties to their home country are more likely to consider suicide and engage in suicidal behaviors than those less identified with their home country.

Among adolescents aged 15 to 19 years, suicide is the second leading cause of death among APIAs, compared to the third most frequent cause of death in the general U.S. population (U.S. Department of Health and Human Services, 2007). APIA suicide rates are substantially lower than those of Whites when considered as a group, yet this chapter will give the reader an introduction to a few important within-group differences (e.g., acculturation, religion, and spirituality) among different APIA ethnic groups (e.g., Filipino, Hawaiian, and Japanese), followed by clinical implications and interventions. There is significant variability regarding ethnic group suicide, though unfortunately there is a paucity of research examining within group differences. The majority of the research literature simply combines ethnic groups into a general category of "Asian American." It is expected that as APIAs become more numerically, politically, and socially prominent, researchers will increase their examinations of suicide among APIA ethnic groups. Regardless of rates, additional attention is needed to determine APIA suicide and concomitant prevention and intervention activities that could decrease future suicides.

### **Age and Gender Issues Related to Suicide**

Age is often considered a risk factor for completed suicides. As indicated above, suicide is the second leading cause of death among APIA

adolescents (ages 15 to 19) (U.S. Department of Health and Human Services, 2007). Studies consistently indicate significantly high completion rates among elderly Asian Americans (e.g., Baker, 1996; Shiang Blinn, Bonger, Stephens, Allison, & Schatzberg, 1997), contrary to other non-Asian ethnic groups in which rates decrease over time. East Asian women over age 65 comprise the highest suicide completion rates among women of all of the U.S. ethnic groups, including African Americans, European Americans, Hispanic Americans, and Native Americans (McKenzie, Serfaty, & Crawford, 2003). Based on 2006 CDC suicide rates, relatively high suicide rates among those aged 15 to 24 years (as compared with other age groups) are only true for APIAs and Native Americans, but not for White, African, and Hispanic Americans. The 15–24-year-old age group among APIAs exhibits one of the highest rate of suicidal behaviors, including completions (Kachur, Potter, James, & Powell, 1995; Shiang et al., 1997).

Overall, APIA men complete suicide at rates higher than APIA women (with the exception of Hindu men) but lower than Native American, European American, African American, and Hispanic American men. Women generally attempt suicide more than men. Men who complete suicide do so at a rate approximately three times that of women, with the latter lower than Native American and European American women but higher than African American and Hispanic women. These general rates are misleading, however, because of gender and ethnic group variations. For example, among females aged 15 to 19, APIAs had higher suicide rates than White Americans, Hispanic Americans, and African Americans (National Center for Injury Prevention and Control, 2010). In addition, Japanese Americans and Chinese Americans have completion rates significantly higher than that of Filipino Americans (e.g. Lester, 1994; Liu & Yu, 1985), and when considered among non-Asian ethnic groups, Japanese Americans and Chinese Americans have higher rates than African Americans. Additionally, completed suicides among Pacific Islanders are among the highest in the world (Booth, 1999; Else & Andrade, 2008), and it has been only recently that suicide has been examined within the Pacific Islander community. We now turn to culture-specific factors that can influence suicidal behaviors among APIAs.

## **CULTURE-SPECIFIC FACTORS**

### **Acculturation**

There have been a number of studies that have found acculturation and acculturative stress to be related to depression with Asian Americans, though only a few studies have directly assessed acculturation and its

implications for suicide (e.g., Cho, 2003; Jonnalagadda & Diwan, 2005; Lau, Jernewall, Zane, & Myers, 2002). When assessing acculturation further, most studies indicate that higher suicide ideation and behavioral risks are associated with lower acculturation levels (e.g., Cho & Haslam, 2010; Davis, 1995; Kennedy, Parhar, Samra, & Gorzalka, 2005). Identifying with the home country presents greater emotional difficulty in transitioning to the host country, whether the end result is assimilation or biculturalism. Reasons for the acculturative stress are many, though one will be noted here. Yeh (2003) found that more acculturated immigrant high school students reported few psychological concerns, which she in part attributed to language fluency. Individuals with greater English-language fluency were more likely to have increased communication with a potentially larger social network, allowing for greater social support. Overall, particularly among adolescents and young adults, those identifying more with their home culture were more likely to consider suicide than those who were bicultural or acculturated.

As mentioned earlier, East Asian women over age 65 have the highest proportional suicide completion rate among women in the United States, regardless of ethnicity. Diego, Yamamoto, Nguyen, and Hifumi (1994) suggested that these rates may be attributed to intergenerational conflict based on acculturation differences. Individual and community identity among the elderly has traditionally included respect for elders, or filial piety, considered one of the virtues of Confucianism. Due to acculturative changes, younger generations are less likely to show the same level of respect once found within the APIA community, leading to family strains and social isolation. The identity destabilizes through these familial and social changes, potentially contributing to depression and other psychological distress, and to suicide. Similarly, Else and Andrade (2008) discussed reasons for lower rates among Hawaiian males after ages 15 to 24, with no second suicide peak in the elderly. They attributed the decline in suicide after adolescence to the clear role designations within this ethnic group. Overall, structured family systems appear to reduce strain and distress and thus may be related to decreased suicidal ideation and behaviors.

### **Historical Events**

Briefly, historical events have also contributed to the differing backgrounds of many other ethnic groups, with implications for mental health and suicide. For example, many Southeast Asian residents and immigrants either lived through or escaped the Khmer Rouge regime, and practically all know a family member, friend, or neighbor who died, was tortured, or raped

during that time. Abueg and Chun (1996) and others (Hsu, Davies, & Hansen, 2004; Pole, Gone, & Kulkarni, 2008) reported on the significant numbers of these survivors reporting post-traumatic stress disorder and other psychological diagnostic symptoms as a direct result of the regime. Other traumatic events such as the Vietnam War have had significant influence on the likelihood of developing a variety of psychological concerns. These cultural events may have significant implications for future suicidal behaviors, and it is important for researchers and clinicians to be aware of the influence of these political and historical events on suicide.

### **Religion and Spirituality Issues Related to Adolescent Suicide**

The intersection of religion and suicide is complex and difficult to determine with any certainty, especially when one considers that there are more than 2,100 religious groups in the United States alone (Keller, 2000; Melton, 1996). This brief section will offer an introduction to the superordinate religious faith groups that comprise the majority of APIAs. Though all of the major religious faiths discourage suicide, some are more overt than others. For example, in the Islamic faith, the *Hadith* (a book of writings of Muhammad designed to assist with daily living) forbids suicide and gives explicit, painful examples of the afterlife for someone who engages in suicide. This faith is very clear about their views of suicide, which may have implications for the very low global suicide attempt and completion rates of Moslems. Individual views of suicide within Christianity vary greatly, though it is generally considered an admonishment to the “Thou shall not kill” commandment (which includes killing oneself) within the Bible.

Suicide is not accepted within the Buddhist community (as suffering is simply a part of life), though these views may also differ depending on Asian country of origin. For example, Braun and Nichols (1997) interviewed spiritual leaders and others from a variety of countries of origin who held Buddhist beliefs. Though suicide was not condoned, the acceptability of suicide under certain circumstances differed. For example, Vietnamese Americans interviewed indicated that children are taught that suicide interferes with karma since it is equated with killing. Chinese Americans considered it wrong except under extreme circumstances, while Japanese Americans still considered it wrong but believed that Buddha would show compassion. These attitudinal differences may contribute to the differential rates of suicide within these communities. For example, Japanese Americans have high completion rates when compared to the other two ethnic groups.

The Hindu community has a high rate of suicide when compared with the majority of other faith groups, and males attempt suicide at a higher

rate than females, contrary to patterns seen in other faith groups. Suicide is not specifically condemned within the Hindu faith, but it is considered wrong if the purpose is to escape suffering. Hindus separate “good” and “bad” deaths, with the former equated with a person having all of her or his faculties, a proper frame of mind, has said goodbye to family and friends, and maintains solace (e.g., dying after having a long and enjoyable life). A bad death is marked by individuals not having the appropriate frame of mind and behaving impulsively, or by being involved in an event that does not allow for someone to get her or his affairs in order (e.g., auto accident). Though studies have been conducted for decades investigating the relationship of various religious faiths and suicide, most have not investigated it through the intersection of culture and ethnicity. More studies are needed to evaluate the meaning of suicide within cultural groups, including APIAs.

### **Effects of Discrimination**

The majority of empirical studies on discrimination have focused on Black-White relationships, with fewer studies investigating the influences of discrimination on Asian youth, especially in schools (Rosenbloom & Way, 2004). For example, Rosenbloom and Way (2005) suggested that peer discrimination and victimization directed at Asian American youth by non-Asian peers were a major challenge to Asian youth in schools. In fact, Asian American youth experienced more stress from peers than African Americans and Latino Americans, who experienced it more directly from adult authority figures (e.g., police and teachers). In addition, Way and Chen (2000) found that Asian American students were more likely than African American and Latino American students to report higher levels of depression, poor self-esteem, and poor friendship quality. In addition, this could be compounded by a lack of family support. For instance, Qin, Way, and Mukherjee (2008) found that Chinese American students reported feelings of alienation from family and peers for a variety of reasons, debunking the stereotype of the tight-knit Asian American family. Collectively, the alienation from peers and family could place Asian American youth at high risk for suicide. As with culture research in general, part of the difficulty is determining and differentiating the role of culture-general and culture-specific factors. These have not been examined extensively, particularly with regard to suicide.

In one of the few studies involving both culture-general and culture-specific factors among Asian Americans, Cheng et al. (2010) examined the influence of culturally related variables on suicidal ideation and attempts in

a nationally representative sample of Asian Americans. Important covariates were sociodemographic characteristics, depressive and anxiety disorders, and a number of chronic conditions. A gender-stratified analysis was also conducted. The data was taken from the National Latino and Asian American Study. Respondents were 18 years or older from the noninstitutionalized population of the 50 states and Washington, DC. This study focused on the Asian American respondents only (for a total of 2,095 from various ethnic backgrounds). Face-to-face as well as phone interviews were conducted. Cheng et al. (2010) found that 2.5 percent of Asian Americans reported a suicide attempt and 8.8 percent reported thinking about suicide in their lifetime. Rates of suicidal ideation differed across Asian American subgroups. Anxiety disorders and co-occurring depression and anxiety emerged as stronger correlates than the presence of a depressive disorder. Overall, Asian Americans shared correlates of suicidal ideation and attempts with the general U.S. population, including younger age, female gender, never being married, depression, anxiety, psychiatric disorders, and the presence of chronic conditions. The possible effects of discrimination and family conflicts on suicidal ideation and attempts seem to warrant more focused studies with APIA adolescents given the prevalence of race-based bullying and relational aggressions in schools (e.g., Jimerson, Swearer, & Espelage, 2010).

### **Lesbian, Gay, Bisexual, Transgendered (LGBT) Issues Relevant to Adolescent Suicide**

Few empirical studies have investigated the relationship between being gay, Asian or Pacific Islander, and suicidal. In one recent study on APIA adolescents in Guam (Pinhey & Millman, 2009), same-sex sexual orientation was found to be related to increased risk of suicide attempts, especially among boys. It should also be noted immediately that Asian countries vary greatly regarding their acceptance of gay men and lesbians, so country-of-origin information is important. For example, the Philippines, Thailand, and Vietnam are much more accepting of LGBT individuals than China, Japan, and Korea. Sohng and Icard (1996) and others (e.g., Nakajima, Chan, & Lee, 1996) discussed how gay individuals of Korean background are likely to be invisible in the Korean American community, as being LGBT is not accepted, tolerated, or even acknowledged. In communities where being LGBT is not accepted, it may increase suicidal behaviors, especially among adolescents, given their increased rates regardless of ethnic group. We can then speculate that LGBT Korean American adolescents may be at higher risk than many other Asian American ethnic adolescent groups, though at this time, it is merely speculation and not empirically supported. When



considering Asian Americans in general, Cochran, Mays, Alegria, Ortega, and Takeuchi (2007) found slightly higher suicide attempt rates reported among gay and bisexual men, whereas lesbians were more likely to have one-year and lifetime histories of depressive disorders. Many Asian American families adhere to a collective identity, with expectations of conformity to social norms and a clear delineation of gender role expectations. An issue for many Asian families with gay adolescents is that a gay son may fail to live up to these expectations, as “coming out” may be considered a threat to the family lineage and perhaps even bring shame to the family. Similar issues of societal expectations can be found within families with lesbian daughters. Overall, though little empirical research has been conducted with Asian American adolescents regarding suicidal behaviors, it would be expected that country of origin and acculturation issues would be important factors to consider when assessing for suicide.

### **Family Processes**

Family processes have been identified as a key factor associated with suicide-related outcomes. Low levels of perceived family support have been implicated as a risk factor for suicide-related outcomes among APIA youth (Cho & Haslam, 2010; Yuen et al., 1996). One national study of Asian American college students found that, among participants who seriously considered suicide, family problems were identified as the most common event that occurred before the development of suicide ideation (Wong et al., in press). Moreover, several studies have shown that family conflict was related to increased risk for suicidal behavior among APIA adolescents (Lau et al., 2002; Magat & Guerrero, 2008) and adults (Cheng et al., 2010).

Among APIA families, family conflicts frequently arise from different levels of acculturation and enculturation between parents and children (Hwang, 2006). Because U.S.-born APIA adolescents might acculturate faster to the dominant European American culture than their immigrant parents, they might embrace cultural values that differ sharply from those of their parents. Consequently, APIA adolescents might perceive that their parents do not understand or care for them.

### **Therapeutic Acceptance**

Depression is a robust predictor of suicides, regardless of ethnicity. However, distress and therapeutic acceptance are often conceptualized differently from other Asian and non-Asian ethnic groups, depending on stigma and

suicide acceptance for those groups. For example, Fogel and Ford (2005) found greater stigma beliefs for therapy in general among Asians than Whites. Of course, this has implications for therapeutic assessment and interventions, as APIAs are less likely to seek counseling, or if they do, they are less likely to discuss distress and suicidal thoughts and behaviors. Though not specific to APIA youth, Wyche and Rotheram-Borus (1990) found that ethnic minority youths in general experience greater psychological concerns than Whites, with much of the stress related to cultural factors. Recently, hidden suicide ideators have been receiving some empirical investigation (Morrison & Downey, 2000). These are individuals who may not respond as being suicidal to often-used suicide instruments, yet are probably at significant risk for suicide. More research on hidden ideators is clearly needed, because although they compared Caucasian with non-Caucasian students, the sample of minority students from Morrison and Downey (2000) was quite small and they examined specific racial/ethnic minority group differences. Often, APIAs will not seek Western-based counseling unless the psychological illness becomes stifling, particularly if the individual is not highly acculturated. Simply relying on objective measures to determine suicidal intent is poor therapeutic practice, of course, and it can be difficult to discern intent, particularly if strong cultural factors influence the therapeutic interaction. A greater understanding of the cultural nuances associated with wording suicide-related questions and the client's cultural background, including religious and spiritual influences, is needed.

## CLINICAL INTERVENTIONS

In this section, we discuss clinical interventions to address APIA adolescents' suicidal behavior. Specifically, we address (a) therapeutic interventions, (b) primary prevention interventions, and (c) secondary prevention interventions.

### **Therapeutic Interventions**

We are unaware of any published study providing empirical support for a therapeutic treatment specifically addressing APIA adolescents' suicidal behavior. In light of this literature gap, we review research on therapeutic treatments for other racial/ethnic adolescent groups. In a randomized controlled trial involving predominantly African American youth referred for emergency psychiatric hospitalization, Huey et al. (2004) found that multisystemic therapy (MST) was more successful than hospitalization at decreasing rates of attempted suicide at one-year follow-up. In addition,

MST led to faster recovery than hospitalization for African American adolescents as compared with European American adolescents. MST's emphasis on conducting therapy in clients' homes and intensive family involvement in treatment (e.g., family members are given guidance on how to support a youth's healthy behaviors) are consistent with Asian and Pacific Islander cultural beliefs about the centrality of family in one's life (Choi et al., 2009; Goldston et al., 2008). The findings of the Huey et al. study also dovetail with scholarly observations that hospitalization for mental health reasons tends to be highly stigmatizing for Asian Americans (Chen, Kramer, & Chen, 2003) and may be incongruent with racial/ethnic minority families' preference to maintain their children within family settings (Pumariega & Rothe, 2003). Applied to APIA youth's suicidal behavior, we tentatively recommend that whenever possible, clinicians should consider home and community-based therapeutic interventions as alternatives to involuntary hospitalization.

An important principle in risk assessment and therapy with suicidal APIA youth is that these clinical processes should not be divorced from their cultural context. Clinicians should examine their APIA clients' cultural orientation (e.g., levels of acculturation to European American cultural norms and enculturation to Asian cultural norms) and how it might intersect with their beliefs about suicide, self-disclosure of suicidal behavior, onset of suicidal behavior, and help-seeking behavior (Wong & Poon, 2010). For instance, because the need to save face is an important Asian cultural value, Goldston et al. (2008) suggested that clinicians can assess whether APIA adolescents perceive suicidal behavior to be a shameful experience. In addition, it may be important for clinicians to help their APIA adolescent clients address conflicts with their family members, given that family discord has been implicated as a risk factor for suicidal behavior in APIA youth (Lau et al., 2002; Magat & Guerrero, 2008). Among APIA families, family conflicts frequently arise from different levels of acculturation and enculturation between parents and children (Hwang, 2006). To address these issues, clinicians can involve family members in the therapeutic process, reframe conflicts as the experience of cultural differences, and also provide guidance to parents on how to communicate empathy to their children who are experiencing a suicidal crisis (Choi et al., 2009).

The standard therapeutic responses to suicidal clients tend to involve a crisis model in which the clinician is an expert who attempts to identify the client's risk factors for suicide; in contrast to this approach, Choi et al. (2009) have proposed a more collaborative approach to working with suicidal Asian Americans. Based on the Collaborative Assessment and Management of Suicidality model (CAMS, Jobes, 2000), this alternative

approach views clients as the experts on their suicidality, focuses on the subjective meaning of clients' psychological pain, and involves therapist-client collaboration to identify reasons for living. Although the CAMS model was not designed specifically for APIA youth, its focus on clients' subjective meaning-making experiences of suicidality may provide opportunities for clinicians to incorporate APIA youths' cultural values and beliefs in the treatment of suicidal behavior.

Although therapeutic interventions are an integral component of suicide prevention, an exclusive reliance on therapy is problematic because more than two-thirds of people who die by suicide do not seek help in a 12-month period preceding their death (Luoma, Martin, & Pearson, 2002). Moreover, the proportion of APIA youth who die by suicide without seeking professional psychological help may be higher, given that they tend to underutilize mental health services (McCabe et al., 1999). Accordingly, the prevention of suicidal behaviors among APIA youth must include non-therapeutic public health interventions. Such interventions include primary prevention interventions directed toward the APIA population at large as well as secondary prevention interventions aimed at APIA adolescents who are at higher risk for suicide (Joiner, Van Orden, Witte, & Rudd, 2009).

### **Primary Prevention Interventions**

Given that family processes have been consistently implicated as a factor associated with suicide-related outcomes among APIAs (Cheng et al., 2010; Cho & Haslam, 2010; Lau et al., 2002; Magat & Guerrero, 2008; Wong, Brownson, & Schwing, in press; Yuen et al., 1996), psychoeducational programs that strengthen family cohesion may help prevent the onset of suicidal behavior among APIA youth. Such programs can focus on helping APIA families understand and manage intergenerational cultural differences between parents and children. Clinicians can also educate APIA parents about the potential empirical link between family discord and suicidal behavior among APIA youth with the understanding that such knowledge might motivate parents to strengthen their relationship with their children.

Further, because of the potential stigma attached to suicide in APIA cultures (Goldston et al., 2008), suicide may not be an issue that is widely discussed in many APIA communities. Consequently, public education programs are needed to provide APIAs with the basic facts about suicide. The goal of such programs is to widely disseminate information about suicide so that laypeople can serve as gatekeepers who will connect suicidal

individuals with the help they need (Joiner et al., 2009). For example, a public-education program targeted at the Vietnamese American community can involve the dissemination of youth suicide information through a Vietnamese radio program. Such a program can include information about suicide warning signs, how laypeople can help youth with suicidal behavior, help-seeking resources, and the reduction of stigma associated with suicidal behavior.

### **Secondary Prevention Interventions**

The aim of secondary prevention efforts is to identify and target individuals who are believed to be at risk for suicidal behavior. In this regard, school-based screening (e.g., through the use of questionnaires on suicidal behavior) has been advocated as a practical strategy to identify students at risk for suicidal behavior (Scott et al., 2009). The clinical importance of suicidality screening was demonstrated in a recent study showing that more than one-third of high school students with significant mental health problems were identified only by screening and not by school professionals (Scott et al., 2009). Moreover, suicidal APIA youth may be reluctant to disclose their suicide ideation to school professionals for fear of losing face (Goldston et al., 2008); accordingly, a self-administered screening questionnaire might provide a less stigmatizing avenue through which they can disclose their suicide ideation. No study has provided empirical support for suicidality screening as a preventive intervention for APIA youth. However, a study by Asepline and Demartino (2009) of 2,100 racially diverse high school students found that participants who were randomly assigned to a suicide education and screening program reported increased knowledge of suicide and were also less likely to attempt suicide after the intervention, compared with controls. In addition to school-based screening, we suggest that APIA community agencies provide suicidality screening and appropriate treatment referrals for APIA youth who use their services. Finally, in view of research documenting that alcohol use and violence are suicidal behavior risk factors for APIA youth (Else et al., 2009; Nishimura et al., 2005), we recommend that community-based prevention programs that target APIA youth involved in alcohol use and violence routinely screen their participants for symptoms of suicidal behavior.

### **DIRECTIONS FOR FUTURE RESEARCH**

Of the more than 50 APIA groups in the United States, the majority of suicide research literature focuses on Chinese, Filipino, and Japanese.

Given the lack of literature examining the various groups, it is apparent that little is understood about APIA suicide. The highest rates of suicide among Asian Americans are the 15–24-year-old age groups, the elderly, and men. These general rates are misleading due to ethnic group variations. Generally speaking, particularly among adolescents and young adults, those identifying more with their home culture are more likely to consider suicide than those who are bicultural or acculturated. Among the elderly, structured family systems (when traditional roles are intact) appear to reduce strain and distress, which may be related to decreased suicidal ideation and behaviors. Historical and cultural events have contributed to differing backgrounds of many ethnic groups and may have implications for future suicidal behaviors. Other factors to consider include religion and spirituality, sexual orientation, and depression.

Clinical implications and interventions that are recommended include therapeutic, primary prevention, and secondary prevention interventions. In therapeutic interventions, clinicians should consider multisystemic therapy, home- and community-based therapeutic intervention, and non-therapeutic public health interventions as well as cultural context, family conflicts, and the client's meaning-making experiences of suicidality. Primary prevention interventions should include psycho-educational programs that strengthen family cohesion and public-education programs. In an effort to identify and target individuals at risk for suicidal behavior, secondary prevention interventions would entail school-based screening, suicidality screening and appropriate treatment referrals, and community-based prevention programs that target APIA youth involved in alcohol use and violence.

There is very limited information on the rates of suicide among specific APIA ethnic youth groups (e.g., Vietnamese, Korean, and Hawaiian Americans). While the CDC provides yearly suicide rates for APIs based on age and gender, these rates do not include information on specific APIA ethnic groups. More research is needed to obtain and monitor these rates in order to compare them to majority culture youth as well as to other racial and ethnic minority youth. These comparative data are needed in order to identify potential risk groups among APIA youth. For example, the literature for APIA adults has found a pattern of increasing risk of suicide with age, especially for the elderly. Do the rates of suicide among specific APIA ethnic groups increase or decrease with age from 10 to 24? Are the gender differences in these rates similar to other demographic groups? At the same time, more in-depth studies with large samples of APIA youth would also allow us to explore potential subgroup differences. More studies of suicide among APIA youth will also help determine if the same culture-general risk and protective factors apply

to this group. Conversely, more focused studies would also help identify potential culture-specific risk and protective factors similar to the ones discussed earlier in this chapter. For example, the CDC has identified “barriers to accessing mental health treatment” and “unwillingness to seek help because of the stigma” as risk factors for suicide. These two risk factors may be particularly relevant for APIA youth given the literature on Asian Americans’ underutilization of mental health services. Yet there are no specific studies to date that have examined this help-seeking resistance as a risk factor for suicide among APIA youth.

The literature on Asian American adults has also identified the central role of the family or what has been referred to as “familism” as a key variable in understanding the mental health and adjustment of this population. At the same time, the high academic motivation and achievement of Asian Americans has also been noted and repeated in the press. It appears that both familism and academic stress may serve as potential risk factors for suicide among this population and seem to warrant more exploration. At the same time, potential protective factors such as the religious beliefs related to Buddhism and Confucianism (which are said to serve as possible protective factors for Asian Americans) also need to be examined. Once again, there is a dearth of direct or systematic studies of such culture-specific protective factors for APIA youth.

Greater attention has been paid to suicidal thoughts, ideation, and attempts among high school students, but once again, the data for APIA youth is limited for this population, often because of the small population of this ethnic minority group in most states except for Hawaii, California, and New York. Also needed are studies of the typical means and methods of suicide undertaken by APIA youth. In short, the paucity of research literature in this area is disheartening in that APIA youth are considering, attempting, and completing suicide with little understanding as to the causes. Given that the literature is limited, there are many opportunities for research. We need to continue to determine both the general and culture-specific factors that contribute to suicidal behaviors among APIA youth.

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## **Chapter 4**

# **SUBSTANCE USE AND ABUSE AMONG ASIAN AMERICAN AND PACIFIC ISLANDER YOUTH IN THE UNITED STATES**

*Trina Dutta and  
Larke Nahme Huang*

### **INTRODUCTION**

The paradox of adolescence is that most teens in this stage of life are thriving, yet they are also experiencing their moments of greatest vulnerability. Adolescence is a time of exploration and experimentation when the influence of parents lessens and the pressure of peers increases. Adolescents are especially susceptible to impulsive behaviors involving substance use, violence, and risky sexual behavior. On a daily basis, they face difficult issues and decisions that can result in health problems that persist into adulthood (National Research Council and Institute of Medicine, 2007). Physically, adolescents are generally healthy and less prone to the many illnesses of earlier childhood. Most of the risks to adolescents' health are associated with social and behavioral factors, including experimentation with alcohol, drugs, and tobacco.

Drug and alcohol use and abuse are the most prevalent causes of adolescent morbidity and mortality in the United States (Brannigan, Schackman, Falco, & Millman, 2004). Almost all youth have some experience with

alcohol by age 18 and nearly half have experimented with marijuana (Johnston, O'Malley, & Bachman, 2003; SAMHSA, 2003). These behaviors have long-term health and safety implications for youth and continue to be a major public health concern. Prolonged and continuous substance abuse increases the risk for social, developmental, and academic problems. With recent research showing that the brain continues to develop during adolescence and into young adulthood, substance use and abuse have serious implications for cognitive development and the potential for life-long impairments related to memory, motor skills, and coordination. Alcohol use contributes to motor vehicle accidents, which are the leading cause of death among teens. Thirty-two percent of drivers aged 16 to 20 who died in traffic crashes in 2003 had measurable blood-alcohol levels (NIAAA, 2006).

While research consistently shows that the heaviest drinking occurs in the late teens and early twenties, the onset of alcohol use is occurring at increasingly younger ages. Among adolescents and young adults, it is not only the use of alcohol, but the patterns of drinking that put them at high risk for alcohol-related problems and accidents. Older adolescents and young adults are more likely to binge drink than younger adolescents.

How do Asian American and Pacific Islander (API) youth in the United States fit in this picture?<sup>1</sup> Historically, research on adolescent substance use and abuse tended to omit API youth in the study samples. Similarly, national surveys and studies of interventions only marginally included API youth. As a result, it was challenging to get an accurate picture of patterns of substance use in this population. When API youth were included, they were treated as a singular, homogeneous population. In reality, the API population is extremely heterogeneous, comprised of multiple ethnic groups with different cultural perspectives and attitudes regarding substance use. Attention to this heterogeneity was often lacking in the research. In the past decade, however, research has begun to document a more differentiated picture of substance use among API youth. While far from complete, the patterns of use and abuse are emerging, as well as attention to preventive and treatment interventions for APIs. Recognizing the significant public health implications for this population, this chapter examines substance use and abuse among API youth, risk and protective factors for these behaviors, existing national surveys that include sampling of the API population, and a comprehensive chart of substance abuse treatment interventions which presents the degree to which APIs are included in these intervention studies.



## ALCOHOL, DRUGS, AND TOBACCO USE

Research on substance use and abuse in the United States shows that among youth, APIs as a cohort are at the least relative risk of using and abusing drugs, tobacco, and alcohol. API youth were the least likely to use alcohol in the past year, and reported less binge or heavy alcohol use, as compared to White, Black, Hispanic, and American Indian/Alaska Native youth (Makimoto, 1998; SAMHSA, 2002c). API students were less likely to report binge drinking or ever being drunk in comparison to White and African American students. And while APIs show lower rates of alcohol use relative to other ethnic groups, API adolescents who do drink showed heavy drinking rates that are as high or higher than those of other ethnic groups (Hahm, Lahiff, & Guterman, 2004). Although admission rates for alcohol treatment increased by 20 percent for all U.S. youth between 1994 and 1998, API alcohol treatment increased by 52 percent (Makimoto, 1998).

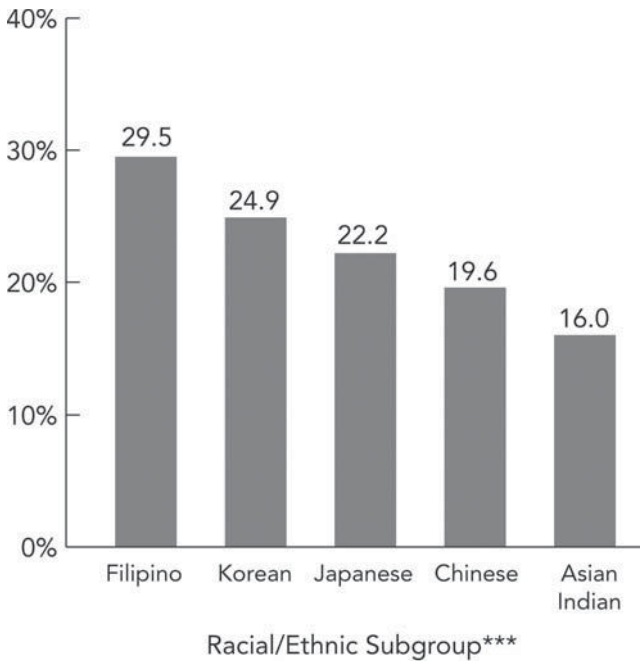
Within the API group, there was much variation in alcohol use and patterns of use. Filipino youth showed the highest rates of past year alcohol use, with estimates of nearly one-third of all Filipino youth in the United States having used alcohol. Asian Indians showed the lowest rates of alcohol use (*see* Figure 4.1).

However, examination of binge-drinking patterns showed nearly comparable rates of binge drinking among Filipino and Asian Indian youth. This suggests that while Asian Indians had low rates of alcohol use, among those who used alcohol, they tended to engage in heavy or binge drinking. In contrast, Chinese American youth had among the lowest alcohol use rates and the lowest rate of binge drinking at 1.1 percent (SAMHSA, 2002c; *see* Figure 4.2).

In a separate analysis of average number of drinks consumed per day on the days in the past month that alcohol was used, NHPI youth were the highest of all groups with 6.4 drinks per day, compared to Asians (3.4 drinks), Whites (5.3 drinks), and African Americans (2.8 drinks) (SAMHSA, 2008b).

In terms of tobacco use, Vietnamese adolescents showed similar prevalence rates of smoking as White adolescents, and both groups showed higher smoking rates than Hispanic and African American youth. While Vietnamese females showed very low rates of smoking, researchers found that Vietnamese males were less likely to smoke than other groups when in middle school, but smoked more than non-Vietnamese males when in high school (Zane & Huh-Kim, 1998). Slightly more than 8 percent of API youth ages 12 to 17 smoked cigarettes in the past month, half the rate of White youth (SAMHSA, 2001). The only other ethnic group to smoke less were African Americans (6.1 percent). However, among those habitual

**Figure 4.1**  
**Percentage of Asian Youths Ages 12 to 17 Reporting Past Year Alcohol Use, by Racial/Ethnic Subgroups: Annual Averages Based on 1999 and 2000 National Household Survey on Drugs and Alcohol (SAMHSA, 2002c)**



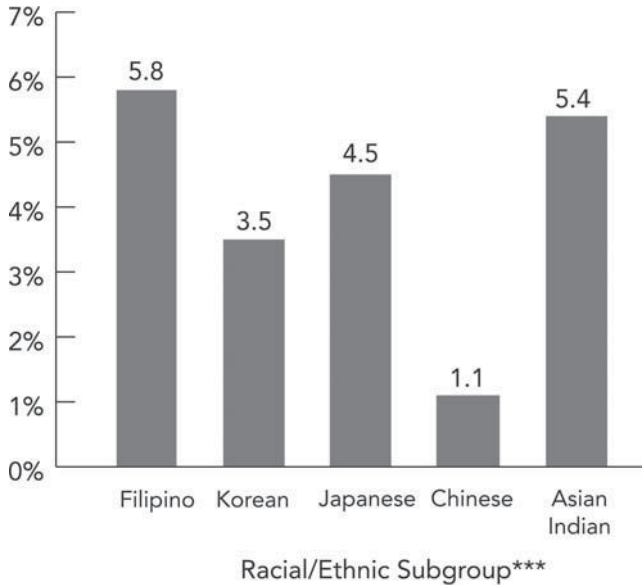
\*\*\*This table is not an exhaustive summary of all racial/ethnic subgroups. Native Hawaiian, Other Pacific Islander, and Vietnamese respondents and those who reported a racial/ethnic subgroup that is rare in the United States, or who reported more than one racial/ethnic subgroup, are not included.

smokers, API youth smoked more cigarettes per day (16.8) than any other group and had a daily smoking rate higher than African Americans and similar to Hispanics (SAMHSA, 2001). These within-group analyses highlight the critical need for differentiating among the API youth population.

According to the Drug and Alcohol Services Information System (DASIS) study (SAMHSA, 2002a), in 1999 API youth made up 4 percent of the U.S. population aged 12 to 21 years old, over 1 percent of youth treatment admissions, and 2 percent of youth marijuana admissions (*see* Figure 4.3).

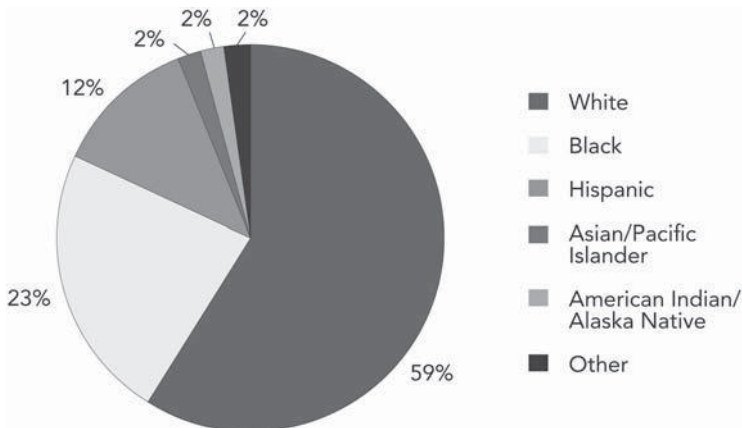
Marijuana was the leading substance of abuse for API adolescents entering treatment (49 percent of admissions), followed by alcohol and stimulants. For the overall youth population, 47 percent of youth treatment admissions were for marijuana as the principal substance abused. API youth had the youngest average age for marijuana admissions at

**Figure 4.2**  
**Percentage of Asian Youths Ages 12 to 17 Reporting “Binge” Alcohol Use, by Racial/ Ethnic Subgroups: Annual Averages Based on 1999 and 2000 NHSDAs (SAMHSA, 2002c)**



\*\*\*This table is not an exhaustive summary of all racial/ethnic subgroups. Native Hawaiian, Other Pacific Islander, and Vietnamese respondents and those who reported a racial/ethnic subgroup that is rare in the United States, or who reported more than one racial/ethnic subgroup, are not included.

**Figure 4.3**  
**Youth Marijuana Admissions, by Race/Ethnicity: 1999 (SAMHSA, 2002)**



16.2 years old. In terms of daily use in the month prior to admission, 26 percent of API adolescents reported daily use, compared to 21 percent of the total youth treatment population. Of API youth admissions to treatment, 76 percent reported daily use of marijuana, 11 percent stimulants, and 9 percent alcohol. While there was no significant difference for daily use of marijuana or alcohol between APIs and the total youth treatment population, 11 percent of API adolescents reported daily use of stimulants, compared to 4 percent for the total youth treatment population (SAMHSA, 2002b).

Methamphetamine treatment admission rates in the United States increased between 1995 and 2005 from 30 per 100,000 persons aged 12 and older to 68 per 100,000. Four of the 10 states with the highest rates of admission in 1995 more than doubled their rates of admission in 2005. This included the state of Hawaii, which continues to struggle with containing methamphetamine use (SAMHSA, 2008a). For young people in general, the rate of past year methamphetamine use was higher for young adults aged 18 to 25 (1.6 percent) than for youth aged 12 to 17 (0.7 percent) who were higher than adults (0.4 percent; SAMHSA, 2006). The highest rates of methamphetamine use were found among NHPI (2.2 percent), followed by American Indians (1.7 percent) and Whites (1.7 percent), with the lowest rates among Asians (0.2 percent; SAMHSA, 2005). In Hawaii, one of every 10 adolescents treated for substance abuse was using methamphetamine (Hawaii Department of Health, 2002).

## **SURVEYS ON SUBSTANCE USE AND ABUSE**

The capacity to obtain a comprehensive view of substance use and abuse among API youth is contingent on nationally representative surveys and surveys in states with significant population densities of API youth. National, state, and local API leadership have called for more attention to API populations in national surveys and better collection of public health-related substance-use data. At the federal level, there are ongoing initiatives to capture API data more systematically and to support disaggregation of the API data by distinct ethnic groups. However, funding will continue to constrain oversampling of the API population that would enable more robust within-group analyses. An alternative methodology is to support adaptation of existing surveys for specific API groups and administer them at multiple localities, then aggregate these local studies to generate a more comprehensive understanding of specific API ethnic groups (Gor, 2009). Given the relatively small size of the API population and its geographic diversity, this strategy may have the most potential for providing a more

granular look at API substance use. While more needs to be done to support methodologies and sampling strategies that will provide a more complete picture of API youth substance use and abuse, there are a number of data sources used in analyses of API substance use and abuse. The sources vary with respect to the catchment area from which data is collected, the breadth and size of populations studied, and the time frame in which information is collected. Several major surveys are described below.

The National Longitudinal Study of Adolescent Health (AD Health) was conducted by the National Institute of Child Health and Human Development from 1994 to 2008. This was a nationally representative sample of seventh-through 12th-graders, which included designations for NHPI and Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and other) (NICHHD, 2007; UNC-CH, n.d.). Databases about the respondents' neighborhoods and communities were merged with AD Health data, including variables on income and poverty, unemployment, availability and utilization of health services, crime, church membership, and social programs and policies.

The National Survey on Drug Use and Health (NSDUH), administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a cross-sectional study design that has collected data yearly since 1971 (SAMHSA, 2009). NSDUH surveys civilians and non-institutionalized populations aged 12 years old or older residing within the United States, with an oversampling of certain subpopulations of interest. Based on a nationally representative sample of more than 65,000 persons, this survey provides the most comprehensive view of substance use among people 12 years and older in the United States. In this survey, dependence or abuse is defined using criteria specified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and includes such symptoms as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference in major obligations at work, school, or home during the past year. Starting in 2009, the survey disaggregated the API demographic category, distinguishing between Native Hawaiian, other Pacific Islander, and Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and other); previous to this, the respondents could choose "Asian and Pacific Islander" if appropriate. This has enabled SAMHSA to report analyses differentiating between Asian and NHPI.

The Monitoring the Future Survey (MTF), sponsored by the National Institute on Drug Abuse (NIDA) and conducted by the University of Michigan, is a cross-sectional study that has collected information yearly since 1975 (NIDA, 2009; Regents of the University of Michigan, 2010). This is a nationally representative sample of eighth-, 10th-, and 12th-graders,

college students, and young adults, with a randomly selected sample from each senior class followed up biannually after high school on a continuing basis. MTF distinguishes between Asian and NHPI, although API data are not presented in MTF publications due to the small sample size.

The National Longitudinal Alcohol Epidemiologic Survey, conducted by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), is a nationally representative survey of persons 18 years and older (Hazelden, 2001). The survey allows for self-identification as “Asian or Pacific Islander,” but collects information only across the 48 contiguous states, excluding NHPIs in Hawaii and the Pacific jurisdictions.

The Youth Risk Behavior Surveillance System (YRBSS), a survey of the Centers for Disease Control and Prevention, has collected nationally representative data from ninth- through 12th-grade students in public and private schools biennially since 1991 (CDC, 2009). Respondents can identify as Asian or NHPI, although the national level analysis is reported only for White, Black, and Hispanic populations. The questionnaires are revised to reflect site and national priorities.

In addition to the national surveys, there are California state surveys that collect substance-use-related information and more precise API ethnic data. The California Student Survey (CSS), conducted by the California Department of Education, is a cross-sectional survey collecting data biennially since 1985 (WestEd, 2010a). Schools are legally required to provide a representative statewide sample of students in grades seven, nine, and 11, with multiple subclassifications for APIs: Asian Indian; Cambodian; Chinese; Filipino; Japanese; Korean; Laotian; Vietnamese; Native Hawaiian, Guamanian, Samoan, or other Pacific Islander; or other Asian. CSS data is supplemented by two additional surveys covering substance use, school safety, harassment and violence, youth resilience factors, and health-related behavior.

The California Healthy Kids Survey (CHKS), California Department of Education, is required in California school districts receiving Title IV grants, for grades five, seven, nine, and 11, and has been collecting this information biennially since 1998 (WestEd, 2010b). Similar to the CSS, respondents can identify as API: Asian Indian; Cambodian; Chinese; Filipino; Japanese; Korean; Laotian; Vietnamese; Native Hawaiian, Guamanian, Samoan, or other Pacific Islander; or other Asian. The cross-section research design results are tied to the Youth Risk Behavior Survey, and the survey can be configured and customized to address local concerns and interests. Survey results are presented in a similar format as that of the CSS to allow for easy comparison, and the CHKS has many shared substance-abuse items with the MTF.

## PROTECTIVE AND RISK FACTORS

Prevention experts have identified longitudinal predictors that increase or decrease the likelihood of problem behaviors (e.g., youth violence, substance abuse, and socio-emotional disorders) for youth. Factors that increase the likelihood of problem behaviors have been referred to as “risk factors”; features that decrease the potential harmful effect of a risk factor are considered “protective factors” (USDHHS, 2001). Empirical support for these risk and protective factors has been documented by prevention researchers. For example, the social ecological framework has helped document risk factors in four domains—individual/peer, family, school, and community (Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999). It is the accumulation of risk factors across multiple domains that may lead to poor outcomes. Unfortunately, most risk factors do not occur in isolation, but in clusters (i.e., a child living in a poor neighborhood is more likely to be exposed to drug use, violence, and crime). Risk factors have additive negative effects such that youth who are exposed to more risk factors are more likely to engage in negative, antisocial behavior (USDHHS, 2001).

While the relationship between exposure to risk factors and problem behaviors has been shown, there is also increasing evidence that protective factors decrease the likelihood of problem behaviors (Catalano, Hawkins, Berglund, Pollard, & Arthur, 2002). These studies identify the qualities of the individual or the environment that are associated with competence or better psychosocial functioning following adverse experiences or high-risk exposure (Masten & Coatsworth, 1998).

Three clusters of protective factors are associated with promoting healthy behaviors in youth: (a) personal predispositions in the youth, such as intelligence, resilient temperament, and competencies and skills; (b) a family environment characterized by cohesion, closeness, and support and that sets clear standards for behavior; and (c) the presence of extra-familial sources of support, including role models or mentors that model effective skills and competencies (IOM, 2007; Masten & Garmezy, 1985). As prevention experts have remarked, young people who are not drug abusers, dropouts, or delinquents may be “problem-free,” but still lack skills, attitudes, and knowledge to be productive, competent, contributing members of the family or community (Weissberg & Greenberg, 1997).

Cultural factors inherent in API communities may impede or enhance the effectiveness of existing models of prevention (Huang & Ida, 2004). API youth and their families negotiate a different set of developmental challenges and tasks. These challenges give rise to adaptive strategies, socialization goals, and developmental outcomes for these youth that may



be distinct from other youth. API youth and their families negotiate the usual developmental tasks; however, the cultural overlay and acculturation and generation status add complexity to these tasks.

Given the developmental challenges confronted by culturally diverse youth, what are the risk and protective factors that are most significant for API youth, particularly in relation to substance use? Several studies have delineated familial and cultural factors that may be associated with the comparatively lower rates of substance use and abuse in the API youth population. While these factors may vary across API subpopulations, in general they may explain some of the differences in patterns of substance use.

According to Harachi, Catalano, Kim, and Choi (2001), parental disapproval of drinking was one of the most significant factors for low substance abuse among API youth. Other factors included lack of delinquent siblings, traditional family structure (both parents present in the household), and negative parental attitudes toward childrens' alcohol use. Interestingly, parental attachment, parents exercising proactive family management, withholding privileges, and choosing children's friends, were not linked to low rates of substance use for API youth. And while the belief among adolescents that one could get caught and punished for drug use decreased consumption among African Americans, this was not the case for Asians.

Cultural values may also be risk or protective factors for substance use. Le, Goebert, and Wallen (2009) found that youth from collectivistic cultures (more typical among API than Western cultures) believed deviant behavior was more harmful than youth from individualistic cultures, and at an international level, substance use was higher in individualistic countries than in collectivist-leaning countries. Collectivistic cultures retain values that include interdependence, moderation, and interpersonal responsibility, all of which could be a factor in decreased substance use for API youth. In addition, adhering to and practicing Chinese customs, in particular, was associated with reduced deviant behavior. API youth also have decreased exposure to parental alcohol use relative to other adolescents, and the connection between perceptions of adult substance use and self-use is higher for API youth (Hendershot, MacPherson, Carr, & Wall, 2005).

Substance-use behaviors in most cultures are associated with cultural, social, and behavioral factors. However, for the API population, there is the added physiological response that may contribute to low alcohol use and abuse. Up to 50 percent of Asians (and a few Caucasians) carry the inactive aldehyde dehydrogenase (ALDH) gene, which leads to "flushing," a reaction to alcohol that includes facial reddening, headaches, quickened heartbeat, nausea, and dizziness. This unpleasant response could explain

the Asian cultural norm of drinking in moderation and/or abstinence, which in turn protects against alcohol use/abuse (Makimoto, 1998).

Acculturation is a potentially significant risk factor for API youth, where movement away from a traditionally collectivistic culture toward embracing more individualistic attitudes was associated with substance use (Hender-shot et al., 2005; Le et al., 2009; Nagasawa, Qian, & Wong, 2000). Certain risk factors varied in the impact on different Asian ethnic groups. For example, having delinquent peers had the least impact on Chinese American youth, whereas this significantly mediated the relationship between substance use and individualism among Vietnamese youth. Acculturation (and the development of individualistic attitudes) can facilitate substance use by prompting association with peers using substances. Acculturation and family friction were strongly associated with both alcohol and cigarette use (Harachi et al., 2001). Studies suggested that API youth may use substances as a mechanism of coping with the stress associated with acculturation that often generates conflict between the youth's traditional culture and mainstream American culture (Moloney, Hunt, & Evans, 2008). Acculturation can lead to a change in the traditional API family structure, the level of interdependence among family members, and issues surrounding self-identity, all of which can lead to heightened stress (Makimoto, 1998). This can then affect an adolescent's choices regarding substance use, where the most acculturated API adolescents display the highest risk of alcohol and cigarette use. Peer adolescent substance use and association with delinquent peers were strong predictors of self-use for API youth (Le et al., 2009).

Other risk factors for use among Vietnamese and Chinese adolescents in particular include poor grades, "lack of subjective well-being," perceived tensions between ethnic groups at school, and being male, whereas parental and/or peer disapproval of substance use and foreign-born status were associated with decreased use. Ethnic identification, self-esteem, not fitting in, and English as a second language were not associated with use for this population (Harachi et al., 2001). In terms of the NHPI youth population, there is an absence of studies examining the risk and protective factors for substance use.

## INTERVENTIONS

While there are numerous interventions focused on substance use and abuse that work for youth, most are either not designed for APIs or only minimally assess APIs when studying program/practice effectiveness. For those existing evidence-based interventions, it is challenging to adapt these for special population groups while retaining fidelity to the intervention.

Many of these focus on the individual youth, while fewer include the youth's family and/or community in the intervention.

In SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP), there are 159 interventions for the prevention and treatment of mental and substance-use disorders. To be included in this registry, programs and practices must demonstrate a level of effectiveness and readiness for dissemination. Each program submits research or evaluation studies to document its impact with targeted populations. Thirty-five of these practices and programs include API youth in the study population. Table 4.1 provides a complete listing of these 35 programs (SAMHSA, 2010). Of them, only three assessed effectiveness for NHPIs: Not On Tobacco (N-O-T), Positive Action, and Project Venture. For N-O-T, one of the two studies reviewed for this intervention included NHPIs, where 1.1 percent of the study population was NHPI. For Positive Action, two of the five studies reviewed included NHPIs, 55.8 percent and 54.9 percent, respectively. The study sample for Project Venture included 0.3 percent NHPIs. Among the other 35 programs, the studies reviewed to substantiate effectiveness included a range from 0.1 percent to 18 percent Asians in the study sample. For most of the programs, only one or two of the studies reviewed included APIs at all. While the NREPP and other federally funded registries of effective practices are useful guides for communities, there is general recognition that the programs need to be inclusive of more ethnic-specific focused interventions. Prevention programs are often built on practices that target risk and protective factors. Given that these factors and their role in substance-use behavior are variable among different population groups, it would be important to ensure that programs for API youth are addressing not only the general youth risk factors, but those that are specific to the diverse API youth population, as described earlier.

There are also a variety of community-level interventions not included in NREPP. One example is the Asian Pacific Partners for Empowerment and Leadership (APPEAL). This program, which focuses on capacity-building and advocacy toward a tobacco-free API community, coordinates the National APPEAL Youth Leadership Program, mobilizing youth to take action against tobacco's impact on API communities. APPEAL offers training developed for API youth around this topic, coordinates one-on-one support to the youth advocates as they work toward addressing tobacco use in their communities, and provides mentors for API youth (APPEAL, n.d.).

In a study of 30 programs targeting API youth at-risk for substance use and other risky behaviors, Huang et al. (2004) identified key components contributing to the success of these programs. First, program content is tied to culture. The need for cultural adaptation and responsiveness in

**Table 4.1****National Registry of Evidence-Based Programs and Practices (NREPP) with Attention to API Youth**

<i>Program</i>	<i>Objectives and Description</i>	<i>APIs in the Study*</i>
Across Ages <a href="http://www.acrossages.org">http://www.acrossages.org</a>	This program pairs older adult mentors (55 years and older) with young adolescents making the transition to middle school. The goal is to increase protective factors for high-risk students to prevent, reduce, or delay the use of alcohol, tobacco, and other drugs and the problems associated with substance use.	1 of 1 studies reviewed included “Asian” (0.9%).
Adolescent Community Reinforcement Approach (A-CRA) <a href="http://www.chestnut.org/li/cyt/index.html">http://www.chestnut.org/li/cyt/index.html</a>	A-CRA, a behavioral intervention for youth 12 to 22 years old with DSM-IV cannabis, alcohol, and/or other substance-use disorders, seeks to replace environmental contingencies that have supported alcohol or drug use with pro-social activities and behaviors that support recovery. According to the adolescent’s needs and self-assessment of happiness, therapists choose from among 17 A-CRA procedures with the goal of improving life satisfaction and eliminating alcohol and substance-use problems.	1 of 3 studies reviewed included “Asian” (0.6%).
AlcoholEdu for High School <a href="http://highschool.alcoholedu.com/">http://highschool.alcoholedu.com/</a>	This online, interactive, alcohol education and prevention course increases alcohol-related knowledge, discourages acceptance of underage drinking, and prevents or decreases alcohol use and its related negative consequences. Schools expose students to a consistent message, ultimately creating a common body of knowledge and a shared experience that helps establish a social safety net among students.	2 of 2 studies reviewed included “Asian”(4.2%, 4.2%).
All Stars <a href="http://www.allstarsprevention.com">http://www.allstarsprevention.com</a>	All Stars, for 11 to 14 years old, prevents and delays the onset of high-risk behaviors such as drug use, violence, and premature sexual activity. The program focuses on: (a) developing positive ideals that do not fit with high-risk behavior; (b) creating a belief in conventional norms; (c) building strong personal commitments; (d) bonding with school, pro-social institutions, and family; and (e) increasing positive parental attentiveness.	1 of 2 studies reviewed included “Asian” (8%).

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**Table 4.1** (Continued)

<i>Program</i>	<i>Objectives and Description</i>	<i>APIs in the Study*</i>
Athletes Training and Learning to Avoid Steroids (ATLAS) <a href="http://www.ohsu.edu/hpsm/">http://www.ohsu.edu/hpsm/</a>	ATLAS, a drug-prevention program for male high school athletes, deters drug use and promotes healthy nutrition and exercise as alternatives to drugs. Program content includes (a) discussion of sports nutrition; (b) exercise alternatives to anabolic steroids and sports supplements; and (c) the effects of substance-abuse in sports, drug-refusal role-playing, and the creation of health-promotion messages.	1 of 1 studies reviewed included “Asian” (3.7%).
Brief Alcohol Screening and Intervention for College Students (BASICS) <a href="http://depts.washington.edu/abrc/basics.htm">http://depts.washington.edu/abrc/basics.htm</a>	BASICS, for college students who drink alcohol heavily and have experienced or are at risk for alcohol-related problems, follows a harm-reduction model motivating students to reduce alcohol use in order to decrease the negative consequences of drinking. BASICS is delivered in an empathetic, nonconfrontational, and nonjudgmental manner and is aimed at revealing the discrepancy between the student’s risky drinking behavior and his or her goals and values. BASICS may be tailored for use with young adults in settings other than colleges.	1 of 3 studies reviewed included “Asian” (12.6%).
Building Assets—Reducing Risks (BARR) <a href="http://www.search-institute.org/BARR">http://www.search-institute.org/BARR</a>	BARR decreases the incidence of substance abuse (tobacco, alcohol, and other drugs), academic failure, truancy, and disciplinary incidents among ninth-grade youth. BARR encourages students to make healthy behavior choices and achieve academic success, and parental involvement in the program is encouraged through an orientation session for parents when their children start the ninth grade.	1 of 1 studies reviewed included “Asian” (6.1%).
CARE (Care, Assess, Respond, Empower) <a href="http://www.reconnectingyouth.com">http://www.reconnectingyouth.com</a>	CARE connects each high-risk youth to a school-based caseworker or a favorite teacher and establishes contact with a parent or guardian chosen by the youth. The goals of CARE are threefold: to decrease suicidal behaviors, to decrease related risk factors, and to increase personal and social assets. CARE assesses the adolescent’s needs, provides immediate support, and then serves as the adolescent’s crucial communication bridge with school personnel and the parent or guardian of choice.	2 of 2 studies reviewed included “Asian” (5.7%; 18%).

Caring School Community (CSC) <a href="http://www.devstu.org/caring-school-community">http://www.devstu.org/caring-school-community</a>	CSC creates a caring school environment characterized by kind and supportive relationships and collaboration among students, staff, and parents. The CSC model is consistent with research-based practices for increasing student achievement as well as the theoretical and empirical literature supporting the benefits of a caring classroom community in meeting students' needs for emotional and physical safety, supportive relationships, autonomy, and sense of competence. The program seeks to promote pro-social values, increase academic motivation and achievement, and prevent drug use, violence, and delinquency.	1 of 3 studies reviewed included "Asian" (8.4%).
CAST (Coping and Support Training) <a href="http://www.reconnectingyouth.com/cast">http://www.reconnectingyouth.com/cast</a>	CAST delivers life-skills training and social support in a small-group format to address suicide prevention. CAST's skills training sessions target three overall goals: increased mood management (depression and anger), improved school performance, and decreased drug involvement.	1 of 1 studies reviewed included "Asian" (18%).
Cocaine-Specific Coping Skills Training (CST)	CST teaches cocaine users how to identify high-risk situations associated with past episodes of cocaine use and modify their behavior to avoid or counteract those influences in the future. Topics covered include frustration, anger, and other negative feelings; social pressure to use; internal pressure to use based on urges; assertiveness skills; and methods for enhancing positive moods. Participants describe a situation in which they used cocaine, analyze antecedents and consequences, learn coping skills for that type of event, and role play when possible.	2 of 2 studies reviewed included "Asian" (1%; 1%).
Families and Schools Together (FAST) <a href="http://familiesandschools.org">http://familiesandschools.org</a> <a href="http://cfsproject.wceruw.org/fastprogram.html">http://cfsproject.wceruw.org/fastprogram.html</a>	FAST aims to enhance family functioning, prevent school failure, prevent substance misuse by children and other family members, and reduce the stress that children and parents experience in daily situations. Participants in the multifamily group work together to enhance protective factors for children, including parent-child bonding, parent involvement in schools, parent networks, family communication, parental authority, and social capital, with the aim of reducing the children's anxiety and aggression and increasing their social skills and attention spans.	1 of 3 studies reviewed included "Asian" (13%).

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**Table 4.1** (Continued)

<i>Program</i>	<i>Objectives and Description</i>	<i>APIs in the Study*</i>
LifeSkills Training (LST) <a href="http://www.lifeskillstraining.com">http://www.lifeskillstraining.com</a>	LST prevents alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences.	3 of 4 studies reviewed included “Asian” (2%, 6%, and 6%) in the study population.
Lions Quest Skills for Adolescence (SFA) <a href="http://www.lions-quest.org">http://www.lions-quest.org</a>	SFA is a life-skills education program designed for schoolwide/classroom implementation with the goal of helping young people develop positive commitments to their families, schools, peers, and communities and to encourage healthy, drug-free lives. SFA unites educators, parents, and community members to utilize social influence and social cognitive approaches.	1 of 4 studies reviewed included “Asian” (7.1%).
∞ Matrix Model	Matrix addresses stimulant abuse and dependence, where those involved learn about issues critical to addiction and relapse, receive direction and support from a trained therapist, become familiar with self-help programs, and are monitored for drug use by urine testing. The program includes education for family members affected by the addiction.	1 of 2 studies reviewed included “Asian” (17%).
Motivational Interviewing (MI) <a href="http://www.motivationalinterview.org">http://www.motivationalinterview.org</a>	MI elicits behavioral change by helping clients to explore and resolve ambivalence. The operational assumption is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change, so that the examination and resolution of ambivalence become its key goal.	1 of 5 studies reviewed included “Asian” (5.3%).
Multidimensional Family Therapy (MDFT) <a href="http://www.med.miami.edu/ctrada">http://www.med.miami.edu/ctrada</a>	MDFT is a family-based outpatient or partial hospitalization (day treatment) program for substance-abusing adolescents, adolescents with co-occurring substance use and mental disorders, and those at high risk for continued substance abuse and other problem behaviors such as conduct disorder and delinquency. MDFT helps youth develop more effective coping and problem-solving skills for better decision-making and helps the family improve interpersonal functioning as a protective factor against substance abuse and related problems.	1 of 4 studies reviewed included “Asian” (6%).



Multisystemic Therapy (MST)	MST decreases rates of antisocial behavior and other clinical problems, improves functioning (e.g., family relations, school performance), and achieves these outcomes at a cost savings by reducing the use of out-of-home placements such as incarceration, residential treatment, and hospitalization. MST seeks to empower families to build a healthier environment through the mobilization of existing child, family, and community resources.	1 of 5 studies reviewed included “Asian” (1%).
Not On Tobacco (N-O-T) <a href="http://notontobacco.com">http://notontobacco.com</a>	N-O-T is a school-based smoking cessation program designed for youth ages 14 to 19 who are daily smokers. N-O-T is based on social cognitive theory and incorporates training in self-management and stimulus control; social skills and social influence; stress management; relapse prevention; and techniques to manage nicotine withdrawal, weight, and family and peer pressure.	1 of 2 studies reviewed included “Asian” (1.1%) and “Native Hawaiian or other Pacific Islander” (1.1%).
Nurse-Family Partnership (NFP) <a href="http://www.nursefamilypartnership.org">http://www.nursefamilypartnership.org</a>	NFP, a prenatal and infancy nurse home-visitation program, aims to improve the health, well-being, and self-sufficiency of low-income, first-time parents and their children. NFP’s program activities are designed to link families with needed health and human services, promote good decision-making about personal development, assist families in making healthy choices during pregnancy and providing proper care to their children, and help women build supportive relationships with families and friends.	1 of 3 studies reviewed included “Asian” (0.3%).
Positive Action <a href="http://www.positiveaction.net">http://www.positiveaction.net</a>	This program improves academic achievement, school attendance, and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior. It is also designed to improve parent-child bonding, family cohesion, and family conflict. All materials are based on the same unifying broad concept (one feels good about oneself when taking positive actions) with six explanatory subconcepts (positive actions for the physical, intellectual, social, and emotional areas) that elaborate on the overall theme.	2 of 5 studies reviewed included “Asian” (10.7%) and “Native Hawaiian or other Pacific Islander” (55.8%; 54.9%).

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**Table 4.1** (Continued)

<i>Program</i>	<i>Objectives and Description</i>	<i>APIs in the Study*</i>
Project ALERT <a href="http://www.projectalert.best.org/">http://www.projectalert.best.org/</a>	This program for middle or junior high school students focuses on alcohol, tobacco, and marijuana use. It seeks to prevent adolescent nonusers from experimenting with these drugs and to prevent youths who are already experimenting from becoming more regular users or abusers. The curriculum helps students understand the consequences of drug use, recognize the benefits of nonuse, build norms against use, and identify and resist pro-drug pressures.	4 of 6 studies reviewed included “Asian” (10%, 10%, 10%, 10%).
Project EX <a href="http://tnd.usc.edu/ex">http://tnd.usc.edu/ex</a>	Project EX’s curriculum includes strategies for coping with stress, dealing with nicotine withdrawal, and avoiding relapses. Project EX uses engaging and motivating activities such as games and yoga to reduce or stop smoking among adolescents and teach self-control, anger-management, mood-management, and goal-setting techniques.	2 of 2 studies reviewed included “Asian” (7%, 7%).
Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) <a href="http://www.sascorp.org">http://www.sascorp.org</a>	Project SUCCESS prevents and reduces substance use among students 12 to 18 years of age. The program was developed for students attending alternative high schools who are at high risk for substance use and abuse due to poor academic performance, truancy, discipline problems, negative attitudes toward school, and parental substance abuse but in recent years has been used in regular middle and high schools for a broader range of high-risk students.	1 of 2 studies reviewed included “Asian” (1.6%).
Project Towards No Drug Abuse (Project TND) <a href="http://tnd.usc.edu">http://tnd.usc.edu</a>	TND is designed to help high schoolers develop self-control and communication skills, acquire resources that help them resist drug use, improve decision-making strategies, and develop the motivation to not use drugs. It is packaged in 12 40-minute interactive sessions to be taught by teachers or health educators.	3 of 5 studies reviewed included “Asian” (4%, 7%, 4%).

Project Venture <a href="http://www.niylp.org">http://www.niylp.org</a>	This outdoor experiential program for fifth- to eighth-grade American Indian youth aims to develop the social and emotional competence that facilitates resistance to alcohol, tobacco, and other drug use. Project Venture is based on traditional American Indian values such as family, learning from the natural world, spiritual awareness, service to others, and respect. The program fosters development of positive self-concept, effective social interaction skills, a community service ethic, an internal locus of control, and improved decision-making and problem-solving skills.	1 of 2 studies reviewed included “Native Hawaiian or other Pacific Islander” (0.3%).
Promoting Alternative Thinking Strategies (PATHS); PATHS Preschool <a href="http://www.channing-bete.com/paths">http://www.channing-bete.com/paths</a>	PATHS, for children in elementary school or preschool, enhances areas of social-emotional development such as self-control, self-esteem, emotional awareness, social skills, friendships, and interpersonal problem-solving skills while reducing aggression and other behavior problems.	1 of 5 studies reviewed included “Asian” (3.8%).
Protecting You/Protecting Me (PY/PM) <a href="http://www.pypm.org">http://www.pypm.org</a> <a href="http://www.hazelden.org/pypm">http://www.hazelden.org/pypm</a>	PY/PM is a classroom-based alcohol use prevention and vehicle safety program for grades 1–5 and 11–12. The program aims to reduce alcohol-related injuries and death among children and youth due to underage alcohol use and riding in vehicles with drivers who are not alcohol free. High school students learn about the brain and how alcohol use can impact adolescents, serve as role models to the elementary school participants, and take coursework in preparation for delivering the curriculum.	2 of 4 studies reviewed included “Asian” (2%, 1%).
Reconnecting Youth: A Peer Group Approach to Building Life Skills (RY) <a href="http://www.reconnectingyouth.com">http://www.reconnectingyouth.com</a>	RY teaches skills to build resiliency against risk factors and to control early signs of substance abuse and emotional distress, and targets youth who demonstrate poor school achievement and high potential for school dropout. Eligible students must have either (a) fewer than the average number of credits earned for all students in their grade level at their school, high absenteeism, and a significant drop in grades during the prior semester, or (b) a record of dropping out of school.	1 of 3 studies reviewed included “Asian” (5.7%).

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**Table 4.1** (Continued)

<i>Program</i>	<i>Objectives and Description</i>	<i>APIs in the Study*</i>
Reward & Reminder <a href="http://www.rewardandreminder.com">http://www.rewardandreminder.com</a>	This population-level intervention is designed to promote the community norm of not selling tobacco to minors. By using rapid and public rewards and recognition for clerks and retailers/outlets that do not sell tobacco to minors, the program aims to reduce illegal sales of tobacco, perceived access to tobacco, and tobacco use prevalence rates.	1 of 2 studies reviewed included “Asian” (5%).
Right Decisions, Right Now: Be Tobacco Free (RDRN) <a href="http://www.rightdecisionsrightnow.com">http://www.rightdecisionsrightnow.com</a>	RDRN inoculates nonusers against experimentation with tobacco while providing instruction on risk and protective factors to decrease the number of adolescents moving from experimentation to addiction. The intervention focuses on (a) interpersonal life skills (peer pressure, assertive refusal skills, and escape techniques); (b) intrapersonal life skills; and (c) health consequences of tobacco use.	1 of 1 studies reviewed included “Asian” (3%).
92 Second Step <a href="http://www.cfchildren.org">http://www.cfchildren.org</a>	Second Step teaches socioemotional skills aimed at reducing impulsive and aggressive behavior while increasing social competence. The program consists of in-school curricula, parent training, and skill development. Second Step teaches children to identify and understand their own and others’ emotions, reduce impulsiveness and choose positive goals, and manage their emotional reactions and decision-making process when emotionally aroused.	1 of 3 studies reviewed included “Asian” (11%).
Seeking Safety <a href="http://www.seekingsafety.org">http://www.seekingsafety.org</a>	This program works with clients with a history of trauma and substance abuse and has five key principles: (a) safety as the overarching goal; (b) integrated treatment (working on both post-traumatic stress disorder [PTSD] and substance abuse at the same time); (c) a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; (d) cognitive, behavioral, interpersonal, and case management; and (e) attention to clinician processes.	2 of 8 studies reviewed included “Asian” (5%, 12.1%).

<p>Strengthening Families Program (SFP) <a href="http://www.strengtheningfamiliesprogram.org">http://www.strengtheningfamiliesprogram.org</a></p>	<p>SFP increases resilience and reduces risk factors for children 3 to 16 years old via the following: parenting skills (parents learn to increase desired behaviors in children); children’s life skills (children learn effective communication, understand their feelings, improve social and problem-solving skills, resist peer pressure, understand the consequences of substance use, and comply with parental rules); and family life skills (families engage in structured family activities, practice therapeutic child play, conduct family meetings, learn communication skills, practice effective discipline, and reinforce positive behaviors in each other).</p>	<p>2 of 2 studies reviewed included “Asian” (0.5%, 0.1%).</p>
<p>Too Good for Drugs (TGFD) <a href="http://www.mendezfoundation.org">http://www.mendezfoundation.org</a></p>	<p>TGFD is designed to provide needed education in social and emotional competencies and to reduce risk factors and build protective factors that affect students; it focuses on developing personal and interpersonal skills for resisting peer pressures, goal-setting, decision-making, bonding with others, having respect for self and others, managing emotions, effective communication, and social interactions, and also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle.</p>	<p>1 of 3 studies reviewed included “Asian” (2%).</p>

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\*This column indicates the number of studies reviewed, the number of studies that included Asians and/or NHPIs within the study population, and for those studies that included Asians and/or NHPIs, the percentage included in the study sample.

their programs emerged consistently across programs, as did the need to incorporate cultural teaching and values in order to build the youths' sense of attachment and positive attitudes toward their cultures. The critical role of bicultural and bilingual staff was emphasized in the majority of the programs. This was most often cited as the critical ingredient in the programs.

Collaboration across youth-serving systems and with communities was identified as an important strategy to address the sometimes complex needs of high-risk youth. For these youth, their issues often transcend the domain of any one service system or community organization. Cultural education and understanding must be a part of these collaborations, and the cultural interface makes it different from usual interagency collaborations. Added to this is the minority status of these API youth and their API programs, which must be considered in the balance of power in these collaborations. Interagency collaborations are extremely difficult to begin with and become more complex with the added overlay of cultural minority status.

## CONCLUSIONS AND RECOMMENDATIONS

As with other health and behavioral health conditions, substance use among API youth warrants a systematic public health approach. While the current estimates of alcohol, tobacco, and illicit drug use are not as alarming as rates in other populations, concerns remain about the validity of these estimates given the limited research focus on API youth and about problematic patterns and trends of substance abuse. APIs are a heterogeneous population comprised of multiple ethnic groups with different cultural perspectives, experiences, and attitudes regarding substance use. Distinctions among these various groups and a recognition of the vast heterogeneity of this population have been often lacking in research and program development. For example, a blanket policy for all API youth would obscure the need for different policies and interventions for Asian and NHPI youth and their communities. A public health approach would foster improvements in data and surveillance, articulation of important risk and protective factors, development of culturally informed prevention and intervention programs, and engagement of the API community to better understand the threats of substance use in their families and communities.

**Improvements in data and surveillance.** The data provided in this chapter makes clear that when assessing the alcohol, tobacco, and other drug use patterns of API youth, the single designation "Asian" can mask the range of differences that exist among the many API subgroups. Although

the federal policy for racial designations as set by the Office of Management and Budget (OMB) separates Asian and NHPI into distinct categories, many of the studies and programs highlighted in this chapter fail to distinguish between these designations. This is particularly problematic when realizing that NHPI youth can have much higher rates of negative health outcomes and health risk factors that are frequently obscured when the general “Asian” categorization is applied. Even in those instances when Asian and NHPI populations are distinguished from each other, the varying levels of use and abuse within Asian subgroups are often not articulated.

A major policy report substantiating the need for within-group analyses and standardization of ethnic and racial categories is the recently released Institute of Medicine report on “Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement.” This report concluded that by drilling down to particular subpopulations within a large race designation, localities and communities can better recognize and focus resources on those groups in most need (IOM, 2009). This is at odds with the current practice of focusing large-scale interventions at an entire population group, which can be both inefficient and ineffective. The report goes on to say that sub-racial and ethnic distinctions could reveal differences in health-care services use and health-care outcomes otherwise hidden by broad categorization by race. As a result, the IOM recommended collection of detailed, “granular” ethnicity data in addition to data that correspond with the OMB minimum categories.

The lack of inclusion of API youth in substance abuse surveys and research and insufficient sample size when they are included are ongoing issues. Advocacy efforts to increase oversampling will likely result in little progress in difficult funding climates. However, efforts should be made to develop alternative methodologies to generate the essential data needed to describe the public-health issue of substance use and abuse in the API youth population. Funding support for local efforts examining substance use in specific API populations may be critical building blocks for amassing a national picture. For example, using standard data-collection instruments to survey dense populations of Vietnamese in Houston and San Jose may be more efficient and effective than expecting a nationally representative sampling to yield enough Vietnamese to arrive at meaningful findings.

**Articulation of ethnic-specific risk and protective factors.** A risk and protective factor framework is essential to a public health approach. However, for diverse populations, the usual framework may need to be modified to account for compelling cultural differences. For API youth, this may include risk factors such as acculturation stresses, devalued ethnicity, lack of culturally supportive institutions, and disconnection between home



and school. Protective factors include bicultural competence, the presence of extended family, and cultural traditions and worldviews. These are in addition to the general protective factor of bonding through a warm, caring, and consistent relationship with an adult. These factors need to be considered in the development of interventions for this population. As more attention is focused on community youth-development programs, ethnic-specific features of diverse youth populations need to be integrated into these programs. The variation in patterns of substance use may be an asset to build on within community studies. Determining what factors protect some API youth and not others will be an important part of intervention development. In developing and using prevention strategies, it is critical to match the strategy to the specific risks that need to be addressed. The risk and protective factors in the community need to be accurately assessed, and the community's resources and readiness to protect its youth must also be considered (IOM, 2009).

The evidence that substance use among APIs can be mediated by acculturation factors underscores the importance of including this as a component in prevention and intervention programs for this population. This is an area in need of ongoing research. Given the findings regarding the impact of acculturation on substance use and abuse, the field needs more data on how substance-use patterns may vary according to acculturation status, how acculturative stress may contribute to risky substance-use behavior, and how cultural factors and ethnic heritage and identity may serve as protective factors. This could be especially important in the development of prevention, intervention, and recovery strategies for API youth. Culturally based interventions for substance-abuse treatment are emerging among Native Hawaiian providers, building upon cultural practices and customs. Linking Native Hawaiian youth to their heritage may be an important intervention strategy, where establishing the evidence base for these practices is critical.

Inquiry into the interplay of biology and psychosocial behavior should increasingly focus on API youth, particularly in light of research showing that the brain continues developing during adolescence and into young adulthood. Hendershot et al., recommend looking more closely at the biological aspects by focusing on effects of the ALDH2 gene on "alcohol expectancy formation" and drinking behavior among this population (Hendershot et al., 2005).

**Development of culturally informed prevention and intervention programs.** While some research does show heightened rates of use in particular API subpopulations, it is unclear whether ethnic-specific programs should be developed or whether mainstream programs are sufficient.

For those API subpopulations that show heightened levels of cigarette consumption, Le et al. (2009) recommend using models specific to this population, such as APPEAL (Asian Pacific Partners for Empowerment and Leadership). Intervention development will need to take into account variability within the API youth population, noting significantly different patterns of substance use and abuse. The tension between use of existing evidence-based interventions, adaptation of these interventions, and culturally and community-based interventions continues to be a policy and practice issue. While each of these positions may be important for the overall treatment of API youth, the fundamental concern is involving more API youth in the development of treatment and intervention initiatives. The information in Table 4.1 underscores the need to include more API youth in intervention research designs, yet it also represents a first step to show that some of these interventions have been effective with small numbers of API youth.

**Engagement of the API community.** The issue of API substance use and abuse is an issue at the individual, family, and community level. Interventions must be in the context of family and community, especially as many of these API youth come from cultures that prioritize collectivism over individualism. It is important to educate API parents about the potential risks their children may face. Often, such awareness campaigns are not targeted to API youth and families, which can miss the specific messaging techniques necessary to engage this population. This level of awareness will engender political will among API communities to address the issue of substance use and abuse among API youth.

It is likely that only a concerted public-health approach to API youth substance use and abuse will begin to raise awareness in families and communities, generate the data to provide an accurate picture of trends and realities, address risk and protective factors, and develop culturally informed interventions that will ultimately improve the behavioral health of API youth.

## NOTE

1. For the sake of this chapter, “API” will reference Asian Americans, Native Hawaiians, and Pacific Islanders. “NHPI” will reference Native Hawaiians and Pacific Islanders. “Asians” will reference Asian Americans.

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## Chapter 5

# STRESS AND COPING AMONG ASIAN AMERICAN PACIFIC ISLANDER AND NATIVE HAWAIIAN CHILDREN AND YOUTH: AN ASSET APPROACH

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Asian American Pacific Islanders and Native Hawaiians (AAPINH) represent a heterogeneous group of descendants living in the United States from East Asia (Korea, China, Japan, etc.), South Asia (Nepal, Pakistan, India, etc.), Southeast Asia (Thailand, Philippines, Cambodia, Vietnam, Indonesia, etc.), the Pacific Islands (Fiji, Samoa, Guam, and Tonga), the Federated States of Micronesia (Kosrae, Pohnpei, Chuuk, Palau, etc.), and the Hawaiian islands. AAPINHS have unique immigration histories, cultural values, and languages (Liu, Murakami, Eap, & Nagayama Hall, 2009) that all contribute to their experiences with stress and coping as a community and as individuals (Inman & Yeh, 2006; Yeh & Kwong, 2009). Asian Americans and Pacific Islanders are the fastest growing racial group in the United States and constitute more than 4.3 percent (13.8 million) of the U.S. population (U.S. Census, 2005). AAPINHS in the United States, constitute 26 percent of whom were under the age of 18. The number of AAPINH children and youth in the United States is also expected to increase by 74 percent between 2002 and 2015 (Snyder & Sickmund, 1999), prioritizing the

need to understand how this school-age group copes with various cultural stressors inside and outside of the school context.

The complex demographics of AAPINHS are further underscored by historical practices in categorization and “othering” of Native Hawaiians, Pacific Islanders, and multiracial individuals (Borrero, Yeh, Cruz, & Suda, 2010). Specifically, in the past, U.S. Census policy has mandated a particular format for asking about racial and ethnic information that essentially lumped together all Pacific Islander and Native Hawaiians with Asian Americans and did not allow for unique ethnic-specific identification (Fernandez, 1996). In 1997, the revisions of Statistical Policy Directive No. 15, Race and Ethnic Standards for Federal Statistics and Administrative Reporting, changed that category to “Asian” and “Native Hawaiian and Other Pacific Islander” (Stewart, 2005). Similarly, a growing number of AAPINHS (about 3.9 million in 2000) are considered “other Asian” if they are of mixed ethnic or racial heritage (Liu et al., 2009). This number will escalate for children and adolescents since the number of AAPINHS who marry outside of their ethnic and racial groups continues to increase (Liu et al., 2009).

Due to the heterogeneity and demographic shifts of this growing group, mental health practitioners, counselors, researchers, educators, physicians, and policy-makers (among many other professionals) must find ways to meaningfully appreciate, evaluate, assess, and interact with AAPINH children and youth. It is important to study and understand the culture-specific stressors facing AAPINHS and their unique and indigenous forms of coping (Yeh & Kwong, 2009). Moreover, AAPINH children and youth must be respected in the context of their cultural assets, especially in the school setting (Borrero & Yeh, 2010). Understanding stress and coping among the school-age cohort is especially relevant since childhood through adolescence is a critical period of development.

This chapter focuses on stress and coping among AAPINH children and youth. First, we discuss the stressors as they relate to immigration/acclimation, racism and stereotyping, language, family conflict, and identity. Next, we address how AAPINH children and youth use collectivistic coping strategies such as peer support, family support, intracultural coping, fatalism, forbearance, religion and spirituality, and relational universality (Yeh, Arora, & Wu, 2006; Yeh & Kwong, 2009). We then present and analyze three case studies that exemplify cultural stressors and collectivistic coping among AAPINH children and youth: (1) Lea, a Samoan American high school student, (2) Kalan, a Native Hawaiian middle school student, and (3) Sen Ying, a Chinese immigrant elementary school student. We end



the chapter with a discussion of AAPINH cultural assets and implications and recommendations for practitioners, educators, and researchers.

## **STRESS**

The cultural stressors experienced by AAPINHS are inextricably linked to their immigration status and history. More than 69 percent of Asian Americans are foreign-born and 79 percent speak a language other than English at home (Reeves & Bennett, 2004), whereas only 42 percent of Pacific Islanders are foreign-born because of the large numbers of Native Hawaiians in this group (Harris & Jones, 2005). Numerous Asian immigrant groups experience poverty, racism, language barriers, acculturative stress (Yeh, 2003; Yeh et al., 2003, 2005; Yeh, Kim, Pituc, & Atkins, 2008a), intergenerational conflicts (Lee, Su, & Yoshida, 2005), and identity conflicts (Yeh et al., 2003, 2005). In addition, due to the “perpetual foreigner syndrome” (Wu, 2002) and negative stereotypes and racism (Alvarez, 2009; Alvarez, Juang, & Liang, 2006), the large number of Asian immigrants in the United States influences how AAPINHS are perceived and treated regardless of their immigrant status.

## **ACCULTURATIVE STRESS**

Adjusting to a new life in the United States may pose many challenges for AAPINH immigrants. In particular, immigrants often feel pressure to assimilate in order to fit in with mainstream society (Kim, 2009). Acculturative stress, which is the experience of apprehension and fear of the inability to fit in, often occurs in AAPINH communities, especially as they try to negotiate new cultural and academic settings (Borrero, Yeh, & Tito, 2009; Yeh et al., 2008a). Generally, the cultural values and norms of Western independence, which emphasize self-efficacy and autonomy, often conflict with Asian collectivism, which prioritizes close relationships and interdependent decision-making (Markus & Kitayama, 1991). Asian immigrant youth may experience acculturative stress resulting from this contact between two dissimilar cultures (Roisicar & Maestas, 2002; Yeh, Okubo, Ma, Shea, Ou, & Pituc, 2008b).

## **INTERGENERATIONAL FAMILY CONFLICT**

The stark contrast of cultural expectations may also occur between the home and school contexts (Borrero et al., 2010) as the school begins to

represent “American” culture and the home symbolizes “Asian,” “Pacific Islander,” or “Native Hawaiian” culture. Hence, such interactions are potential sources of family conflict and support (Lee, Choe, Kim, & Ngo, 2000). These cultural differences contribute to intergenerational family conflict or the relational tensions that emerge when more assimilated children have distinct and contradictory values from their traditional parents (Lee, Su, & Yoshida, 2005). AAPINH parents often expect their children to be obedient and speak the home language and have difficulty compromising their value system (Lieber, Nihira, & Mink, 2004). For example, recent research on Samoan high school students found that the students felt that their parents upheld strict cultural notions of relational obligations (going to church, speaking the language, following stringent household rules, etc.) that were impossible to balance with the “American” norms that they experienced daily in school (Borrero et al., 2009).

Research on intergenerational family conflict among AAPINHS has also found that immigrant parents expect their children to maintain their traditions and language at home (Borrero et al., 2009; Tseng, 2004), translate, cook, work for the family, and take care of younger siblings (Yeh et al., 2008a, 2008b). However, in American schools, youth are expected to be assertive and engage in independent thinking and decision-making (Yeh & Drost, 2002). The contradictions between attending to family obligations and pursuing autonomy can lead to alienation and resentment towards family members (Borrero et al., 2009a; Yeh et al., 2008a). In fact, Asian American family conflict has negative effects on adolescents’ psychological functioning (Crane, Ngai, Larsen, & Hafen, 2005; Farver, Narang, & Bhadha, 2002). Specifically, intergenerational family conflict is significantly associated with psychological problems (Lee & Liu, 2001). As such, Cho and Bae (2005) found that parent-adolescent conflict predicted anxiety and depression among Korean American adolescents.

## **IDENTITY CONFLICTS**

Discussions about acculturation and family conflict are integrally bound to how AAPINH youth make sense of their identities. Research has consistently demonstrated that competing cultural norms influence conceptualizations of ethnic and racial identities. Interactions with culturally similar and dissimilar peer groups, teachers, family members, and school and neighborhood settings mandate flexible negotiations and expressions of identity (Yeh, Arora et al., 2003; Yeh et al., 2005). For example, in a recent study on Samoan American high school students (Borrero et al., 2009), cultural identities were created and informed by the multiple

cultural expectations that Samoan youth experienced daily in home and school contexts. For example, Samoan students were often characterized as “lazy,” “dumb,” and “troublemakers” by teachers, but as “family- and church-oriented” by family members. For Native Hawaiian students, self-descriptions changed according to the particular relationship they were engaged in (Borrero et al., 2010). Thus, an important aspect of being part of a collectivistic culture entails learning to attend to others by acclimating to multiple relational roles and responsibilities (Yeh & Hunter, 2004). Because “shifting selves” are contextually informed and created, they mandate that AAPINH children and youth learn to negotiate specific ethnic, cultural, and racial patterns of social interaction (Borrero et al., 2009; Yeh & Hwang, 2000). However, managing multiple cultural realities and obligations often leaves AAPINH students feeling alone and in between cultural worlds (Borrero et al., 2009; Yeh et al., 2005). The stark differences in expectations between cultural worlds often define the daily experiences of AAPINHS.

## **LANGUAGE BARRIERS**

Challenges associated with language and communication are among the most common difficulties for AAPINHS, AAPINH immigrants, and their parents (Yeh et al., 2003, 2008a). For example, due to parents’ limited English proficiency (Yee, Su, Kim, & Yancura, 2009), AAPINH children and youth essentially take on the parent role and perform English translation and communication for the family, making the parents dependent on the children (Tseng, 2004). Because of the interdependent nature of Asian, Pacific Islander, and Native Hawaiian culture and the strong emphasis on filial piety (Liu & Iwamoto, 2007), AAPINH children are frequently expected to help the family’s adjustment to life in the United States and prioritize family interests over personal ones (Borrero et al., 2009; Kim, Atkinson, & Yang, 1999). So AAPINH children and youth are not only learning English in schools and trying to fit in, but they have also become “cultural brokers” for their parents with their growing language use. These new family expectations for intercultural communications exacerbate their status as “perpetual foreigners” and the feeling that they do not belong (Borrero et al., 2009).

## **RACISM AND DISCRIMINATION**

The perception of AAPINHS as “perpetual foreigners” (Wu, 2002) or as the “other” (Borrero et al., 2009; Yeh & Borrero, 2009) represents

stereotypes that this group experiences as a community. AAPINHs encounter cultural, institutional, historical, and individual racism (see Alvarez, 2009, p. 401) that dictate their everyday lives (Alvarez et al., 2006). Racism against AAPINHs occurs at all ecological levels, including in schools, neighborhoods, institutions (such as government agencies), restaurants, and grocery stores. Racism also comes in the form of unfair laws and policies, stereotyping, bullying, victimization, and invisibility (e.g., being ignored at a restaurant for service) (Alvarez, 2009). These experiences, interactions, and practices occur among all Asian American, Pacific Islander, and Native Hawaiian ethnic groups and send AAPINH children and youth the message that they do not belong in mainstream society and enforce the “othering” of AAPINH children and youth in the cultural context of school (Borrero et al., 2009).

In fact, harmful actions or inactions (Kumashiro, 2000) include blatant types of racism, discrimination, and harassment, as well as more subtle forms of oppressive acts such as vicarious racism, microaggressions (small insults or slights that reinforce hierarchical power structures), and obstructions to equitable resources (Alvarez, 2009). For AAPINH children and youth living in urban poverty, unwelcoming school conditions such as limited educational resources, unsafe buildings, and overcrowded classrooms (Kozol, 1991) are a constant reminder that academic success and social acceptance have a privileged status (Borrero et al., 2009; Yeh & Borrero, 2009; Yeh et al., 2008a).

Despite the model-minority stereotype, which portrays many Asian American ethnic groups as academically successful and psychologically healthy (Kim & Yeh, 2002; Lee, 1996), AAPINHs as a community have evolved to cope with these numerous stressors in ways that are culturally relevant and meaningful. Many of these coping strategies have traditionally been pathologized because they deemphasize autonomous problem-solving and contribute to the underuse of professional mental health services (Yeh, Hunter, Madan-Bahel, Chiang, & Kwong, 2004). However, AAPINH values, norms, and practices dictate particular methods of interaction that prioritize collectivistic coping. Hence, culture plays a significant role in shaping how AAPINH individuals deal with stressors.

## **COLLECTIVISTIC COPING**

Previous research and literature have discussed the ways that cultural orientation (collectivism and individualism) influence people’s preferred styles of coping (e.g., Heppner, 2008; Kim, Sherman, & Taylor, 2008). Yeh et al. (2006) proposed a model of collectivistic coping that outlined

the coping styles of individuals from different collectivistic ethnic/racial groups (e.g., African American, Asian and Asian American, and Latino/a). Consistent with literature on collectivistic strategies of coping (Yeh et al., 2005; Yeh & Kwong, 2009), AAPINH children and youth who tend to be more collectivistic may cope using peer support, family support, intracultural coping, fatalism, forbearance, religion and spirituality, and relational universality.

### **Peer Support**

Seeking support from peers is an important means of coping with stressors for people across many cultures. However, this type of help-seeking may be particularly important for AAPINH youth since interconnectedness with others is critical to one's sense of self (Markus & Kitayama, 1991; Yeh & Inose, 2002; Yeh & Wang, 2000). Prior research has demonstrated that AAPINH young adults rely heavily on social support as a way of coping with intergenerational and intercultural family stress, especially when family conflict is high (Ahn, Kim, & Park, 2009; Su, Lee, & Vang, 2005). Peer support can also be a protective factor against acculturative stress. For example, Yeh and Inose (2004) found low social connectedness and low satisfaction with one's social-support network to be significant predictors of acculturative stress. When compared to seeking professional mental health assistance, studies have shown that Chinese, Japanese, and Korean young adults and immigrant adolescents prefer accessing their social networks for help (Yeh, Inose, Kobori, & Chang, 2001; Yeh & Inose, 2002). Similarly, Native Hawaiian high school students seek support from peers when coping with racism at school (Borrero et al., 2010).

Although having peer support may be an important coping mechanism for AAPINH youth and children, the "seeking" of social support may look differently for interdependent versus individualistic youth. Kim et al. (2008) hypothesized that people from Asian backgrounds may seek and utilize peer support in different ways than the Western, more explicit, and more direct model of support-seeking. Kim et al. found that Asian Americans tend to seek "implicit social support," which they refer to as "the emotional comfort one can obtain from social networks without disclosing or discussing one's problems . . ." (p. 522). Different values such as the maintenance of harmony in relationships, saving face, and refraining from "airing one's dirty laundry" may undergird the significance of implicit social support. While social support is an important coping strategy for AAPINH youth, the benefits they reap from this may be derived from spending time together without the explicit sharing of one's problems.

### **Family Support**

There are several reasons why seeking support from family members is an important coping strategy for AAPINH children and youth. First, the family contributes strongly to the identity of a collectivistic person and serves as a vital supportive and caring function for family members (Borrero et al., 2009; Yeh & Wang, 2000). Therefore, AAPI youth who are more interdependently oriented may prefer to seek help and support from their family members. This is supported by a study of Japanese young adults that found collective identity to be a significant predictor of seeking help from family members (Yeh et al., 2001). Second, filial piety is a Confucian belief that is upheld in many Asian families. It is a conviction that upholds the family hierarchy based on factors such as age and generation so that parents and elders are viewed as wiser and more knowledgeable (Yeh et al., 2006) and seeking their advice when faced with a dilemma is encouraged. Finally, “saving face” is an important value, and thus sharing one’s personal problems with people outside of the family or close social network, especially if the problems are family-related, can bring shame and guilt to the entire family (Hayashino & Chopra, 2009). In fact, many studies have found that AAPINHS tend to use coping practices that emphasized talking with family and social relations rather than mental health professionals (Borrero et al., 2009; Conrad & Pacquiao, 2005; Homma-True, 1997; Yeh, Inman, Kim, & Okubo, 2006; Yeh & Wang, 2000). Similarly, Reiboldt and Goldstein (2000) found that Cambodian refugee youth and families rely on each other and on other close community members to get their needs met, rather than through formal means.

### **INTRACULTURAL COPING**

Intracultural coping refers to the use of supportive networks comprised of individuals from the same ethnic-racial group, such as one’s family network or community-based social groups (Yeh et al., 2006). Intracultural coping may be influenced or perhaps limited by one’s proximity to other co-ethnics. Interdependent individuals have more narrowly defined in-groups that are less permeable than individuals who are more individualistic (Triandis, 1989). For example, in their ethnographic study, Reiboldt and Goldstein (2000) found that Cambodian youth and families tended to rely on their family and Cambodian community more than professional support, and it was through community networks that they felt they could succeed. Borrero et al. (2010) found that in a sample of Native Hawaiian high school students, students preferred to seek help from other Native

Hawaiians when coping with different types of racism at school. A strong preference for intracultural coping was also found among Samoan youth (Borrero et al., 2009), revealing a healthy community bond and a level of trust and understanding. Yeh et al. (2006) also found that after the World Trade Center attacks, Asian Americans tended to seek help from members of their own ethnic group to help cope with the tragic loss of a family member.

### **Fatalism**

Fatalism is a collectivistic coping style that refers to accepting one's problem and attempting to shift one's role or self to fit the situation rather than trying to change or control the environment or dilemma (characteristic of problem-solving coping). Morling and Fiske (1999) distinguish this type of coping, called harmony control, from secondary control, which includes denial, avoidance, and reinterpretation of events as ways of coping. Harmony control is "an active, intentional endeavor in which people recognize the agency in contextual, social, or spiritual forces and attempt to merge with these forces" (Morling & Fiske, 1999, p. 382).

For many individuals from Asian backgrounds, their sense of fatalism is tied closely to spirituality. For example, Tweed, White, and Lehman (2004) postulated that Buddhist- and Taoist-influenced cultures—such as many Asian cultures—may increase people's willingness to accept situations, as this is congruent with some of the central beliefs of Buddhism (e.g., suffering is inevitable) and Taoism (e.g., adapting oneself to fit the environment). Accordingly, they found that individuals from East Asian versus Western backgrounds were more likely to respond to stressful events by accommodating themselves to the environment rather than attempting to change it. These findings are consistent with research indicating that interdependent individuals tend to use fatalistic beliefs as a way of coping with their significant losses (Yeh et al., 2006). Japanese individuals also tend to view themselves as being more adaptable (Heine, Takata, & Lehman, 2001), and East Asian individuals are found to be more accepting of difficult and traumatic events as fate as a way of coping with their reality.

### **Forbearance**

Forbearance refers to the withholding of one's emotions or struggles in order to maintain social harmony. A value of many collectivistic cultures, forbearance is accomplished by a willingness to sacrifice one's own needs for those of others by keeping problems and feelings to oneself



(Marsella, 1993). This willingness and ability of a person to forbear his or her desires, problems, and emotions in a collectivistic culture is an honorable trait indicative of maturity (Yeh & Kwong, 2009). This value emerges from one of the foundational interdependent ways of being, where the focus of attention is on the group as a whole rather than on oneself (Markus & Kitayama, 1991).

Hence, when faced with the choice of disrupting social harmony or keeping problems to oneself, interdependent individuals may opt to forbear their problems. Reiboldt and Goldstein (2000) found that Cambodian refugee families living in poor urban neighborhoods coped with neighborhood decline through forbearance. Others have found that Asian (Fukuhara, 1989; Yeh & Inose, 2002) and Native Hawaiian (Borrero et al., 2010) youth often keep their problems to themselves rather than to share them explicitly with others for fear of worrying or burdening loved ones.

### **Religion and Spirituality**

Religion and spirituality are cultural assets for many ethnic minority youth (Yeh, Borrero, & Shea, in press) and serve as important protective factors and sources of coping for many AAPINH children and adolescents. A strong connection to religion and spirituality enhances power, faith, and community connection. For example, religions that are more closely associated with collectivistic cultures (e.g., Buddhism, Taoism, and Hinduism) have beliefs and values that lend themselves to other strategies of coping, such as fatalism, as discussed above. Moreover, religion and spirituality are important as they offer a community bond for many AAPI children and youth. For more interdependently oriented individuals, this sense of kinship and “in-group” is important in shaping self-identities and is a critical source of social support.

Takriti and Buchanan-Barrow (2006) found that practicing religion is very significant for children as young as five years of age. These children, especially those who identified as Hindu or Muslim, gave detailed accounts of festivals they participated in, which lends support to the idea of religion as integral to community-building. Furthermore, 97 percent of their participants, all of whom identified as Muslim, Hindu, or Christian, indicated that they felt happy or very happy about engaging in religious activities. Other studies have found religion to be an important source of coping or a protective factor for Asian children and youth (Conrad & Pacquiao, 2005; Fiaul & Hishinuma, 2009). As discussed, some religious philosophies, such as Buddhism, help Asian American individuals to bear and cope with difficulties, like the Cambodian families in Reiboldt and Goldstein’s (2000) study.

## **Relational Universality**

Relational universality as a means of coping refers to the comfort or healing derived from a sense of interconnectedness that individuals who are more interdependent feel with others and their environment (Yeh et al., 2006; Yeh & Kwong, 2009). The feeling of, and value placed on, interconnectedness with others makes seeking support, advice, and guidance from others with similar struggles particularly effective for AAPINH children and youth. For interconnected individuals, connecting with in-group members around immigration, racism, identity, language struggles, etc. validates the self and builds closer bonds. Yeh et al. (2006) found that Asian Americans in their study sought comfort from family members who had lost a close relative when struggling with their own loss of a family member. Relational universality as a way of coping may intersect with other styles of coping, such as intracultural coping and social support-seeking, since shared experiences often are ethnically or racially embedded (e.g., experiences of racism or acculturative stress). Hence, the mere knowledge that others—whether from past or current generations—are struggling with similar concerns makes relational universality a validating source of coping and empowerment.

## **LEA, KALAN, AND SEN YING: ILLUSTRATIVE CASE STUDIES**

We now share three fictitious and in-depth case studies from three different ethnic groups (Samoan, Native Hawaiian, and Chinese) and three different age groups (high, middle, and elementary school, respectively) to demonstrate AAPINH cultural stressors and collectivistic coping. We deliberately selected three different ethnicities and age groups to demonstrate possible differences associated with cultural backgrounds and developmental periods. These stories demonstrate the complexity and heterogeneity of the AAPINH experience.

### **Case One**

Lea is a graduating senior. She is one of three Samoan-Americans at her high school and she is committed to finishing her required credits to graduate. Lea is 19 years old, and Career High School (CHS) is the third high school she has attended. She has classes in the morning and works at a retail store after school each day during the week. CHS is comprised of youth who have been kicked out of other public high schools in the district.

The curriculum at the school is geared toward meeting state standards and required courses. Students of color make up more than 90 percent of the student population, and the school embraces a “zero-tolerance” policy. Students know that CHS is their final chance to graduate, and this reality is utilized and reinforced by teachers and administrators to maintain discipline at the school.

Lea’s parents are both from American Samoa and immigrated to California in the late 1970s. Lea’s father works at the local community center and her mother is unemployed. Lea has two younger brothers, one in ninth grade and one in 11th grade. Neither attends CHS, and they attend different high schools from one another. Lea has one good friend at CHS—Tali, a fellow Samoan American female whom she has known since elementary school. The two of them support each other at school and are eager to graduate and finally finish high school. For Lea, high school has been a constant struggle between her friends, her family, and school. Lea has no ambitions of going to college—she knows that her family cannot afford it, and she feels that it is her time to start earning money to help support her parents.

Lea and Tali are the only two Samoan girls from their community peer group who are going to graduate from high school. The majority of Lea’s friends (male and female) are getting married and starting families in the low-income neighborhood where they all grew up. Lea is smart and knows it. She entered high school having never seen anything lower than a B on a report card, but during her freshman year, she spent most of her time hanging out with her friends, skipping class, smoking pot, and not caring at all about school. She was kicked out of her first high school for drugs and her second for fighting. As a dropout, she found a job at a local convenience store, where she has worked for the last three years. Her Samoan manager at the store loves her because she is such a competent worker, but he is also the one who convinced her to enroll at CHS and get her degree. Lea talked Tali into joining her, and the two of them support each other as they try to remain acquaintances with their Samoan friends but also stay focused on graduating.

Lea’s family situation adds to her stress. As expected from her parents, she is a dutiful, respectful daughter at home, but she refuses to give into the Samoan cultural obligations that her parents press upon her. Namely, she is not interested in getting married and having a family right away, and she recently made the choice to stop attending Samoan church. These two decisions have created significant tension between Lea and her mother and have left Lea feeling like she is “no longer Samoan” at times. As such, Lea’s greatest stress comes from the divide that she feels negotiating

“being Samoan” and “being American.” Her mom doesn’t understand what it is like for her to try to graduate from high school, and her teachers (and fellow students) have no idea what it is like to fulfill the obligations of being Samoan. Lea continuously confronts the realization that the expectations of school (e.g., completing homework over the weekend) and of her culture (e.g., attending church all weekend) are in opposition with one another.

To cope, Lea relies on her boss Vic and her friendship with Tali for support. At work, she views her boss as a mentor—not because of his career path, but because he seems to understand the struggle between being Samoan and being American. Vic is 56 years old and is an active, dedicated member of the Samoan community, yet in Lea’s eyes, he still seems to understand what life is like for Samoan kids in the neighborhood. Lea feels she can talk to Vic about school and how difficult it is to stay on track. Similarly, she knows that Vic is prideful of his Samoan heritage and will do whatever it takes to help youth in the community. Lea also relies on conversations with Tali about their ambition to finish high school. The two of them ride the bus for 45 minutes each way to school every day, so they spend a lot of time together. Lea values having a fellow Samoan at CHS and knows that Tali understands the struggle between family and school. With Tali, she also feels less pressure to hang out with other Samoan peers—an aspect of her earlier high school career that derailed her academic goals.

### **Analysis**

The most significant stressor for Lea is the one she has come most used to dealing with—living in poverty. Lea has no point of comparison for this reality, but the fact is that she, and the majority of her Samoan peers, live in one of the city’s most impoverished, gang-infested neighborhoods. Of the numerous ways that poverty directly impacts Lea’s and other Pacific Islander youths’ academic careers are the issues of transportation and college, as noted in the case above. Many of these youth ride city buses to and from school each day, and these buses are not safe. Cultural groups have to protect their own, and the tensions that escalate during these commutes often spill over into school hours, when fighting ensues. Also, Lea knows she has no money to pursue college. Samoan youth are expected to work to provide for their families by the end of high school, so school becomes more about survival than learning. These two examples reveal the drastic intergenerational conflict and identity conflicts that are created by cultural disconnections between life at home (as a Samoan) and life at school (as a student) that Lea must navigate (Nasir & Saxe, 2003). Youth

are left to fend for themselves (Borrero et al., 2009) to try to resolve this disconnect.

Lea copes with her cultural stressors using elder support (Vic), intra-cultural support and relational universality (Vic and Tali), and peer support (Tali). Vic represents an important coping mechanism for Lea and many Pacific Islander youth—connection to a culturally similar role model. Especially for a group like Samoan youth, there are few such role models in public schools (Yeh et al., 2009). For many Pacific Islander youth, peers can be both sources of stress and important coping factors. As with Lea, Tali is an important friend who can aid in the challenges of the home-school divide they both face every day. Being a part of the Samoan community is also a reality for Samoan youth (Yeh et al., 2009). Youth are expected to play an active role in helping their extended family and other Samoans, and this sense of connection is a strong part of Samoan cultural assets: the tenets of respect and unity (Borrero et al., 2009; Yeh et al., 2009).

## Case Two

Kalan is a seventh-grader at Hilltop Middle School in Hawaii. He defines his cultural background as Native Hawaiian and lives in a low-income neighborhood with predominately Native Hawaiian families. Kalan has one younger brother and an older sister. He is very close with his family and a self-proclaimed “mama’s boy.” Kalan loves all sports and spent a lot of his childhood playing sports in his backyard with his friends from the neighborhood. He dreams of becoming a professional baseball player, and although he is not exceptionally interested in school, he knows it is important to do well in his classes to achieve his dreams.

In elementary school, Kalan went to a small, local school with most of his Native Hawaiian friends, but in sixth grade, he changed schools and started attending Hilltop. Hilltop is a large middle school about 20 minutes from his house, and Kalan definitely notices differences. Additionally, Hilltop is located in a more urban area, and Kalan is spending time in a new community. The biggest difference he notices about school and the surrounding community is the mix of people. There are still a lot of Native Hawaiian students at school, but there are also students from all over—Samoa, Tonga, Japan, China, the U.S. mainland, etc. His teachers at Hilltop are all White (known as *haoles* in Hawaii) and, in Kalan’s eyes, treat Native Hawaiians unfairly sometimes. Similarly, in the community surrounding Hilltop, Kalan is experiencing discrimination between cultural groups that he has not encountered before.

At the beginning of the school year, Kalan had an experience in his science class that really impacted him. His teacher divided the class into

different groups for their first lab assignment, and at first, Kalan was excited about his group because he was with two of his Native Hawaiian friends—Bobby and Kai. They were working with one other Native Hawaiian girl and were seated at a table together in the back of the room. When the teacher handed out the lab equipment for the activity, Kalan's group (and one other group seated in the back of the room) did not receive anything because there wasn't enough for every group. Bobby asked the teacher why their group didn't get equipment, and the teacher ignored him. At that point, Bobby told Kalan to look at the other group that didn't get equipment—they were all Native Hawaiian kids. Bobby told Kalan and the rest of the group that he thought the teacher was being racist. No one responded to Bobby, so out loud, he told the teacher that she was being unfair. When she harshly replied, "Be quiet and work on the handout" she had given the group instead of the lab equipment, Bobby told her she was discriminating against the Hawaiian kids. The teacher promptly kicked Bobby out of class.

For days afterward, Kalan didn't say anything to Bobby and didn't say anything to the teacher, but the event continued to bother him. He started to notice how he and his fellow Native Hawaiian classmates seemed to be in the same groups all of the time, how these groups were always seated in the back of the room, were ignored by teachers, and had little input during class discussion. Further, he noticed that the *haoles* in his classes talked down to him and his friends and were continually making comments like "typical Hawaiian" or "that's so Hawaiian" when someone would answer a question incorrectly. One day, Kalan was walking from Hilltop to a local mall to meet his sister after school and saw three police cars with their sirens on pulled over to the side of the road. There were multiple cops handcuffing a group of older (high school age) Native Hawaiian kids. Kalan did not know what had happened, but he heard the Hawaiian kids continuously calling the cops racists as they were being stuffed into the cop cars.

Kalan did not really know what to make of these incidents and realizations. Everything was the same as it had always been at home and in his neighborhood with his friends, but he was realizing that things were different beyond his community and in his new school. At first, he chose not to tell his parents about these incidents because he did not want to upset them, so he kept most of his anxiety to himself. However, after he received his first-quarter report card with a D in science, he knew he was going to have to talk to his parents and other Native Hawaiians about what was happening in class. Like other Native Hawaiians in his community, Kalan feels great pride in and connection to being Native Hawaiian, but

for the first time, he is wondering how he will be received by others and how much he belongs.

### **Analysis**

Kalan's initial experiences with racism at school and in a new community represent a reality for Native Hawaiian youth (Borrero et al., in press). These acts represents multiple levels of racism, including institutional racism, as it reaches beyond an individual's actions based on racist beliefs and involves positions of power (e.g., a teacher and police officers) within an institution that oppresses certain groups (Alvarez, 2009; Kumashiro, 2000). Kalan and his friends are also experiencing negative stereotypes that Hawaiians are "dumb" or "not academic" and encounter microaggressions throughout the day at school (e.g., not being called on in class). In this sense, his fears about not belonging in a society that sees Native Hawaiians as inferior and dumb create a feeling of alienation (Borrero et al., 2009; Yeh et al., 2009). For Native Hawaiian youth like Kalan, these experiences with racism are difficult to manage. Not only do they prompt big questions about the "fairness" and safety of contexts like school, but they make youth think twice about their own home and neighborhood contexts and about how "real" they are. Further, as in Kalan's case, many experiences with racism are not necessarily directed specifically at one person. So, the vicarious racism that he witnesses through the high school students getting arrested or the microaggressions exhibited by his *haole* classmates about Hawaiians are as stressful as the unfair treatment during science class, but they can be more difficult for Kalan to process. He is not sure if he has always been the target of racism as a Native Hawaiian, or if he is overreacting.

For many Native Hawaiian youth like Kalan, close filial relationships provide the foundation for coping. He knows that he can talk to his parents about his problems, but he is also worried that his life at home is "too good" and he does not want to disrupt the harmony he feels at home (forbearance). Kalan also feels he can share his experiences with other Native Hawaiian victims of racism (relational universality and intracultural coping) because they will understand what he is going through. Back in his neighborhood he copes using peer support because he is comfortable with the friends in his community and there is a shared bond and connection that help him endure.

### **Case Three**

Sen Ying is a third-grader at Palmer Elementary School in a working-class suburban town in New Jersey. She is Chinese American and the only



child of two recently arrived Chinese immigrants from Fujian province. Her father, although trained as an electrical engineer, could only find work as a janitor due to his limited English proficiency, and her mother does not work. The family moved to the United States in the summer in hopes of finding a better life. Sen Ying misses her friends and relatives back in China. She was excited for the school year to begin, but has found it difficult making new friends. While there are many immigrants from India and Russia in her school, she is the only one from China in her class and is very shy.

Although Sen Ying studied English for two years and occasionally speaks English with her father, she is much more comfortable speaking Fukinese and gets embarrassed speaking English in front of others. The values and norms of school seem so new and different for her. While she is in a mainstream third-grade class, she gets pulled out for one hour each day to work on her English with a specialist. Her English reading and writing are quite good, but her speech is a concern for her teacher—mainly because she does not speak in class. Sen Ying thinks that school is okay, but because she has not made any friends, she feels alienated. She likes her teacher and does all of her work, but she is not socializing with other kids during the day.

At home, Sen Ying mostly spends time with her mother and at church. She cooks and cleans with her mother and goes to church twice a week. Sen Ying also helps her mother with her English and helps her translate when they go on errands. Sen Ying's father is rarely home, so she misses him and their family life in China. Sen Ying wishes that they lived in New York City, where many immigrants from her province settled. However, since 9/11 and the recent economic crisis, there have been few job opportunities in New York. She wishes that her friends could be with her, that she lived in the city, and that other Chinese immigrant students were in her class.

Sen Ying often feels lonely or sad but her mother tells her that things will work themselves out or that this is part of God's plan. Sen Ying is not sure she believes this but is beginning to see her problems as out of her hands and something she must accept as part of her new life in America. Sen Ying does find comfort in going to church. She enjoys going to Sunday school with other Chinese children and likes singing the Chinese hymns and that the sermon is in Mandarin. Although she rarely sees her father during the week, she always sees him on Sundays for church, which makes her happy.

### **Analysis**

For Sen Ying, as an English-language learner, there needs to be more connection between her home and school lives (Borrero, 2009). Sen Ying's

school situation is stressful because she feels confused with all of the new customs, the language, and the new faces. She is alone. She feels pressure to fit into mainstream culture (Berry, 2003), but English is a major barrier for her and is exacerbated because she is reluctant to speak in public. She is learning English and can do her homework, but her insecurity about speaking the language keeps her from making friends and participating fully in the activities of the day. Her language specialist helps her with the structural development of the language, but the fact that she is “pulled out” of class serves to further alienate her from her classmates. She struggles to make friends because she doesn’t see anyone who looks like her in her class and she is too shy to try to interact socially. She feels that no one is interested in her because she is different. In a sense, her ethnic identity is influenced by the absence of other Asians.

Sen Ying’s feeling pressure to assimilate in school is common for Asian immigrants, especially when there are no other children who look and sound like her (Yeh & Huang, 1996), and contributes to acculturative stress (Yeh, 2003). In fact, Sen Ying’s embarrassment about her language ability and her accent further exacerbates her own anxiety about fitting in at school and making friends. While Sen Ying is still learning English, she is still able to translate for her mother, which contributes to mixed feelings. In some ways, Sen Ying enjoys helping her mother; however, she also feels embarrassed by her mother’s “foreignness” in public and resents having to “take care” of her mother when she is the child (Yeh et al., 2008a).

Sen Ying’s methods of coping are influenced by her mother and her church. Specifically, it is common in Asian cultures for parents to tell their children to accept their fate and assume that things will work out. This form of fatalism is culturally connected to the idea that we should not interfere or manipulate social harmony (Yeh et al., 2004; Yeh et al., 2006) and is spiritually grounded in Buddhist and Taoist philosophy (Tweed et al., 2004). Sen Ying has also learned to find comfort and a sense of belonging in Chinese church through music and prayer.

## CONCLUSION

In this chapter, we provided an overview of common cultural stressors that impact AAPINH children and youth and presented the collectivistic coping strategies they use to deal with these everyday challenges. In our case studies, we revealed how these issues are embedded in the larger structures of social class, schooling, public policy, and immigration. Acknowledging the cultural assets and collectivistic coping skills of AAPINH youth provides an important foundation for researchers, educators, and mental

health practitioners alike in helping AAPINH children and youth deal with the numerous cultural stressors they face. Specifically, the embodiment of an asset approach (Borrero, 2007; Borrero & Bird, 2009) to work with ethnic minority youth marks a commitment to equity and social justice in the cultural contexts that so often alienate youth of color as the “other.” For example, in schools, AAPINH children and youth who do not fit the White American, independent, English-speaking mold are “othered” because their cultural practices, accents, language, and values are viewed as somehow “different” or “wrong.” We argue that this deficit approach to diversity in schools not only silences AAPINH youth, their families, and communities, but reinforces the racist, hegemonic structures that benefit those in power and denies access to those without power (Borrero et al., 2010; Yeh et al., 2009).

We call on school counselors, teachers, staff, and administrators to take an active role in the exploration, acknowledgment, and utilization of AAPINH cultural assets at school so that the onus is not solely on the hands of these growing communities to “save themselves” (Borrero & Bird, 2008). In fact, there are many models of school programs that harness students’ cultural and linguistic assets in a way that promotes positive ethnic identities, academic achievement, and peer, teacher, and school connection (Borrero, 2006, 2008; Yeh, Okubo, Cha, Lee, & Shin, 2008c). For counselors, this means that collectivistic coping strategies must be embraced as a viable, necessary element of youths’ cultural identities and experiences that needs to be nurtured. Hence, practitioners and educators may seek to find ways to foster and encourage AAPINHS’ indigenous coping practices in ways that are culturally meaningful and relevant.

AAPINHS’ stress and coping also have strong implications for research. Specifically, researchers must continue to examine how collectivistic coping may be used to buffer the effect of various culture-specific stressors, such as immigration and racism. Further, as our case studies illustrate, there are differences associated with developmental level, social class, geographic location, and ethnicity (as well as other factors) that may be better understood through continued qualitative and quantitative research approaches. Such research efforts must incorporate ecological, indigenous, community, and asset perspectives and a strong advocacy approach to social justice.

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## **Chapter 6**

# **MENTAL HEALTH AND ADJUSTMENT OF ASIAN AMERICAN ADOPTEES**

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For the most part, Asian American psychology, like the broader field of ethnic minority psychology, has concentrated on groups of people with more traditional migration patterns, such as immigrants and refugees. International adoption does not fit neatly into these discrete categories. Instead, Asian adoptees inhabit the borderlands of race and migration (Lee & Miller, 2008, p. 337).

Over the past several decades, there has been a considerable increase in the number of Asian adoptees in the United States. Of the 103,353 international adoptions recorded between 2004 and 2008, approximately 40 percent were from Asian nations, with the largest subsets coming from China (30 percent) and South Korea (7 percent; U.S. Department of State, 2009). It might come as a surprise to learn that Asian adoptees represent a substantial portion of the entire Asian immigrant population. For example, between 2006 and 2008, adoptees from Korea and China represented between 5 percent and 12.5 percent of the total Korean and Chinese immigrants to the United States (U.S. Department of Homeland Security, 2009). However, as the above suggests, Asian adoptees have historically received scant attention and are often excluded from discussions of the larger Asian immigrant community. It is for this reason that Asian adoptees have been referred to as the overlooked Asian Americans (Lee, 2006).

Recently, however, as the number of Asian adoptees in the United States has increased, so too has the number of researchers and mental health professionals interested in examining the mental health and adjustment of this population. To date, most of the research on international Asian adoptees has shown that the majority are doing as well as their nonadopted peers on measures of self-esteem, academic performance, rates of behavioral problems, and psychological distress (Bimmel, Juffer, van IJzendoorn, & Bakermans-Kranenburg, 2003; Kim, Shin, & Carey, 1999; Lee & Miller, 2008). Some research indicates, however, that a small subset of Asian adoptees has poorer adjustment and some cognitive delays compared to their nonadopted peers (Juffer & van IJzendoorn, 2005; van IJzendoorn, Juffer, & Klein Poelhuis, 2005). In order to elucidate the experiences of Asian adoptees, we summarize in this chapter the research findings relevant to the mental health and adjustment of this important population. In addition, we discuss a number of factors that we feel influence Asian adoptees' adjustment, including the transnational and transracial adoption paradoxes, ethnic and racial identity, cultural and racial socialization, birth parent search and reunion, and adoption-specific family communication. Finally, we provide a number of recommendations that we believe might facilitate the mental health and adjustment of Asian adoptees.

## **MENTAL HEALTH OF ASIAN AMERICAN ADOPTEES**

Overall, research on mental health and adjustment shows that Asian adoptees are typically doing as well as their nonadopted peers in terms of behavioral and mental health outcomes and social adjustment such as self-esteem, school performance, and educational attainment. In fact, studies have shown that the rate of mental health and adjustment difficulties in the Asian adoptee population (i.e., approximately 10 to 20 percent experience problems) is similar to the rate in nonadopted populations (Lee, 2003). Two recent meta-analyses that included a large number of Asian adoptees summarized the research investigating the socioemotional adjustment and intellectual functioning of international adoptees (Juffer & van IJzendoorn, 2005; van IJzendoorn et al., 2005). A meta-analysis is a systematic approach to synthesizing the results of multiple studies; the advantage of this methodological approach is that it allows the researcher to identify, summarize, and disseminate empirically derived conclusions from a larger body of literature. In these meta-analyses, 62 studies investigating cognitive and academic outcomes for adoptees and 64 studies looking at behavioral problems and mental health referrals for adoptees were examined. These studies found that while a minority of international adoptees sometimes

exhibited slightly higher rates of problematic behaviors (such as depression, anxiety, conduct problems, and hyperactivity) than their nonadopted peers, the majority were problem-free and even demonstrated fewer behavior problems when compared to domestic adoptees. Furthermore, Asian international adoptees were less likely than domestic adoptees to be referred for mental health services. They also found that the majority of international adoptees exhibited levels of intelligence and cognitive performance similar to their nonadopted peers. Other studies have also found that the majority of Asian international adoptees, particularly those adopted from Korea, are functioning well and free of psychiatric problems (Kim et al., 1999; Verhulst, 2008).

Researchers have suggested a number of factors that might account for the healthy adjustment of Asian adoptees. These include earlier age of adoption (children adopted from Asian nations are often placed during infancy), good pre-adoption care, and characteristics of adoptive parents (who often must undergo a rigorous screening process). For example, adoptive parents are often highly motivated to raise children and have higher income levels and higher educational attainment than nonadoptive parents (Juffer & van IJzendoorn, 2005; Kim et al., 1999).

As mentioned above, studies demonstrate that the majority of Asian adoptees are doing well but that there are some who experience problems in adjustment. Some Asian adoptees experience serious difficulties such as depression, anxiety, conduct problems, challenges in bonding with adoptive parents, and learning problems. In a recent large-scale study of international adoption in Sweden, researchers found that adoptees (72 percent of whom were adopted from Asian and South Asian countries, or 4,344 out of 6,065) were at a slightly greater risk for suicide attempts and completion when compared to both the general population and domestically adopted individuals (von Borczyskowski, Hjern, Lindblad, & Vinnerljung, 2006). Hjern, Lindblad, and Vinnerljung (2002) demonstrated a similar pattern in that some intercountry adoptees were more likely than their nonadopted peers in the general population to attempt and commit suicide, though again the increase in risk was small; they also exhibited higher rates of psychiatric hospitalizations and social maladjustment (i.e., drug and alcohol abuse, criminal offenses, and imprisonment).

Despite these findings, it is worth noting that the majority of international adoptees in the Hjern (2002) sample exhibited no problematic behaviors. It is only among the minority (approximately 12 percent) of intercountry adoptees that researchers found a higher risk of suicide and psychological dysfunction compared to peers in the general population. Furthermore, the observed mental health and adjustment difficulties

may relate to racial, social, and cultural dynamics in the adoptive countries. For example, Sweden is largely a racially homogeneous population; it is possible that the lack of racial diversity might have influenced the mental health and adjustment experiences of Hjern's (2002) Asian adoptee study participants. Similarly, Asian adoptees in the United States have reported experiencing racism and discrimination growing up and feeling disconnected from their birth cultures (Freundlich & Lieberthal, 2000; Lieberthal, 2000). It is possible that experiences of discrimination combined with feelings of psychological separation from their country and culture of origin might have a negative impact on the adjustment of Asian adoptees.

In addition, pre-adoption adversity has been identified as a potential contributor to adoptee adjustment difficulties and includes factors such as malnutrition, poor pre- and perinatal care, lack of a consistent primary caregiver, an impoverished learning environment, a later age of adoption, and a longer length of stay in institutional care (Cederblad, Hook, Irhammar, & Mercke, 1999; Lee, 2003). These factors have been linked to behavioral problems, such as aggression, attention difficulties, rule-breaking, cognitive impairment, physical impairments, motor difficulties, and problems with language development (Juffer & van IJzendoorn, 2005; van IJzendoorn et al., 2005). For many Asian adoptees, however, difficulties that are linked to pre-adoption factors tend to resolve after adoption. Ultimately, the greater the amount of time spent with their adoptive families, the closer children resemble nonadopted peers in terms of mental health and adjustment. For example, a recent study (Cohen, Lojkasek, Zadeh, Pugliese, & Kiefer, 2008) showed that Asian adoptees who initially lagged behind nonadopted peers on measures of physical and mental development caught up quickly in most areas after adoption placement (e.g., in height, weight, motor skills, cognitive ability, and receptive language). Furthermore, van IJzendoorn (2005) found that scores on intelligence tests and school performance of international adoptees were better than those of their biological siblings and other peers who remained institutionalized in their country of origin.

In summary, research suggests that Asian adoptees are doing well in terms of their social and psychological functioning and their cognitive development. There is a minority of Asian adoptees, however, who exhibit problematic behaviors, poorer adjustment, and intellectual underperformance. While many of these difficulties tend to resolve over time, in such cases, it might be important to consider the sociocultural and environmental stressors unique to Asian international adoptees that may impact their adjustment and well-being. Factors such as early deprivation, loss

of birth culture, discrimination in their adopted countries, and feelings of difference from the majority culture/population might all contribute challenges to adoptees' psychological health and adjustment (Lee, 2003).

## **IDENTITY DEVELOPMENT IN ASIAN ADOPTEES**

Identity development has long been recognized as a key task of adolescence (Erikson, 1968). Identity development is the process by which an individual constructs a healthy, secure, and unified sense of self by integrating important characteristics of themselves and their environment, including their personal attributes, abilities, drives, and beliefs, and their family and individual history (Erikson, 1980). Identity is important because it defines the individual as both separate and unique from others yet also as part of a social group (Tajfel & Turner, 1979) and has been linked to psychological well-being (Meeus, Iedema, Helsen, & Vollebergh, 1999). Many adoption researchers and scholars have recognized that the process of constructing one's identity is more complex for adoptees than for other children (Bimmel et al., 2003). All adoptees face challenges to their identity development, such as limited or no access to important information about themselves, like medical and genetic history, birth parent characteristics, and birth stories. Asian adoptees, who are typically adopted transracially and transnationally, face additional issues related to their racial and cultural backgrounds, such as the loss of ties to their ethnic and cultural heritage. These children are separated from the language, values, and traditions of their birth culture and are often deprived of contact with individuals who share their cultural and ethnic background. However, when families are prepared to consider and address the pertinent issues associated with adoption, adopted children can function quite well and achieve successful identity development.

Developing a secure and healthy sense of identity can facilitate healthy adjustment throughout the adoptee's life by bolstering his or her self-esteem and facilitating the development of healthy relationships with peers and family members; it is also linked to lower rates of depression and anxiety and fewer behavioral problems throughout childhood and adolescence (Bimmel et al., 2003). There are a number of critical components that affect Asian adoptee identity development, including adoption paradoxes, the racial and ethnic identity of the adoptee, and racial and cultural socialization practices of parents. In order to better understand these factors, we will discuss each component separately and then provide recommendations for preventative as well as ameliorative interventions related to them.

### Adoption Paradoxes

Asian adoptee identity development is complex given the unique race- and culture-specific challenges inherent in the international adoption experiences. Two such challenges faced by Asian adoptees have been described as the transnational and transracial adoption paradoxes (Lee, 2003). Adoption paradoxes are those dual aspects of an adoptee's experience and identity that are sometimes in conflict with one another (e.g., the loss of one family, country, and culture and the gain of another). For example, a child adopted from Vietnam by White American parents is in some ways both Vietnamese and American and has simultaneously lost and gained a family.

**Transnational adoption paradox.** The transnational adoption paradox refers to the process by which Asian adoptees experience the loss of their birth family, birth culture, and heritage while gaining a new family, culture, and country. International adoption, therefore, ultimately displaces adoptees not only from their familial roots, but also from the values, customs, and experiences of their birth culture. They are placed in a new family system situated in a different social context and cultural milieu (Lee, 2003). In the face of these experiences, Asian adoptees might employ diverse strategies for dealing with the transnational adoption paradox. Some adoptees might embrace the adoptive family, culture, and society as their own and not devote much time or energy to thinking about their birth family or country. Others, however, might experience a sense of loss related to their displacement. They may spend considerable time and energy reflecting on their birth family and culture of origin in an attempt to make sense of their adoptive experience. In fact, in an attempt to reconnect with their culture of origin and to make sense of the dual aspects of their identity, some international Asian adoptees eventually relocate to their birth country (Lee & Miller, 2008). However, most Asian adoptees remain in the United States and ultimately find meaning in both an *Asian* and *American* identity.

An important task specific to the transnational adoption paradox is for Asian adoptees to make sense of any perceived incompatibilities between their birth country and culture and their adopted country and culture. Part of this challenge for the adoptee involves reconciling his or her interactions with people both from his or her culture of origin and from the United States. For example, while an Asian adoptee might self-identify primarily with U.S. culture and society, non-Asian members of U.S. society may view the adoptee primarily as Asian (i.e., he or she may often be perceived as a foreigner). Alternatively, in the case that an Asian adoptee identifies primarily with his or her birth culture, members from the same Asian background



might view the adoptee as being too American and might reject the adoptee for being raised by non-Asian (i.e., White American) parents. Thus, Asian adoptees are sometimes left with feeling a sense of “cultural homelessness,” or not belonging to either group (Vivero & Jenkins, 1999). Some adoptees may never feel at home with either of their cultures or may never feel they completely belong in either their adoptive or biological families. The three core experiences of people who feel cultural homelessness are feelings of *rejection* (not feeling fully accepted by either group), *confusion* (receiving contradictory messages about how to behave with either group), and *isolation* (feeling different from everyone around them and sadness about the lack of a cultural home; Vivero & Jenkins, 1999). These feelings may reappear at different stages and in different situations throughout life. Even if adoptees feel comfortable with both adopted and birth cultures, there can still be times when they feel that aspects of their identity are in conflict (Kibria, 2000). To understand a salient aspect of the Asian adoptee experience, it is important to acknowledge that in addition to making sense of the transnational adoption paradox in relation to one’s own personal identity, Asian adoptees must also make sense of the rejections and judgments from people from both their birth and adoptive cultures.

**Transracial adoption paradox.** The transracial adoption paradox refers to the conflicting race-specific, insider-outsider experiences that Asian adoptees raised in White adoptive families must face over the course of their lives (Lee, 2003). In the United States, Asian adoptees are most often raised by White parents. They, therefore, receive, to some extent, numerous race-based privileges associated with being White (e.g., access to and quality of educational, medical, and community resources enjoyed by members of the “majority” group; McIntosh, 1998). Yet, in the larger society, Asian adoptees are viewed as racial minorities and as such experience racism and discrimination (Huh & Reid, 2000). In fact, Asian adoptees have reported experiencing more discrimination due to race than due to their adoptive status (Freundlich & Lieberthal, 2000). For example, one study found that Korean adoptees received comments and insults from their peers in school for having “slanty eyes” or “a real flat face” (Friedlander et al., 2000). In another study, a female adoptee reported that after failing to turn in an assignment, classmates, who subscribed to the stereotype that all Asians excel in school, said to her, “You are Korean, so how come?” (Huh & Reid, 2000). In yet another study, the majority of Asian adoptees reported feeling “different” from White peers and experienced emotional distress (e.g., sadness and loss) related to their differences (Friedlander et al., 2000). There is some evidence that such feelings are most likely to occur when adoptees live in communities comprised primarily of Whites (Feigelman, 2000; Friedlander et al., 2000).

The transnational and transracial adoption paradoxes are not independent experiences (Lee, 2003); in fact, they often overlap. Some adoptees may experience both paradoxes simultaneously, whereas for others, the salience of either the transnational or transracial adoption paradox may ebb and flow differentially over time. Some Asian adoptees may feel that neither paradox is an issue in their daily lives, whereas others might experience one paradox more intensely and frequently than another. For example, an adoptee could feel comfortable and completely acculturated to American culture but still feel contradictions in his or her experience as a racial minority in a White family and community.

### **Ethnic and Racial Identity**

The identity-development process is often more complex for Asian adoptees who experience additional challenges as they seek to integrate their racial and ethnic heritage with their identity as members of the adoptive families. *Ethnic identity* refers to one's sense of affirmation of and belonging to his or her ethnic group and the extent to which the person feels secure and confident in his or her sense of ethnicity (Roberts et al., 1999). *Racial identity*, on the other hand, refers to the beliefs one internalizes about his or her race as a result of being raised in a racially oppressive environment (Helms, 1996). Although there are some similarities between ethnic identity and racial identity, they can be seen as distinct concepts. Ethnic identity is typically discussed in terms of one's feeling of connection to a specific ethnic group (e.g., Hmong, Korean, or Sri Lankan). Racial identity, on the other hand, is typically discussed in terms of identification with a larger racial group (e.g., Asian American) in the context of race-specific privileges and oppressions and experiences of racism.

Asian adoptees may take on a range of views regarding their ethnic and racial identities. Some may develop a positive Asian (or Asian American) identity, while others may not identify at all with their Asian heritage (e.g., "I am just American"). Ethnic identity is important because it has been related to better psychological adjustment (e.g., less anxiety and depression and more satisfaction with life) and higher personal self-esteem in Asian adoptees (Yoon, 2001). Research on racial identity in Asian adoptees has also shown that some have difficulty developing and may even fail to develop positive views of themselves regarding their race and racial group membership. These adoptees tend to experience lower self-esteem and more social maladjustment (Mohanty, Keokse, & Sales, 2007). One plausible explanation for this is that many adoptees are raised in environments that do not condone or value race-based discussions; therefore,

they may be unprepared to face racism and discrimination (Mohanty & Newhill, 2006).

## **CULTURAL SOCIALIZATION AND RACIAL SOCIALIZATION**

I've been very blessed, with a loving, courageous birth mother and the best adoptive family! It's hard . . . coping with some identity issues (because my family will never know what it's like to be Asian), but with a loving environment, the adoption experience is a wonderful one.—Lieberthal, 2000, "Reasons for Searching and not Searching," para. 11.

Racial and cultural socialization experiences are important components to building a positive racial and ethnic identity. Cultural socialization refers to an ongoing process of teaching adopted children about their birth culture with the purpose of transmitting its values, behaviors, and traditions (Lee, Grotevant, Hellerstedt, Gunnar, and the Minnesota International Adoption Project Team, 2006). Racial socialization consists of teaching children racial awareness and pride while also preparing them to deal with racism and discrimination as a racial minority in the United States (Lee et al., 2006). In immigrant and racial minority families, parents or caregivers often transmit these values, skills, and strategies based on their knowledge, personal experience, and lessons from their ancestors. However, in White adoptive families, parents and caregivers do not typically have first-hand experience and knowledge of the adoptee's birth culture. Furthermore, White adoptive parents and caregivers usually lack knowledge of race-based issues and experiences that might be relevant to Asian adoptees. Adoptive parents may feel confused and/or lack confidence about how to teach their child about a culture and race that they do not fully understand. For instance, some White parents are unaware of the importance of race and the prevalence of racism because they have never experienced discrimination. These parents may believe it is paramount for the adoptee to feel a sense of belonging to the family and therefore ensure that they do not make distinctions between themselves and their child. Thus, they may adopt a color-blind attitude that downplays the importance of culture and race (Neville, Lilly, Duran, Lee, & Browne, 2000).

Some adoptive parents, however, believe teaching their adopted child about his or her culture and race is important for identity development. They may attempt to culturally and racially socialize their child in many ways. These practices can include celebrating cultural holidays, using books and toys reflective of the adoptees's race, preparing ethnic foods,

taking their child to language lessons, and teaching the values of his or her culture of origin. Parents also may involve the child in playgroups with children from the same country of origin, take their child to culture camps or on birthland tours, or talk about race and discuss coping skills when confronted with a racist comment. A review of the research in this area suggests a growing trend among adoptive parents of incorporating cultural socialization practices in parent-child interactions. For example, in one study of adoptive parents of Chinese children, more than 80 percent of parents reported discussing Chinese cultural heritage and exposing their adopted children to aspects of their heritage at least occasionally (Rojewski, 2005).

While there is evidence to suggest a positive trend among adoptive parents of engaging in cultural socialization practices, there is less compelling evidence that racial socialization practices are being embraced. For example, one study of White mothers of Chinese and Korean adoptees found that adoptive mothers were engaging in cultural socialization activities at a much higher rate than they were engaging in racial socialization practices (Johnston, Swim, Saltsman, Deater-Deckard, & Pettrill, 2007). We believe that several reasons account for racial socialization practices being less widespread than cultural socialization practices. First, discussing issues related to race is uncomfortable for most people given both the history of racism in the United States and the tendency for those in the racial majority to not see the importance of race in everyday life. For example, scholars have pointed out that while race-based privilege afforded to Whites and race-based oppression and discrimination of people of color exist, they are rarely acknowledged or discussed (Rothenberg, 2007).

Furthermore, many White individuals are unable to recognize the privileges they have had as a result of racism, whether or not they have been direct perpetrators of racist acts (McIntosh, 1998). When a White person adopts an Asian child, it may be the first time that he or she has had to contemplate race-related issues. Upon adopting, White adoptive parents may become cognizant of their own feelings about the experiences and privileges they have had as a member of the majority group. Race is an emotion-laden topic, and research has shown that White individuals can have a range of emotional reactions when thinking or talking about racial issues, including anxiety and fear, sadness and helplessness, guilt and shame, anger, or apathy (Spanierman & Heppner, 2004). Therefore, White parents of Asian adoptees, in particular, may experience guilt, sadness, and anger upon the realization that their adopted children may experience racism and may not be afforded the same opportunities simply because of their race. For all of these reasons, it may be difficult

for parents to discuss race-related issues with their transracially adopted children.

Previously, research has used the terms “cultural socialization” and “racial socialization” interchangeably (Thomas & Tessler, 2007; Vonk, 2001). However, we suggest that the two are distinct but related processes, both relevant to the adjustment and mental health of Asian adoptees. At a very practical level, we believe that one important reason to make this distinction relates to the finding that racial socialization practices are much less widespread than cultural socialization practices. Highlighting racial and cultural socialization as distinct and equally important practices might help raise awareness regarding the importance of addressing race-related issues with Asian adoptees and help to increase the use of racial socialization practices in adoptive families.

There is evidence to suggest that Asian adoptees who engage with their families in cultural and racial socialization behaviors have better outcomes than adoptees who do not. These outcomes include higher self-esteem, a more positive cultural/racial identity, and better psychological adjustment (Yoon, 2001). In addition, Asian adoptees who engage in cultural socialization are less likely to exhibit problematic behaviors such as aggression, disobedience, social withdrawal, depression, and anxiety (Johnston et al., 2007). We realize that some parents might be hesitant to discuss culture and race-specific issues with their adopted children because of the belief that such discussion might foster an adoptee’s feelings of isolation and discomfort. Contrary to this perception, research has demonstrated the benefits of cultural and racial socialization for adopted children. For example, it has been shown that cultural socialization is positively related to belongingness to the adoptive family and negatively related to a sense of marginality in adult adoptees (Mohanty et al., 2007). Furthermore, we know that parental support is important for the socialization of young children and adolescents (Yoon, 2001), and the positive effect of socialization practices is bolstered when parents participate in cultural activities with their children (Huh & Reid, 2000).

To summarize, identity development is an important component of Asian adoptee mental health and adjustment. Adoptees, in general, face greater challenges in their identity development than their nonadopted peers, and for Asian adoptees in particular the process can be even more complex. In addition to grappling with the absence of important aspects of their identity (e.g., the loss of birth parents and the lack of information about their family and genetic heritage), Asian adoptees must also contend with the conflicts described by the transnational and transracial adoption paradoxes. These conflicts are: (a) being relocated from the country and culture of their birth

to a majority White culture, and (b) being raised with the privileges and opportunities of the adoptive (often Caucasian) families but being viewed as a minority by the larger society. Asian adoptees must somehow integrate these contradictory components of their racial and ethnic identities to form a cohesive sense of self. Research indicates that parental racial and cultural socialization practices can help Asian adoptee children achieve healthy racial and ethnic identities. These practices include activities such as teaching children about racism and strategies to cope with it, introducing them to the language and culture of their homeland, and creating opportunities for them to interact and establish relationships with members of their own and other racial and ethnic groups.

### **SEARCH AND REUNION EXPERIENCES OF ASIAN AMERICAN ADOPTEES**

Desire for a family with whom we feel total affinity is a fundamental human longing . . . An adopted child who feels like an oddball *does* have another family, and no semantic games about who is the “real” parent will quell his curiosity about or longing for people who resemble him. Even if he doesn’t articulate the longing, it may lurk as a vague uneasiness, a sense of displacement. . . . Denying a child’s genetic heritage and hush-hushing his original family amounts to stealing his birthright, all that he brought with him into the world, including his potential to become his best self.—Register, 2005, pp. 16–17

Many Asian adoptees often wonder about their birth parents and the circumstances surrounding their adoption. They may long to have more information about their homeland and culture of origin. Not surprisingly, the process of searching for birth parents can be a major part of the adoption experience for many adoptees (Choy & Choy, 2006; Lee, 2003). There are a host of reasons one might consider searching, including: (a) the need to obtain medical histories, (b) the desire to meet others with whom they share a physical resemblance, (c) the wish to learn the circumstances surrounding their adoption, (d) an interest in discovering siblings and other relatives, (e) the hope of gaining a sense of closure, (f) the desire to relay a message to birth parents, (g) the drive to reconnect with birth culture, and (h) a feeling of incompleteness (Feast, Marwood, Seabrook, & Webb, 1998; Freundlich & Lieberthal, 2000; Lieberthal, 2000; Steinberg & Hall, 2000).

The process of searching for birth parents can be thought of as consisting of three major stages: contemplating the search, engaging in the search, and contacting or reuniting with birth families. At each of these

stages, there are important factors adoptees must take into consideration. During the contemplation stage, Asian adoptees may experience many feelings, including ambivalence about search and reunion (Choy & Choy, 2006). They may be both excited at the prospect of meeting birth family members and afraid of being disappointed if their expectations are unmet. They may also fear being rejected by birth parents. Furthermore, adoptees must consider the possibility that the search will be unsuccessful. For example, birth parents may not wish to be found or may be deceased. In the event of a successful search, adoptees must consider a number of additional issues. The adoptees must, for example, consider what kind of relationship, if any, they will want or be able to sustain with birth relatives. For some adoptees, the ramifications of developing a relationship with birth family members may seem emotionally overwhelming. Finally, adoptees must also deal with the ways in which search and reunion might affect their existing adoptive family relationships. Adoptees may fear that searching would be disloyal or hurtful to their adoptive parents. For these reasons, some may be afraid to tell their adoptive parents or may even choose *not* to discuss search and reunion matters (Feast et al., 1998). In fact, some adoptees wait until the passing of their adoptive parents before initiating a birth parent search.

The second stage involves commencing the search. Perhaps the most important consideration of this stage is the feasibility of the search process. Even if the adoptee desires to reconnect with birth parents, the information required to locate them may simply be unobtainable. While domestic adoptees' rights and access to information regarding birth parents have increased over the past few decades, gaining access to this information becomes more complicated and difficult for internationally adopted Asians due to legal, sociopolitical, and cultural differences between the United States and other nations (Heimerle, 2003). For example, because child abandonment is illegal in China, there are often no records available to connect adoptive children with their birth families (Moro, 2003).

The final stage, reuniting with birth families, can elicit a wide range of reactions from adoptees. For example, in two studies conducted by the Evan B. Donaldson Adoption Institute (Freundlich & Lieberthal, 2000; Lieberthal, 2000), Asian adoptees reported experiencing feelings of distrust and uncertainty regarding the expectations of their new family members after reuniting with their birth parents. These adoptees also experienced anxiety regarding the strength of the newly established connections with their birth families. Other Asian adoptees reported a need for creating personal boundaries related to birth family interaction so as not to be overwhelmed by the expectations of birth relatives. Adoptees in these studies also found that



the reality of meeting birth parents may not live up to their fantasies or hopes of reunion. For some, learning the details of their adoption stories elicited feelings of confusion, disappointment, stress, and discomfort. For example, in the Evan B. Donaldson studies, one adoptee reported feeling shock when he learned the true story of his adoption—that he was removed from home at age two when his birth mother, who was mentally ill, was deemed unfit to care for him.

Those adoptees who do engage in searches may experience a range of outcomes. For some, contact with birth parents may satisfy their need for information. Other Asian adoptees report that finally meeting someone who looks like them gave them a sense of peace about their identity (Lieberthal, 2000). Some adoptees decide to maintain relationships with birth family members, whereas others end contact at some point after the reunion. What is important to note, however, is that irrespective of outcome, adoptees report being satisfied with the search process (Tieman, van der Ende, & Verhulst, 2008). Even when difficulties are encountered during search and reunion, there is a general consensus among Asian adoptees that the process is important and meaningful for their personal development (Freundlich & Lieberthal, 2000; Lieberthal, 2000).

Not all Asian adoptees demonstrate an interest in searching for birth parents. Some feel it is unnecessary to return to the past and wish instead to focus on the present and the future. Others report being thankful that they were placed with loving parents who would care for them in a way their birth parents could not. Still others feel uninterested in meeting the parents who decided to place them for adoption because of feelings of rejection and disconnection (Freundlich & Lieberthal, 2000; Lieberthal, 2000).

Should Asian adoptees be encouraged to search for birth parents? Some studies have found that a greater interest in search and curiosity about birth parents was associated with behavioral problems (Smith & Brodzinsky, 2002). However, other studies have not found a link between searching and problematic behaviors or emotional disturbance (Tieman et al., 2008). One answer to the question is provided by Tieman et al. (2008), who made the following recommendation based on their research:

When earlier results are combined with our own, it is possible neither to urge adoptees to search for their biological parents, nor to dissuade them from doing so. If an adoptee feels the desire to search and has the opportunity to do so, such a search might be important. After all, our findings indicate that the cause of searchers' higher level of problem behaviors is not searching itself. Whatever the outcome of the search, the experience may be

worthwhile for the adoptee. . . . However, if they have no desire to search for birth parents . . . they should not be forced. Nonsearchers in our sample were generally well-adjusted, so searching does not seem to be a necessary developmental task (p. 685).

One final point to be made about search and reunion relates to the role of adoptive parents in the search process. Various experts have noted that international adoptive parents vary on how comfortable, open, and supportive they are in children's quest for more information and connection with birth cultures and birth parents (Register, 2005; Steinberg & Hall, 2000). When parents are unsupportive, they can, in effect, drive a child's curiosity underground or communicate that their desire to reconnect with birth parents is unacceptable or inappropriate (Steinberg & Hall, 2000). Therefore, some adoptees must deal with their adoptive parents' disapproval of or lack of support for a search in addition to managing their own complex feelings regarding their desire to reconnect with their birth families.

To review, often little information is known about birth parents, and adoptees may have few opportunities for birth country travel. Furthermore, laws regulating the adoptee's access to information differ from country to country, but in general, access to birth-family data and medical information is very limited, if not blocked altogether. Search and reunion can be a difficult and complex process in which adoptees confront issues related to their identity, the adoption-specific losses they have experienced, the possibility of rejection and disappointment, and the possibility of having to navigate new relationships with estranged members of their birth family. Regardless of outcomes, the process of search is experienced as positive and meaningful for most adoptees. However, it is also worth noting that those who abstain from searching do not appear to be at a disadvantage or any less well-adjusted than those who do search.

## **TALKING ABOUT ADOPTION**

An essential component of healthy adjustment in Asian adoptees is family communication about adoption. This component in many ways encompasses all of the issues discussed above. Healthy communication about adoption involves acknowledging and addressing the gains and losses of adoption; the race, ethnicity, and culture-based experiences of the adoptee; and desires for search and reunion. It also includes discussing the feelings a child has about being an adopted person and the meaning adoption has for him or her.

In recent years, adoption scholars have begun to look at parent-child communication in adoptive families as an important component of healthy adjustment for Asian adoptees. Research supports the proposition that communication in adoptive families is particularly important and that open communication is a protective factor for adoptee development (Brodzinsky, 2006; Wrobel, Kohler, Grotevant, & McRoy, 2003). Kirk (1984) suggested that adoptive parents who acknowledge and discuss the inherent differences in adoptive families (compared to biological families) would better facilitate their children's healthy adjustment. In fact, open communication about adoption-specific issues has been linked to a number of important adoption-specific outcomes, such as satisfaction with adoption, closeness within the adoptive family, and positive emotional adjustment (Brodzinsky, 2006; McRoy, Grotevant, Ayers-Lopez, & Furuta, 1990). Recent research has demonstrated that adoptees whose parents emphasized empathic listening and communication were at significantly lower risk for adjustment problems (Rueter & Koerner, 2008). Similarly, adoptees who find it easier to talk to their parents about adoption have higher self-esteem, whereas those who find it difficult have lower self-esteem (Beckett et al., 2008; Hawkins et al., 2007).

It might be important to note that research has revealed a disparity between adoptive parents' and adoptees' perceptions of how easy it is to talk about adoption. For example, a study by Hawkins et al. (2007) found that while many adoptive parents felt they were open to talking to their children about adoption, the adoptees disagreed. They reported perceiving that parents did, in fact, have difficulty discussing adoption-specific issues. Furthermore, the children in this study were much more reluctant to talk about their adoption experiences and felt more unease in broaching the topic than parents realized.

Another aspect of adoption-specific communication is communication with individuals outside the family about a person's adoptive status. There are typically physical differences between Asian adoptees and their adoptive parents; these physical differences can provoke reactions from others or prompt questions about the family structure. Studies have found that many parents who adopt Asian children face questions and comments that challenge the validity of their family structure and that trespass their and their children's privacy. The research demonstrates that parents are generally able to respond to such intrusions in ways that protect their children's privacy and affirm their identity as a family unit (Suter, 2008; Suter & Ballard, 2009).

To summarize, it has been found that open communication about adoption is important to the healthy adjustment of Asian adoptees. It is related

to positive self-esteem, satisfaction with adoption, and satisfaction with adoptive family relationships. Adoptive parents may underestimate their children's discomfort in sharing their adoption-related feelings, concerns, and questions. Therefore, it is important for parents to be aware of this and periodically invite their children to talk about their adoptions, their race or ethnicity, and their birth parents and culture. In addition to communicating within the family about adoption, parents and children are often faced with questions or comments from friends, peers, teachers, and even strangers about their family make-up. Fortunately, parents are often able to respond to such questions and comments in ways that affirm their family's identity (i.e., they are indeed a family and that the child is their son or daughter) and also assert their child's right to privacy.

## CONCLUSION

We know that although the majority of Asian adoptees are doing well in terms of their mental health and adjustment, there is a subset who do experience poorer outcomes such as psychological distress (e.g., depression, anxiety, suicidal thoughts, and behavioral problems) and cognitive and academic difficulties (Juffer & van IJzendoorn, 2005; van IJzendoorn et al., 2005). When difficulties occur, they can be linked to pre-adoption factors such as inadequate prenatal care, malnutrition, and lack of qualified caregivers. While the emotional, cognitive, and behavioral problems that sometimes arise tend to diminish over time, in some cases, these difficulties persist. Post-adoption factors can also impact the mental health and adjustment of Asian adoptees. These factors include experiences specific to the adoptee's race and ethnicity, racial and cultural socialization practices, the negotiation of adoption paradoxes, and the nature of adoption-specific communication.

Asian adoptees are faced with making sense of transnational and transracial adoption paradoxes. For example, Asian adoptees face the loss of their birth family, culture, and heritage while at the same time gaining a new family, culture, and heritage. Some adoptees experience a sense of cultural homelessness (Vivero & Jenkins, 1999) whereas others find a home in some combination of birth and adopted cultures. In addition, Asian adoptees face race-specific, insider-outsider experiences related to race-based privileges and oppressions in U.S. society. Ultimately, Asian adoptees must make sense of the opportunities afforded them due to their membership in their (typically White) adoptive families. At the same time, they must often negotiate racism and discrimination due to their association with the Asian American minority group. While Asian adoptees may face

rejection from those who feel they are “too Asian,” they might also face rejection from other Asian Americans for being “too White.” It is not surprising that these experiences of double rejection can prove distressing for Asian adoptees.

The development of positive ethnic and racial identities helps Asian adoptees develop a healthy, secure, and integrated sense of self; they also serve as protective factors against racism and discrimination. Racial and ethnic identities can be facilitated through the racial and cultural socialization practices discussed in the chapter (e.g., instilling a sense of racial pride and teaching about racism and participating in language and culture camps).

Another factor that can influence the mental health and adjustment of Asian adoptees revolves around birth parent search. Typically, searching for birth parents is a process by which an Asian adoptee contemplates initiating a search, implementing the search, and ultimately making contact with birth parents when possible. It is important to realize that the search and reunion process can be complicated. Many factors must be considered, including the barriers to searching, the adoptee’s expectations of the search process, and the possible positive and negative outcomes of searching. However, regardless of the outcomes, Asian adoptees typically acknowledge the importance and meaningfulness of the search for their personal development.

Given the host of important issues faced by Asian adoptees and their impact on mental health and adjustment, it is not surprising that talking about adoption-specific issues is important. Adoption-specific communication openness has been linked to a number of positive adoptee outcomes, including satisfaction with adoption and positive self-esteem. Discussing adoption-related issues is an ongoing process rather than a onetime event. In fact, an Asian adoptee’s thoughts, feelings, and comfort level regarding these issues can vary over time and context. It is, therefore, important for parents and caregivers to facilitate discussions over the course of the adoptee’s lifespan in a way that is safe and open rather than antagonistic and guarded.

Asian adoptees constitute a significant proportion of the Asian immigrant population in the United States. While this subpopulation of Asian Americans has historically received scant attention in the scholarly literature, recently there has been a growing interest in understanding the factors that impact the mental health and adjustment of this population. In this chapter, we reviewed theory and research pertinent to understanding the psychological and social experiences of Asian adoptees. In the remainder of the chapter, we provide a number of recommendations to consider when working with Asian adoptees.

## RECOMMENDATIONS

### Pre-adoption Factors

- Seek out supportive academic environments and remedial educational opportunities when necessary for adoptees who have cognitive deficits or academic difficulties stemming from early deprivation and/or pre-adoption adversities (e.g., malnutrition, neglect, maltreatment/abuse, and impoverished learning environments).
- Elicit support from mental health professionals when adoptees exhibit emotional or behavioral problems that may be related to adoption-related losses, difficulties in resolving the adoption paradoxes, and feelings and experiences connected to the adoptee's race and ethnicity.

### Asian Adoptee Identity Development

- Understand that adoptees must process feelings associated with gaining a new family and culture while at the same time resolving the loss of their birth family and culture.
- Facilitate racial and ethnic identity development through racial and cultural socialization practices that bolster positive views of self and equip adoptees with the skills necessary to deal with racism and discrimination.
  - Educate adoptive parents and caregivers about racism and discrimination faced by Asian adoptees and discuss strategies for dealing with such experiences.
  - Encourage adoptive parents to engage in cultural socialization practices with their children (e.g., birth country trips and attending native-language classes).
  - Provide Asian adoptees with opportunities to learn about their ethnic heritage, birth country, and culture. This may include parents and children reading books about the adoptee's homeland, visiting art and history museums with exhibits related to the adoptee's culture, and attending relevant cultural activities.
  - Integrate elements of adoptee's birth culture into daily life, including foods, customs, language, values, and cultural history.
  - Expose adoptees to racially and culturally diverse people and communities and help them develop meaningful relationships with others from their birth country.
- Encourage parents to reflect on and discuss their attitudes and beliefs regarding race, racism, and race-based privilege and how these issues affect their adopted child.
- Guide parents in teaching their children coping skills and strategies for dealing with racism and discrimination they may encounter in the community.

## **Search and Reunion**

- Understand that it is common for Asian adoptees to be curious about their biological families as well as their culture of origin.
- Acknowledge the obstacles to search and reunion (e.g., limited information available about birth parents and inability to travel to birth country) and recognize the emotional consequences they may have.
- Educate adoptees and adoptive parents about psychological issues related to the search process, including questions and concerns that arise related to the adoptee's sense of identity, adoption-related feelings of loss and grief, and the possibility of being rejected and/or disappointed by birth parents.
- Discuss different stages of the search process, including contemplating the search, engaging in the search, and contacting/establishing a relationship with birth relatives.
- Explore the adoptee's feelings regarding the search throughout the process as it is possible that feelings and plans may change.
- Provide social support (from parents, siblings, and friends) throughout the search process to create a stable base from which adoptees can conduct their search and manage the reunion if it takes place.
- Advise Asian adoptees to contemplate the expectations for contact and/or a relationship with birth parents. Encourage them to establish comfortable boundaries for themselves regarding the nature and frequency of such contact.
- Realize that not all adoptees want to engage in a birth parent search, nor is search a necessary developmental task for adoptees.

## **Adoption-Specific Communication Openness**

- Help to normalize the adoptee's curiosity about his or her origins as well as his or her feelings about being adopted.
- Parents should be encouraged to learn as much about their adopted child's background (i.e., birth family, circumstances of birth and adoption, and birth culture) as possible so they can provide the child with this information.
- Begin immediately to discuss adoption openly in the family.
- Encourage the exploration and expression of feelings (both positive and negative) regarding the adoptee's birth family and culture and the adoptive family and culture.
- Understand that adoptees might feel uncomfortable discussing the topic of adoption with parents for fear that it may make them uncomfortable. Therefore, it might be beneficial for adoptive parents to initiate adoption-related discussions with their children.



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## Chapter 7

# FAMILY SOCIALIZATION IN THE DEVELOPMENT OF ASIAN AMERICAN CHILD PSYCHOPATHOLOGY AND PSYCHOLOGICAL WELL-BEING

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Whereas images and stereotypes of Asian American families and their children as “the model minority” and “whiz kids” abound in the media and scholarly literature (Qin, Way, & Mukherjee, 2008; Sue & Okazaki, 1990), empirical research on family socialization and the mental health outcomes of Asian American children and adolescents has just begun to emerge. The Surgeon General’s *Supplement to Mental Health: Race, Ethnicity, and Culture* (U.S. Department of Health and Human Services, 2001) noted this gap in research by stating, “Very little is known about the mental health needs of the diverse populations of Asian American and Pacific Islander children and adolescents” (p. 114). Laura Uba (1994) concluded a review of Asian American families by remarking, “Empirical research on Asian American families is very fragmented” (p. 54) and noted that much of the research is merely descriptive without extending into explanatory models of how family characteristics are associated with either psychological maladjustment or well-being. Despite increasing progress, empirical research in this area is still in its infancy. Given these limitations in the research literature, the main question we pose in the present chapter is: What is

the current state of the science regarding the role of families in the development of Asian American child psychopathology?

To critically address this question, we examine the ways in which the socialization practices of Asian American families can play a role in the development of both psychopathology and psychological well-being. We purposely take a developmental psychopathology approach (Rutter & Sroufe, 2000; Sroufe, 1990) in order to highlight family processes and mechanisms that can serve as sources of both risk and resilience. By offering this balanced perspective, our goal is to provide a clear and accurate picture of the strengths and vulnerabilities of Asian American families and children—a picture that avoids the myth of the Asian American “model minority” but points to real problems where they exist as well as acknowledges true successes in adaptation and development.

In their seminal theoretical work, Sroufe and Rutter (1984) defined developmental psychopathology as “the study of origins and course of individual patterns of behavioral maladaptation” (p. 18). This framework is useful because it allows the consideration of “normal and abnormal” processes together (Sroufe, 1990) with an emphasis on identifying both risk and protective mechanisms toward the prevention of psychological disorders. More recently, theorists have also called attention to the importance of contextualism in developmental psychopathology, particularly cultural contexts (e.g., Garcia Coll, Akerman, & Cicchetti, 2000). This chapter uses this developmental psychopathology approach, with an emphasis on the integration of cultural context, to provide an empirically driven, culturally informed examination of the development of psychopathology and psychological well-being among Asian American children and adolescents.

First, we describe the general contours of Asian American families using the latest U.S. Census data; specifically, we hone in on those family characteristics that may affect the mental health of children and adolescents, such as family structure, indices of socioeconomic status, and acculturation-related factors. Next, we provide an overview of rates of psychopathology among Asian American children and adolescents. When possible, we point to specific factors that may produce within-group variations in rates of psychopathology among Asian American children and adolescents. We then examine specific family processes, cultural influences, and mechanisms and emerging explanatory models that help explain the psychological adjustment of children and adolescents. Specifically, we cover the following topics: parenting practices, cultural values, socialization of emotion

regulation, acculturation gaps between parents and their children, and racial/cultural socialization. In conclusion, we return to our original question regarding the current state of the science on Asian American families and their role in the development of child psychopathology. We identify directions for future research and implications for clinical practice and policy so that we can continue to expand the knowledge base and make a positive impact on the psychological well-being of Asian American children and adolescents.

## FAMILY DEMOGRAPHICS AMONG ASIAN AMERICANS

In order to situate Asian American children and adolescents within the families in which they live and grow, we first provide a profile of family demographics—particularly those characteristics that may affect children’s mental health (*see* Table 7.1). As of 2007, there were 15.2 million U.S. residents who identified as Asian alone or Asian in combination with one or more races; this group constitutes about 5 percent of the total U.S. population (U.S. Census Bureau, March 2009). Moreover, the Asian American population in the United States continues to expand at a rapid pace. Asian Americans increased by 2.9 percent between the years 2006 and 2007, which was the highest growth rate of any race during these years (U.S. Census Bureau, March 2009). By 2050, the Asian American population

**Table 7.1**  
**Summary of Asian American Demographic Statistics**

<i>Demographics</i>	<i>Asian Population</i>	<i>Total Population</i>
Household statistics		
Married couple*	86.0%	67.0%
Single parent*	11.0%	27.0%
Socioeconomic statistics		
Family median income	\$65, 637	\$50, 303
Education level (bachelor’s or higher)	44.1%	24.4%
Living in poverty*	11.8%	13.2%
Without health insurance*	10.9%	9.9%
Acculturation statistics		
U.S. nativity status*	77%	—
Foreign-born status*	23%	—
English language fluency*	72%	—

\* Refers to statistics specifically pertaining to children; all other statistics pertain to the general population.



is expected to comprise about 9 percent of the total U.S. population (U.S. Census Bureau, March 2009). Asian American children (that is, individuals under the age of 18) comprised 23 percent of the total Asian population in the United States in 2004 (U.S. Census Bureau, February 2007).

In general, the family structure of Asian American households demonstrates a number of protective factors, especially in comparison to the family structure of the general U.S. population. For example, a greater proportion of Asian American children belonged to households maintained by married couples (about 86 percent) than their counterparts in the general U.S. population (about 67 percent), according to the latest estimates in 2004 (U.S. Census Bureau, February 2008). Also, while about 11 percent of Asian American children belonged to households maintained by single parents, this rate is lower when compared to 27 percent of the total child population who live in single-parent households. In addition, among Asian Americans, there are ethnic group differences in terms of household structure. Compared to the 8.8 percent of all Asian households headed by a single female householder, some Asian groups had markedly higher proportions of households headed by a single female. For example, 21.5 percent of Cambodian, 13.6 percent of Filipino, 12.7 percent of Thai, 12.2 percent of Laotian, and 11.9 percent of Vietnamese households were headed by a single female (U.S. Census Bureau, December 2004). Children living in single-parent households are at greater risk for poor cognitive and behavioral outcomes (Carlson & Corcoran, 2001). Other important family structure factors may also impact family functioning and dynamics, such as household size and geographic location. The average household size for Asian families was 3.08 members, according to the 2000 Census. At the same time, it is important to note within-group variations; for instance, Hmong households were significantly larger, with an average household size of 6.14 members (U.S. Census Bureau, December 2004). Geographically, approximately half of the total Asian population resided in three states: California (about 35 percent), New York (about 10 percent), and Texas (about 6 percent) (U.S. Census Bureau, February 2007).

It is also important to examine indicators of socioeconomic status (SES), as SES levels have implications for the development of psychopathology or well-being in youth (Conger & Donnellan, 2007). Again, while Asian Americans tend to fare better than the general U.S. population, this broad generalization can be misleading, especially in the case of some Asian ethnic groups. Consider the case of median household income. In 2008, the median household income for Asian American households was generally higher (i.e., \$65,637) than the income level for all households (i.e., \$50,303; U.S. Census Bureau, September 2009). However, there is great

variability among the different Asian ethnic groups, such that Asian Indian and Japanese groups had the highest median family income, whereas some Southeast Asian groups (i.e., Cambodian, Hmong, and Laotian) were in the lowest income bracket (U.S. Census Bureau, December 2004). With regard to education level, it appears that Asian Americans (25 years and older) are relatively more educated in comparison to the total population, in that 44.1 percent had a bachelor's degree or more (versus 24.4 percent of the total population). Again, there is great within-group variation in these statistics. For example, 63.9 percent of Asian Indians had a bachelor's degree or higher, versus 7.5 to 9.2 percent of Hmong, Laotians, and Cambodians (U.S. Census Bureau, December 2004). In examining the occupational status of Asian Americans (those age 16 and older), the data show that 45.8 percent of the Asian American population was involved in management, professional, and related occupations; 23.9 percent in sales and office occupations; 15.5 percent in service occupations; 10.8 percent in production, transportation, and material moving; 3.7 percent in construction, extraction, and maintenance; and 0.3 percent in farming, fishing, and forestry occupations (U.S. Census Bureau, February 2007). Furthermore, Asian families were the most likely to have an employed member (89.7 percent), compared to Hispanic families (87.0 percent), White families (82.3 percent), and African American families (78.4 percent) (U.S. Department of Labor, 2009). Additionally, 55 percent of Asian married couples with children under age 18 were dual-wage earners, meaning that both members were employed (U.S. Census Bureau, January 2010a). In terms of poverty statistics, 11.8 percent of Asian families (compared to 13.2 percent of all families) were living below the poverty line in 2008 (U.S. Census Bureau, September 2009). However, there is also significant variability in child poverty rates when examining different Asian ethnic groups. In general, the child poverty rates for Southeast Asian groups are higher (e.g., 38 percent for Cambodians and 25 percent for Laotians) compared to other Asian groups (6 percent for Japanese and 12 percent for Asian Indians) (Farley & Haaga, 2005). These within-group differences in SES highlight the importance of examining variations across different Asian ethnic groups, as markedly different conclusions may be reached depending on the specific Asian ethnic group at hand.

Health insurance coverage is another significant factor that may impact children's mental health status and access to treatment. Lack of health insurance is a risk factor, as children without health insurance may not have adequate access to mental health services despite a need for those services (e.g., Wells, Hillemeier, Bai, & Belue, 2009). In 2008, 10.9 percent of Asian children in the United States were uninsured, which was comparable

to the 9.9 percent rate of all uninsured children (U.S. Census Bureau, September 2009).

Indicators of acculturation are also related to Asian American children's mental health outcomes. In terms of nativity status, about 77 percent of Asian children were born in the United States, whereas about 23 percent were foreign-born (U.S. Census Bureau, 2008). In addition, among Asian American children under age 18 living with either both parents or one parent, about 82 percent had at least one foreign-born parent (U.S. Census Bureau, January 2010b). With regard to language abilities, it appears that the majority of Asian children are fairly acculturated in terms of English-language use. Between 2005 and 2007, about 72 percent of Asian children reported speaking English "very well," whereas 28 percent reported speaking English less than "very well" (U.S. Census Bureau, 2007). Among adults (individuals ages 18 and older) who reported speaking an Asian and/or Pacific Island language, perceived English fluency appears to be much lower, with only 45.5 percent speaking English "very well" and 24.8 percent reporting that they spoke English "not at all" (5.1 percent) or "not well" (19.7 percent) (U.S. Census Bureau, October 2004). It is important to note that Chinese, Tagalog, Vietnamese, and Korean were among the top 10 languages most frequently spoken at home (after English and Spanish) by all individuals ages five and older (U.S. Census Bureau, October 2003). As we will see in subsequent sections of this chapter, different levels of acculturation (as indexed by nativity status, language ability, or other measures) are related to different mental health outcomes for Asian American children and adolescents.

These demographic statistics help provide some general contours of the overall Asian American population, and particularly those characteristics that bear upon Asian American children's psychological well-being and development of psychopathology. As these statistics show, there are many protective factors associated with Asian American households, but there are also a range of risk factors, especially for certain Asian ethnic groups. With these characteristics in mind, we now turn our attention to rates of psychopathology among Asian American children and adolescents.

## **RATES OF PSYCHOPATHOLOGY**

Despite the "model-minority" myth, Asian Americans, as a whole, do experience a range of psychological disorders (e.g., Lee, Lei, & Sue, 2001). However, the empirical knowledge base on psychopathology among Asian American children and adolescents is very limited, primarily because no large-scale epidemiological studies have been conducted that

document prevalence rates of psychiatric disorders for this child/adolescent population (U.S. Department of Health and Human Services, 2001). One explanation for the difficulty in ascertaining prevalence rates is that these research efforts are “hindered by characteristics of the Asian American population, particularly its relatively small size, heterogeneity, and rapid changes in demographics” (Sue, Sue, Sue, & Takeuchi, 1995, p. 39). Thus, in this section, we have culled data from the few existing studies for estimated rates of psychopathology for Asian American children and adolescents, mainly with regard to diagnosed cases of disorders (internalizing and externalizing).

### **Internalizing Disorders**

Throughout the past two decades, several studies have compared the prevalence rates of depression among Asian American versus other (primarily European American) children and adolescents, resulting in some mixed findings. On the one hand, some studies report that Asian American children and adolescents appear to be *less* depressed than their European American or other ethnic minority counterparts. For example, Nguyen and colleagues (2004) reported that Asian American children were less likely to receive diagnoses of depression compared to non-Asian Americans. Similarly, Roberts, Roberts, and Chen (1997) found that Asian American adolescents (including Chinese, Indian, Pakistani, and Vietnamese Americans) were less likely to be depressed than other groups (i.e., European Americans, African Americans, Mexican Americans, Central Americans, and multiracial adolescents). On the other hand, some studies indicate that Asian American youths and adolescents have *similar* rates of internalizing disorders as their European American counterparts (e.g., Edman et al., 1998; Nguyen, Huang, Arganza, & Liao, 2007). Finally, there is also some evidence suggesting that Asian Americans (e.g., female adolescent outpatients) may be more depressed than their European American counterparts (Kim & Chun, 1993). Thus, findings on the prevalence rates of depression among Asian American children and adolescents remain inconclusive at best.

Findings on affective disorders other than depression seem to be more consistent regarding prevalence rates for Asian American children. For example, Kim and Chun (1993) reported that Asian American female adolescent outpatients were *more* likely to be diagnosed with affective disorders (excluding major depression and dysthymia). In addition, Asian American children were more likely than European American to receive diagnoses of anxiety (Nguyen et al., 2004).

In terms of general trends of subclinical levels of symptomatology, Asian American children and adolescents report *lower* levels of *internalizing* symptoms compared to their European American counterparts (Chang, Morrissey, & Koplewicz, 1995; Nguyen et al., 2007). Balis and Postolache (2008) reported that Asian Americans had a lower risk for suicide than European Americans. However, Nguyen and colleagues (2004) reported that Asian American children scored higher on self-harming behaviors compared to other ethnic groups.

We also want to note that internalizing outcomes specific to the Southeast Asian refugee population have been documented in the literature. Special attention has been paid to the unique stressful life events and traumatic experiences of Southeast Asian child and adolescent refugees in the United States and their risk for internalizing disorders such as major depression, anxiety, and post-traumatic stress disorders (e.g., Fazel, Wheeler, & Danesh, 2005; Hsu, Davies, & Hansen, 2004; Sack, Clarke, & Seeley, 1996; Sack, McSharry, Clarke, Kinney, Seeley, & Lewinsohn, 1994). As with the rest of the Asian American child/adolescent population, however, research on Southeast Asian refugee children remains very scarce, and much more work is needed to fully document their rates of disorders and address their mental health needs.

### **Externalizing Disorders**

In terms of externalizing disorders, research has consistently shown that, in general, Asian American children are less likely to receive diagnoses of attention deficit hyperactivity disorder (Nguyen et al., 2004; Seráfica, 1997) and conduct disorder (Kim & Chun, 1993) compared to European Americans. However, factors such as child gender, type of disorder, type of service setting, and ethnic variations must also be considered. For instance, male Asian American outpatients were equally likely to be diagnosed with conduct disorder compared to their European American counterparts (Kim & Chun, 1993). Likewise, for substance-use disorder, in public sectors of care, Asian American and European American adolescents had similar prevalence rates (Aarons, McCabe, Gearity, & Hough, 2003). Choi (2008) reported that Filipino, other Asian Pacific Islander, and multiethnic Asian Pacific Islander youths are at greater risk for poorer outcomes, such as aggressive and nonaggressive delinquent offenses and substance use, compared to their Chinese and Korean counterparts. In addition, Choi and Lahey (2006) found that Asian Pacific Islander American youths reported higher rates of aggressive offenses than did White youths, as well as more non-aggressive offenses and substance use than did African American youths.

Finally, with regard to subclinical levels of externalizing symptomatology, Asian American children and adolescents generally report *lower* levels of *externalizing* symptoms compared to their European American counterparts (Chang, Morrissey, & Koplewicz, 1995; Nguyen et al., 2007).

In sum, our brief review concurs with the Surgeon General's (U.S. Department of Health and Human Services, 2001) conclusion that much more research is required to accurately document the prevalence rates of psychiatric disorders among Asian American children and adolescents. Given the paucity of empirical research on rates of psychopathology, we can only tentatively infer that Asian American children and adolescents are *less* likely to be diagnosed with externalizing disorders (compared to their European American counterparts). However, it is more difficult to draw any conclusions regarding the rates of internalizing types of disorders among Asian American children and adolescents, given the mixed findings. Despite the gap in the research literature on prevalence rates of psychopathology, it is still nevertheless critical to investigate the correlates and mechanisms associated with various forms of psychopathology among Asian American children and adolescents, especially as clinicians and researchers seek to implement culturally sensitive forms of treatment. Thus, we now turn our attention to these processes that are linked with Asian American child psychopathology, focusing on family and cultural contexts.

## **FAMILY SOCIALIZATION PROCESSES THAT AFFECT ASIAN AMERICAN CHILD PSYCHOPATHOLOGY**

Past research on family socialization processes in Asian American families has traditionally focused on understanding the high academic achievement of Asian American children. These studies emphasize culturally specific family socialization practices. For example, parents emphasize a strong sense of family obligation in their children, which is related to exerting school effort conducive to school achievement (Fulgini, Tseng, & Lam, 1999). In addition, studies demonstrate that Asian American parents use a culturally specific form of parenting that emphasizes bringing honor to the family, also conducive to achievement in their children (Kim & Wong, 2002). More recently, studies have begun to emphasize how family socialization practices may affect the development of Asian American children in other domains of well-being, such as child psychopathology.

In this section, we highlight specific family socialization processes that have either garnered significant research attention, or have recently emerged

as especially salient, in our efforts to better understand the development of psychopathology and well-being among Asian American children and adolescents. First, we examine how parenting practices (and related contextual factors) may be associated with either protection from or increased risk for the development of internalizing and externalizing disorders. Next, we explore the role of cultural values in Asian American children's psychological adjustment—does the socialization of certain cultural values afford greater protection from (or increase risk for) the development of disorders? Finally, we review three emerging areas of research that offer key explanatory mechanisms or models by which we can better understand sources of risk and resilience among Asian American children and adolescents: emotion regulation, the acculturation gap-distress hypothesis, and racial/cultural socialization. By no means is this section exhaustive in its scope. Instead, we have tried to selectively identify very promising avenues of research that may yield greater insight into conditions that increase psychopathology or psychological well-being for Asian American children and adolescents.

### **Role of Parenting Practices**

Traditionally, studies on parenting in Asian American families have focused on parenting styles (a composite of various domains of parenting) rather than on parenting practices (a focus on specific domains of parenting). A classic study in the area of parenting styles is Chao's (1994) work on Chinese American parenting. Her study demonstrated that while an authoritative parenting style (characterized by high levels of warmth and control) is related to high levels of academic achievement in European American children, it does not have the same positive effect for Asian American children. She later demonstrated that the positive influence of authoritative parenting for European American families can be explained through relationship closeness (Chao, 2001). Chao also found that Asian American parents use a culture-specific form of parenting called "training" that is important for understanding the generally high academic achievement in Asian American children despite the use of an authoritarian parenting style (characterized by low levels of warmth and high levels of control) in Asian American families, which is related to low achievement in European American families.

We now focus our attention on research highlighting specific domains of parenting in Asian American families. These studies demonstrate a significant link between Asian Americans' parenting practices and increased risk for, as well as greater protection from, child psychopathology. For



example, parenting characterized by harshness (e.g., the parent spansks or hits the child) is related to elevated levels of depressive symptoms and more conduct problems in Asian American children (Kim & Ge, 2000; Liu, Lau, Chen, Dinh, & Kim, 2009). On the other hand, parenting characterized by warmth (e.g., acting in a caring manner toward the child), monitoring (e.g., knowing where the child is when away from home), or inductive reasoning (e.g., using reasoning and explanation when disciplining the child) is related to lower levels of depressive symptoms and conduct problems (Liu et al., 2009; Weaver & Kim, 2008). These studies demonstrate that the use of disrupted parenting techniques such as harsh discipline represents a risk factor, whereas the use of nurturant parenting techniques such as warmth represents a protective factor.

There are also contextual factors that may be responsible for the use of specific parenting techniques employed by Asian American parents, such as neighborhood characteristics and parental characteristics such as parental psychopathology or parental acculturation levels. One line of research examines neighborhood characteristics as a contextual factor responsible for the use of specific parenting techniques in Asian American families. Liu et al. (2009) found that neighborhood disadvantage can undermine the use of nurturant parenting in protecting adolescents from engaging in conduct problems. That is, when Asian American mothers reside in economically disadvantaged neighborhoods, they are less able to effectively monitor their adolescents, which in turn relates to more conduct problems in their children.

Another line of research has examined parental characteristics that may be responsible for the use of specific parenting techniques in Asian American families. For example, Kim and Ge (2000) focused on parental psychopathology to find that Asian American parents with elevated levels of depressive symptoms were more likely to use parenting practices characterized by high levels of harshness and low levels of monitoring and inductive reasoning. As adolescents in these families negatively evaluated the parenting strategies employed by their mothers and fathers, these adolescents were more likely to experience depressive symptoms. Thus, it appears that parental psychopathology may be an important precursor to the use of unsupportive parenting practices that place Asian American children at risk for psychopathology.

Another parental characteristic that relates to the use of specific parenting strategies is Asian American parents' acculturation level. Acculturation refers to the process of adopting the language, attitudes, culture, and behaviors of the new host country (Zane & Mak, 2003). Liu et al. (2009) found that Asian American mothers who are more acculturated were more

likely to use monitoring and less likely to use harsh disciplinary strategies, which in turn related to lower levels of conduct problems in Asian American children. Thus, higher levels of acculturation in mothers could offer protection against Asian American child psychopathology.

In sum, it appears that disruptive parenting is a risk factor and nurturant parenting is a protective factor in the expression of child psychopathology. In addition, contextual factors such as neighborhood disadvantage (risk factor) and parental characteristics such as their own depressed mood (risk factor) or acculturation levels (protective factor) can have a significant impact in the use of specific parenting techniques that relate significantly to child psychopathology in Asian American children.

### **Role of Cultural Values**

The socialization of certain cultural values may also serve as sources of resilience or risk with regard to the development of psychopathology in Asian American children. Parents are powerful socializing agents for their children (Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000), through which such values are typically transmitted. The core societal values of a social group, or the “shared attitudes, beliefs, norms, role, and self definitions,” represent cultural values (Cooper & Denner, 1998, p. 564). Individualism and collectivism are widely studied cultural values. Individualism places an emphasis on the individual and self-reliance, whereas collectivism places an emphasis on the group and interdependence among members of a group. According to Le and Stockdale (2005), Asian American adolescents with higher levels of individualistic cultural values report more delinquent behaviors, while those with higher levels of collectivistic cultural values report fewer delinquent behaviors. Although the contextual factor of having more delinquent peers is stronger in explaining Asian American delinquent behaviors, this study suggests that individualistic values represent a potential risk factor, whereas collectivistic values represent a potential protective factor in the engagement of delinquent behaviors among Asian American adolescents.

As Asian Americans are often characterized as more collectivistic, a number of scholars have focused on the role of cultural values such as interdependence and a sense of family obligation and their relationship to internalizing problems among Asian American children and older adolescents. According to Yoon and Lau (2008), higher levels of interdependence were related to more depressive symptoms among Asian American older adolescents. In addition, the link between maladaptive perfectionism and depressive symptoms was more pronounced for those espousing higher

levels of interdependent values. Juang and Cookston (2009) focused on a sense of family obligation and its relationship to Asian American adolescents' depressive symptoms. They reported that adolescents' increasing sense of family obligation over time can serve as a protective factor in developing fewer depressive symptoms; also, higher initial levels of family obligation were related to fewer depressive symptoms over time.

Overall, it appears that while collectivism, interdependence, and a sense of family obligation all represent cultural values that are considered more characteristic of Asian Americans, their roles in the expression of Asian American child psychopathology are not similar across different types of child psychopathology. Specifically, collectivism represents a protective factor against externalizing problems (Le & Stockdale, 2005), and interdependence represents a risk factor in the expression of internalizing problems (Yoon & Lau, 2008), whereas family obligation represents a protective factor in the expression of internalizing problems (Juang & Cookston, 2009). Collectivistic values may protect against externalizing problems because collectivistic values emphasize group coherence and inhibition of deviant behaviors as a means of adhering to group norms. At the same time, collectivistic values may pose a risk for internalizing problems such as depressive symptoms because of the value placed on inhibiting emotional expression and keeping problems to oneself to minimize shaming or burdening members of one's in-group with one's emotional problems. Yet, a strong sense of family obligation may mean that adolescents feel a greater bond with their families, which may protect Asian American adolescents from experiencing depressive symptoms. Therefore, it appears that there are complex relationships in the way cultural values influence psychopathology in Asian American children.

## **EXPLANATORY MECHANISMS AND MODELS: EMOTION REGULATION**

The study of emotion regulation is one area that may help address current gaps in the literature by offering useful explanatory models linking family socialization with child and adolescent psychopathology and well-being among Asian Americans. Emotion regulation and dysregulation are central components of child/adolescent psychopathology and social functioning (Keenan, 2000; Rydell, Thorell, & Bohlin, 2007). Gross (1998) defined emotion regulation as "the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions" (p. 275). Maladaptive emotion regulation is a risk factor, as it has been associated with internalizing

(e.g., Feng et al., 2009) and externalizing disorders (e.g., Melnick & Hinshaw, 2000), whereas adaptive emotion regulation is a protective factor and has been associated with better social functioning among children and adolescents (Murphy, Shepard, Eisenberg, & Fabes, 2004). Emerging theoretical and empirical work indicates that the construct of emotion regulation is amenable to a cultural analysis and thus especially salient in elucidating potential linkages between family socialization and psychopathology among Asian American children and adolescents.

## **THE ROLE OF FAMILY IN EMOTION REGULATION**

Family processes contribute critically to the development of emotion regulation among children and adolescents. Several theoretical models (Morris, Silk, Steinberg, Myers, & Robinson, 2007; Yap, Allen, & Sheeber, 2007; Yasui & Dishion, 2007) have been proposed in which some family processes (e.g., parental overcontrol and/or marital conflict) are conceptualized as sources of risk for negative outcomes such as conduct problems and depression, whereas other family processes (e.g., maternal responsiveness and support) may serve as sources of resilience in predicting positive outcomes such as prosocial behaviors, with emotion regulation serving as a central mediator (e.g., Morris et al., 2007; Yap et al., 2007) or moderator (e.g., Yasui & Dishion, 2007). Given the centrality of the family among Asian Americans, such family-focused theories of emotion regulation may be particularly relevant for Asian American children and adolescents.

### **The Role of Cultural Context in Emotion Regulation**

Although culture has been acknowledged as an important influence on the development and socialization of emotion regulation (e.g., Morris et al., 2007), very few theories and empirical studies of emotion regulation and child/adolescent outcomes have specifically examined the cultural context. We highlight one model that serves as an important exception to this pattern. Kitayama, Karasawa, and Mesquita (2004) proposed a dual-process model of emotion regulation in which culture shapes emotional experience through collective and personal processes. At the collective level, culture regulates emotion via two mechanisms, cultural affordance and cultural reinforcement. Cultural affordances are practices that encourage the potential for certain types of emotions or responses. For example, in cultures that emphasize an interdependent self-construal (e.g., many Asian cultures), there are more affordances toward socially engaging emotions (e.g., feelings of respect, sympathy, and guilt); in cultures

that emphasize an independent self-construal (such as the United States), there are more affordances toward socially disengaging emotions (e.g., pride, self-esteem, and anger) that promote autonomy and independence. Cultural reinforcement is the idea that some actions/emotions are valued and praised, whereas others are discouraged and punished. At the *personal* level, emotion-regulation strategies also promote the engagement or disengagement of the self according to whether the cultural context emphasizes interdependence or independence.

Empirically, although several studies have demonstrated ethnic and cultural variations in emotion regulation using adult samples (e.g., Butler, Lee, & Gross, 2007; Gross & John, 2003; Matsumoto et al., 2008), there is a paucity of research on Asian American children and adolescents. Thus, we discuss two studies that represent emerging work in this area. First, Park, Kim, Cheung, and Kim (2010) found that different forms of anger regulation were associated with depressive symptoms and conduct problems, respectively, among Korean American adolescents. Upon further analyses of this data, Park and Kim (2009) found that anger regulation mediates the influence of family processes on Korean American adolescents' adjustment problems. However, in certain cases, the mediation effect was conditional upon cultural contexts (i.e., independent self-construal). For instance, the positive indirect effect of family conflict on externalizing problems through higher levels of outward anger expression was observed only when youths' independent self-construal was relatively strong, but not when youths' independent self-construal was relatively weak. Thus, it appears that the construct of emotion regulation represents one explanatory mechanism that may shed light on the development of Asian American child psychopathology.

### **EXPLANATORY MECHANISMS AND MODELS: THE ACCULTURATION GAP—DISTRESS HYPOTHESIS**

The study of the acculturation gap and its link to distress is yet another area that may help address current gaps in the literature by offering useful explanatory models linking family socialization with Asian American child and adolescent psychopathology and well-being. As Asian immigrant families leave their countries of origin and adjust and adapt to life in the host country, one of the many familial challenges they face are stressors associated with the acculturation process (Berry, Phinney, Sam, & Vedder, 2006). A noted stressor is that family members may acculturate to the mainstream U.S. culture at different rates, resulting in differences in acculturation levels across generations of parents and children. Children of

immigrants typically acculturate much faster than their immigrant parents by adopting the host culture's values and lifestyle, while immigrant parents are likely to retain the language, values, and traditions of their culture of origin (Rumbaut, 2005). At the same time, immigrant parents may make limited progress in their ability to adopt the cultural practices of the host culture, while their children make limited progress in their ability to retain the language and cultural practices of their country of origin. In Asian immigrant families, this incongruity in parents' and children's cultural practices, beliefs, and/or values creates an "acculturation gap" between the generations (Lau et al., 2005).

Hwang (2006) provides a more refined perspective on the critical elements that constitute the acculturation gap. He theorized that "acculturative family distancing" (AFD) is a more proximal measure of the acculturation gap in immigrant families. According to Hwang, AFD consists of two major domains: breakdowns in family communication and incongruent cultural values. By focusing on these two domains, Hwang asserts that researchers and clinicians can have a better understanding of elements that may be particularly salient in the acculturation gap and target specific areas of intervention to reduce this gap in Asian immigrant families.

**Acculturation gap as a risk factor.** Several researchers have found that an acculturation gap relates to family conflict and child psychopathology in Asian families (Kim, Chen, Li, Huang, & Moon, 2009; Lee, Choe, Kim, & Ngo, 2000). Indeed, studies show that the acculturation gap is related to depressive symptoms (Costigan & Dokis, 2006; Lim, Yeh, Liang, Lau, & McCabe, 2009; Weaver & Kim, 2008; Ying & Han, 2007), clinically relevant psychological symptoms (Hwang & Wood, 2009), anxiety (Farver, Narang, & Bhadha, 2002), and violence (Le & Stockdale, 2008) in Asian American adolescents. It is impressive that the acculturation gap consistently emerges as a risk factor for child psychopathology, as these studies vary widely in their methods for assessing and testing the acculturation gap-distress hypothesis. The various methods include reliance on a single adolescent reporter (Hwang & Wood, 2009), as well as using parents and adolescents as multiple informants of the acculturation gap (Lim et al., 2009). Data analytic strategies also vary widely, with studies using a person-centered approach to create acculturation gap typologies (Weaver & Kim, 2008), those using an interaction of parent and child acculturation scores to operationalize the acculturation gap (Costigan & Dokis, 2006), and still others assessing whether acculturation strategies represent a match or mismatch between parents and children (Farver et al., 2002). Given the consistent evidence for the acculturation gap-distress link, this body of empirical work shows promise in highlighting a

potential source of risk in the development of child psychopathology in Asian immigrant families.

The acculturation gap has also been associated with other family process variables. Specifically, family process variables may function as a mediator between the acculturation gap and child psychopathology in Asian American samples. Family conflict consistently emerges as a significant mediator. For example, Hwang and Wood (2009) reported that family conflict mediated the relation between acculturative family distancing and self-reported depressive symptoms in an Asian American and Latino college sample. Similarly, scholars have found that family conflict mediates the relation between the acculturation gap and depressive symptoms in a sample of Southeast Asian American adolescents (Ying & Han, 2007), as well as youth externalizing behaviors in a sample of Vietnamese and Cambodian immigrant adolescents (Choi, He, & Harachi, 2008). In addition, the use of unsupportive parenting has been found to mediate the relation between the acculturation gap and adolescent depressive symptoms in Chinese American parent-adolescent dyads (Kim et al., 2009). As the acculturation gap is a risk factor for child psychopathology, it is important that intervention and prevention efforts are directed at reducing mediating family processes such as family conflict and unsupportive parenting to decrease the acculturation gap and its potential adverse effects on child psychopathology in Asian immigrant families.

## **EXPLANATORY MECHANISMS AND MODELS: RACIAL/ CULTURAL SOCIALIZATION**

Finally, the investigation of racial and cultural socialization is a third area that may offer a useful explanatory framework by which we can better understand the development of psychological adjustment (or maladjustment) among Asian American children and adolescents. Racial/cultural socialization refers to processes by which parents transmit messages to their children about race and ethnicity (Hughes et al., 2006). It can encompass cultural socialization or parental socialization practices that promote ethnic pride, such as exposing children to cultural practices, heritage language, and customs and educating children about the parents' heritage and history (Hughes et al., 2006). It can also encompass preparation for bias or parental efforts at educating their children about social inequalities and injustice as well as coping with discrimination (Hughes et al., 2006).

Studies demonstrate that cultural socialization is a protective factor, while preparing for bias is a risk factor for developmental outcomes in children. Specifically, parents' cultural socialization is related to increasing



minority children's self-esteem and affirmation about their ethnicity, which in turn relates to lower levels of antisocial behaviors in children (Hughes, Witherspoon, Rivas-Drake, & West-Bey, 2009). On the other hand, parental messages to their children about preparing for bias can have unintended consequences on children's outcomes (e.g., higher antisocial behaviors) by undermining children's positive sense of self (Hughes et al., 2009). For example, in a study of Chinese American families, parents' efforts to prepare their children for bias related significantly to adolescents' feelings of being a misfit with American culture (Benner & Kim, 2009). As feelings of being a misfit relate to negative developmental outcomes, it may be that parents' efforts at preparing their children for bias are a potential risk factor for Asian American children's development of psychopathology.

## CONCLUSION

The main goal of this chapter was to provide a snapshot of the current research on the role of family socialization in the development of psychopathology among Asian American children and adolescents. To achieve this goal, we used the lens of developmental psychopathology, which affords the opportunity to examine sources of risk and resilience together so that we might identify the most useful candidates for prevention and treatment. Like any snapshot, our coverage of topics was selective for the sake of clarity and focus. With this snapshot in mind, we return to our original question regarding what we know (and what we don't know) about Asian American families and their role in child psychopathology.

From our review, we can firmly conclude that Asian American families play an important role in the psychological adjustment and well-being of children and adolescents. On the one hand, parents' socialization strategies can act as sources of risk for the development of psychopathology, as evidenced by the empirical research on disruptive parenting practices, parental psychopathology, and contextual effects of neighborhood disadvantage, as well as the emerging work on socialization of maladaptive emotion regulation, the acculturation gap, and racial/cultural socialization (specifically, preparation for bias). On the other hand, family contexts can also serve as sources of resilience, as indicated by empirical work on nurturant parenting practices, high levels of maternal acculturation, socialization of adaptive emotion regulation, and cultural socialization that focuses on increasing ethnic pride.

We can also conclude that the role of culture is much more complex than what we might expect at first glance. This complexity is revealed in the research on how certain collectivistic values, for instance, may serve as either

protective or risk factors for Asian American children and adolescents, depending on the type of adjustment problem (e.g., externalizing or internalizing). The within-group variations indexed by the ethnic and cultural diversity within the Asian American community were also readily apparent in the ways that demographic factors impact different Asian ethnic groups in very different ways (e.g., socioeconomic status varies greatly depending on the Asian ethnic category). In addition, individual differences such as gender affected estimated rates of psychopathology (e.g., Kim & Chun, 1993). These kinds of variations alert us to the fact that culture and within-group differences need to be carefully assessed in future research on Asian American child and adolescent psychopathology.

The boundaries of our current knowledge base also point us toward directions for future research. First, there is clearly a great need for more epidemiological work on the prevalence rates of psychological disorders among Asian American children and adolescents. Prior research has often lumped Asian Americans into one category or an "other" category; often, sample size is insufficient to analyze data for this group. Thus, future research should focus on obtaining accurate estimates of psychopathology among Asian American youths. Second, there is a paucity of research that is explanatory (versus descriptive) in nature. We noted some of the emerging research that focuses more on explanatory mechanisms and offers promising avenues for future inquiry, especially in the areas of emotion regulation, the acculturation gap-distress hypothesis, and racial/cultural socialization. More empirical studies should be conducted in these and other areas. Third, future research would benefit from an emic perspective, such that more theoretical frameworks are generated for examining culturally specific mechanisms leading to the development of psychopathology among Asian Americans and other diverse populations. Moreover, much of the research on Asian American families has been conducted on Chinese and Korean samples; future research should examine the experiences of other ethnic groups as well. In addition, multi-method research designs involving multiple informants as well as the use of diverse methodologies (e.g., experimental methods and neuropsychological measures) would also help advance the state of the science in this area. Finally, in discerning the developmental trajectory of Asian American youths vis-à-vis their psychological adjustment and well-being, studies employing a longitudinal design would be particularly useful.

Having examined Asian American children's normative and atypical development within the formative contexts of culture and family, we can now point to potential opportunities for clinicians and policy-makers to target specific sources of risk and resilience that may aid in culturally

sensitive efforts in the prevention and treatment of psychological disorders. In particular, it appears that malleable mechanisms such as parenting practices (disruptive versus nurturant parenting), emotion-regulation strategies, family processes (e.g., family conflict), and cultural socialization are viable targets for treatment and prevention programs. At the same time, clinicians and policy-makers ought to be aware that within-group cultural variations may add layers of complexity to what may initially appear to be easy solutions to children's adjustment problems. In light of these cultural variations, whenever possible, clinicians and policy-makers should tailor their intervention programs and legislative endeavors according to the specific Asian ethnic group of interest. In sum, it is our hope that this chapter has provided a solid empirical and theoretical foundation in the study of family processes and their impact on Asian American child and adolescent psychopathology. In doing so, our goal is to stimulate more work in this area and to improve the state of the science so that future researchers, clinicians, and policy-makers can make a positive impact on the mental health of Asian American children and adolescents.

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## **Chapter 8**

# **DIRECTIONS IN UNDERSTANDING, PREVENTING, AND TREATING DISRUPTIONS IN PARENTING AND CHILD BEHAVIOR PROBLEMS IN ASIAN AMERICAN FAMILIES**

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### **INTRODUCTION**

Studies of minority parenting and child development have often focused on heritage cultural values or contextual stressors as the primary influence on these developmental processes. However, determinants are often multifaceted and there is a need to consider an array of possible antecedents and how they may interact in shaping minority family processes. In our review, we adopt an integrative framework in which both heritage culture and unique environmental factors associated with minority group status and immigration are considered (Garcia Coll et al., 1996). Hence, we begin with an overview of cultural themes of interdependence followed by contextual stressors arising from acculturation and immigration processes. We then discuss the implications of these cultural and environmental factors for developmental processes and outcomes among Asian American children and youth. First, we review stress attributed to ethnic

minority status, such as racial discrimination and stereotypes. Second, we examine how a cultural emphasis on family obligation and avoidance of loss of face may have implications for academic stress and school achievement. Third, we explore how stressors arising from the clash of traditional Asian values and mainstream American values may be related to the disrupted family relations, including family violence. Finally, in light of the risk factors reviewed, we discuss implications for prevention and intervention that may be indicated for Asian American families and youth.

## HERITAGE CULTURAL INFLUENCES

Confucianism is a cultural ideology upon which socialization, familial, and parent-child relationships are built in many East and Southeast Asian cultures. In Confucian societies, the guiding principle governing socialization is embodied in the ethic of filial piety. Filial piety entails a system of age veneration and patriarchy where children are taught to respect, honor, and obey their parents. Children are expected to fulfill obligations to their families in return for their parents' sacrifices in caregiving (e.g., Ho, 1986). Parents, who hold authority, in turn are responsible for governing, teaching, and disciplining their children. Filial duties also extend beyond the parents and include respecting and honoring elders in the extended family. As such, loyalty to family and respect for elders are strongly valued as socialization goals among Asian families.

Closely related to the tenets of Confucian philosophy is the broad cultural dimensions of collectivism or interdependence thought to be characteristic of Asian cultures marked by the tendency to see every individual in relation to some collective group, with the goals of the group superseding those of the individual (Oyserman et al., 2002). As such, Asian Americans may be more likely to prioritize the well-being of their family and peers as a group than their own individual desires and may be more likely to subordinate personal goals in lieu of relational goals, such as fulfilling family obligations and responsibilities (Triandis et al., 1988). These value systems may be associated with developmental patterns of adjustment among Asian American children raised according to these traditions, often with adaptive benefits. For example, valuing family obligation and suspending expectations for adolescent autonomy are associated with fewer conduct problems among Chinese American youth (e.g., Juang & Nguyen, 2009). Yet, in the context of other influences, maintaining these value orientations may also present some developmental challenges for Asian American youth and families.

## ACCULTURATION AND ADJUSTMENT

In addition to heritage cultural values, contextual stressors associated with migration and acculturation may also impact parenting and child behavior problems in immigrant families. Acculturation is the process by which an individual's attitudes and/or behaviors from one cultural group are modified as a result of contact with a different culture (Moyerman & Forman, 1992). Among immigrant groups, it is important to understand the extent to which adaptation to new cultural patterns may co-occur with maintenance of heritage cultural orientations (Ryder, Alden, & Paulus, 2000). Studies suggest that youth in immigrant families who are able to integrate their acculturation toward American culture while maintaining ties to their heritage culture are better adjusted and higher achieving (e.g., Farver, Bhadha, & Narang, 2002). In contrast, youth who feel marginalized from both ethnic and dominant cultures tend to experience the highest levels of stress and lower levels of adjustment (Berry, Kim, Minde, & Mok, 1987). Marginalization is one outcome illustrating how acculturation can negatively impact mental health. More generally, "acculturative stress" involves the exposure of immigrants to the array of hardships associated with adjusting to a new cultural environment (Berry et al., 1987). This may involve social isolation, experiencing discrimination, linguistic barriers, and downward social mobility. Acculturative stress tends to be related to psychosocial problems, including anxiety and somatic symptoms, depressive symptoms, and feelings of marginalization (Krishnan & Berry, 1992; Shin, 1994).

Another source of acculturative stress among immigrant families may be attributed to differential patterns of acculturation within immigrant Asian American families. Children and youth in immigrant families may acculturate more rapidly than their parents given their greater exposure to host culture socialization influences and relative openness to adopting new values and behaviors earlier in the lifespan (Okagaki & Bojczyk, 2002). This differential rate of acculturation results in a discrepancy in acculturation attitudes between immigrant parents and their children, a pattern described as acculturation gap or dissonant acculturation (Portes & Rumbaut, 2001). Such gaps may be most problematic when acculturation processes result in a relinquishment of ethnic heritage values and language among youth that stands in contrast to parental ethnic cultural maintenance (Costigan & Dokis, 2006). Acculturation gaps may lead to breakdowns in communication and emotional distancing between immigrant parents and children, thus placing families at risk of mental health problems (Hwang, 2006). When youth in Asian immigrant families perceive discrepancies between their own and their parents' levels of acculturation and adherence to cultural values,

they report more intergenerational conflict (e.g., Rosenthal, Ranieri, & Klimidis, 1996; Ying, Lee, & Tsai, 2004). Such intergenerational cultural dissonance further predicts youth behavior problems in Southeast Asian American families, and this relationship is mediated by overt parent-child conflict (Choi, He, & Harachi, 2008).

Hwang (2006) further articulated how acculturative family distancing involves both growing incongruence in values and breakdowns in communication as consequences of different rates of acculturation between parents and children. Among Asian American adolescents, higher levels of acculturative family distancing are associated with higher distress and greater risk for clinical depression that is explained by family conflict (Hwang & Woods, 2009). The typically observed negative effects of family conflict on youth adjustment in general may be exacerbated among Asian American immigrant families where cohesion, harmony, and hierarchical relations are strongly valued. Family conflict in the context of more traditional expectations for family structure may in turn place Asian American youth at heightened risk of severe difficulties, including suicidality and hopelessness (Lau, Jernewall, Zane, & Myers, 2002). In such family contexts, overt conflict may be viewed as a major violation of developmental expectations rather than a common facet of growing up (Lee, Grotevant, Hellerstedt, & Gunnar, 2006).

However, other studies have suggested that normative acculturation processes in immigrant families are not inevitably related to increased family conflict and maladjustment. Immigrant Asian American families have been shown to be resilient to conditions where youth acculturate more readily to American orientations than their parents (e.g., Lim, Yeh, Liang, Lau, & McCabe, 2009). Furthermore, Fuligni (1998) found that ethnic difference in beliefs about adolescent autonomy and parental authority were not related to elevated family conflict among youth in immigrant Chinese and Filipino families. Such findings dispel the notion of rampant family discord in immigrant Asian American families. Therefore, it is most important to understand the conditions under which Asian American immigrants are vulnerable to heightened conflict and mental health problems associated with family adaptation to a new culture.

## **RACIAL DISCRIMINATION**

In addition to the challenges engendered by the acculturation process, Asian American children and families also face instances of discrimination and racial stereotypes in intergroup relations. While Asian American youth are not overrepresented among victims of school bullying (Juvonen,

Graham, & Schuster, 2003), other studies have suggested that Asian American youth are subject to higher levels of peer discrimination compared to other ethnic minorities. Fisher, Wallace, and Fenton (2000) found that encounters with peer discrimination, such as being called racially insulting names and being excluded from activities based on race, were reported most frequently by East and South Asian Americans compared to African American, Hispanic Americans, and White Americans. Asian American students more often reported feeling threatened because of their race compared to other ethnic minority youth. Contrary to African American and Latino youth, who typically report more frequent "institutional" discrimination or discrimination by adults, such as teachers, shopkeepers, and police officers, Asian American high school students frequently report higher levels of peer discrimination and harassment (Rosenbloom & Way, 2004).

Perceptions and experiences of discrimination and racism are associated with low self-esteem, low personal and social self-efficacy, and depressive and anxiety symptoms (e.g., Fisher et al., 2000). In a three-year longitudinal study of an urban public high school, Asian American adolescents who reported more peer discrimination experienced a greater acceleration in symptoms of depression over time and a greater deceleration in self-esteem compared to African and Latino American youth (Greene, Way, & Pahl, 2006). Way and Chen (2000) also reported that Asian American students in this sample were more likely to report depression, low self-esteem, and poor friendship quality than were African American and Latino students. Peer discrimination and harassment experiences may explain these disparities in psychological and social well-being, suggesting a very high risk to Asian American youth even as compared to other youth who share minority-status stress. Despite considering the United States as their home, many Asian Americans are aware of their perpetual-foreigner status and corresponding inferior social position and may also internalize the associated stereotypes in their self-concept (Zhou & Xiong, 2005).

Differences in experiences and frequency of discrimination may in part be the result of different stereotypes faced by each ethnic group. Qualitative research finds that African American and Latino students perceive Asian American students as lowest on a social hierarchy in school because they often appear weak, unwilling to defend themselves, and lacking the ability to get along with people from other racial or ethnic backgrounds (Rosenbloom & Way, 2004). This peer discrimination and harassment may be traced to tensions in school environments stemming from the model-minority stereotype ascribed to Asian Americans. This stereotype encompasses the widely shared belief that Asian Americans have



successfully overcome discrimination to become a uniformly successful minority group (Chun, 1995). Asian American students are typically perceived to be academically competent, well-behaved, and hard-working (Lee, 1994). Rosenbloom and Way (2004) found that Asian American students were often preferred by their teachers based on model-minority beliefs, whereas African American and Latino adolescents more often felt they were discriminated against by their teachers and wrongly disciplined. Divisive stereotypes and perceived preferential treatment of Asian American students may fuel resentment and contribute to discrimination of Asian Americans by other ethnic-minority peers.

Although the model-minority stereotype connotes positive attributions of cognitive ability and diligence, several scholars suggest pernicious negative effects on Asian American youth in school settings. For example, Lee (1994) argued that the stereotype may prevent teachers from identifying Asian American students who struggle academically, particularly in math and science. Similarly, Lew (2003) noted that Asian American students who drop out of school are often overlooked and fail to receive the needed support. It becomes necessary to reconcile our popular understanding of Asian American academic achievement with a more nuanced understanding of intragroup diversity and the repercussions of the perpetuation of a grossly generalized stereotype of success.

These experiences of discrimination may contribute to disruptions in parenting and parent-child relations in different ways. For example, Rumbaut (1994) found that discrimination from peers was strongly associated with greater parent-child conflict among a sample of Mexican and Filipino immigrant children. Furthermore, a larger percentage of the Asian American population is recent immigrants. It is not clear whether immigrant parents are aware of the discrimination and barriers their children may face. As such, Asian American parents may be less likely to prepare children for bias or provide them with proactive methods to cope with these negative experiences. Children's negative experiences of disparagement at school coupled with a lack of understanding or support from parents may lead to increased conflict and emotional distancing between parents and children. However, it is important to note that more research is needed to help clarify the issue of how experiences of racism contribute to family and parent-child relations among Asian American families.

## **ACADEMIC ACHIEVEMENT AND ADJUSTMENT**

Indicators of Asian American academic success at the aggregate level are widely acknowledged. Across elementary and secondary school levels,

Asian American students have higher GPAs, better scores on achievement tests, and lower dropout rates than other ethnic groups (e.g., Goyette & Xie, 1999; Aldous, 2006). Yet, academic difficulties are a real source of stress for youth whose performance falls outside the range of expected achievement. As in every other racial/ethnic group, there is of course wide variability in educational attainment and success among Asian American youth, with notable variability among different ethnic groups. Research suggests that Samoan Americans, Cambodian Americans, Native Hawaiians, and Laotian Americans have not, as separate groups, been highly successful in school (Lee, 1996; Reeves & Bennett, 2003). Even among high-achieving Asian American youth, concerning numbers report poor psychological and social adjustment (e.g., Lorenzo, Frost, & Reinherz, 2000; Qin, 2008), suggesting an achievement/adjustment paradox. For example, Rumbaut (1995) found that Filipino American youth had high levels of education and professional success, but lower levels of psychological functioning indexed by self-esteem and depressive symptoms compared to other ethnic groups.

One explanation for the achievement/adjustment paradox concerns the high emotional toll of culturally and contextually shaped expectations for achievement. Values and socialization experiences that are common across Asian-origin cultures emphasize the need to succeed academically. Socialization of Asian American children may be permeated with demands and high expectations for hard work, achievement, upward mobility, and respect for education (e.g., Stevenson & Lee, 1996). Parents are held responsible for their children's schooling, and a child's success honors the family; poor performance results in loss of face for the family (Stevenson & Lee, 1996). Children are made aware of the public consequences of underachievement and internalize the need to fulfill obligations to the family and repay parental sacrifice through achievement (Sue & Okazaki, 1990; Yu & Yang, 1994). While these values and patterns of socialization are thought to contribute to high educational aspirations and attainment, they may also contribute to subjective distress. Research on high-achieving Chinese immigrant adolescents suggests that parents of distressed adolescents adhered strictly to the importance of education and the hierarchical parental role at home compared to parents of non-distressed adolescents (Qin, 2008). Poor achievement in the context of such high expectations can compromise children's well-being, resulting in high levels of depression, social anxiety, loneliness, and isolation (Zhou, Peverly, Xin, Huang, & Wang, 2003).

Furthermore, as an immigrant group, the pressure for scholastic achievement may take on a specific set of meanings in Asian American families.

A primary reason for immigration is often to provide children with more favorable educational opportunities than are available in the homeland (Fuligni & Yoshikawa, 2004). Immigrant Asian American parents often expect children to succeed in school and secure professional employment as a return on this investment. Asian Americans are more concerned than other ethnic groups about the consequences of not getting a good education (Chao & Tseng, 2002), and Asian American students accordingly report high levels of fear of failure (Eaton & Dembo, 1997; Zusho, Pintrich, & Cortina, 2005). Asian American students are most likely to believe that doing poorly in school will have negative repercussions on their future (Steinberg, Dornbusch, & Brown (1992). This pressure may stem from the perception that other avenues of social mobility are limited (Sue & Okazaki, 1990).

This orientation of Asian American youth to succeed for their family has been thought to fuel “maladaptive perfectionism,” marked by fear of failure, self-doubt, and excessive concern over mistakes (Bieling, Israeli, & Antony, 2004; Slade & Owens, 1998), which in turn heightens risks for depression and suicidality (e.g., Beevers & Miller, 2004). Values related to family interdependence coupled with tendencies toward perfectionism may jointly place Asian American youth at risk for distress. Among Asian American college students, adhering to interdependent values predicts greater maladaptive perfectionism and exacerbates the risk of depression related to perfectionistic tendencies (Yoon & Lau, 2008). While values concerning family interdependence and obligation predict academic performance among Asian American youth, the practical burdens of family assistance in immigrant families actually compromise achievement (e.g., Telzer & Fuligni, 2009; Fuligni, Yip, & Tseng, 2002). Thus, in lower-income immigrant Asian American families, the demands for achievement can collide with demands for daily assistance to the family (e.g., caring for siblings and/or wage-earning) (Tseng, 2004). This can culminate in a real double bind for less-affluent Asian American youth, and it is not surprising that family economic strain is associated with lower GPAs and poorer school engagement among Chinese American students (Mistry, Brenner, Tan, & Kim, 2009).

Academic achievement motivation also has the potential consequence of “opportunity cost,” such that youth may focus on studies to the exclusion of other domains of development. This imbalance may create fewer opportunities for children to have positive interactions with family members and more instances of familial conflict. Asian American students appear to study more hours per week compared to their European American peers (Sue & Zane, 1985). For example, while Asian American 11th-graders

have reported studying an average of 19.9 hours per week, their European American counterparts reported an average of 13.8 hours (Chen & Stevenson, 1995). With so much time devoted to academics, children may not spend quality time with their families. In a *San Jose Mercury News* article on academic stress among Asian Americans, a reporter described an Asian American mother who pulled her daughter from the high-stress track at school because when the family was planning a vacation, her daughter objected to missing a day of school. According to Qin (2008), from the parents' perspective, they are working hard every day to make it possible for their children to study; however, from the children's perspective, not only do family members infrequently see each other, but the parents only care about basic needs like food and schooling. In Asian American families where there is excessive concern about academics and not enough support in other aspects of children's lives, children can become openly resentful (Qin, 2009). In addition, Asian American students may feel like they are missing out when comparing themselves to their European American peers or media portrayals and blame their parents for their lack of free time (Qin, Way, & Mukherjee, 2008). Thus, it is possible that a disproportionate emphasis on schooling may limit participation in cultivation of family and peer relations, extracurricular activities, or recreation that may in part explain observed findings of poorer social and emotional functioning of Asian American youth (e.g., Way & Chen, 2000).

Another aspect of risk concerns the family climate that may accompany the pressure for academic success. High parental expectations for academic success may contribute to alienation in the parent-child relationship. According to Qin (2008), Asian American children may react to such pressure by becoming reluctant to communicate with parents, thereby decreasing emotional closeness as a form of "passive rebellion." On the other hand, when parents are disappointed in children's academic performance, the relationship can be compromised when punitive responses take hold. Children's school problems appear to be a risk factor for physical discipline in Chinese American families (Lau, 2010). Poor grades or behavior problems in school may trigger harsh physical discipline among Asian American parents who feel so deeply invested in their children's education. In sum, despite high aggregate levels of educational achievement, Asian American children may experience associated risks to adjustment, raising concerns about a paradoxical disconnect between academic and socio-emotional outcomes.

Thus far we have reviewed cultural themes and contextual stressors in Asian American families and how they impact such outcomes as academic achievement and adjustment. Although conflict is a normative process in

the parent-child relationship for many families, the cultural values and stressors unique to Asian American families may amplify family disruptions, thus leading to family violence. Of course, not all Asian American families that experience such disruptions resort to family violence. However, culturally salient factors and stressors arising from minority status and acculturation processes may put Asian American families at an elevated risk for family violence.

## **FAMILY VIOLENCE**

Exposure to family violence is a major risk factor for psychological distress among children and youth. However, little research has been conducted on risk in Asian American families. Children exposed to intimate partner violence (IPV) suffer many consequences, including the development of externalizing and internalizing psychological disorders (Jaffee, Moffitt, Caspi, Taylor, & Arseneault, 2002) and the perpetuation of family violence in the next generation (Kalmuss, 1984). Child victims of physical abuse suffer the obvious risks to injury, but also elevated risk of chronic illnesses, health impairments, and mental health problems (Goodwin & Stein, 2004; Kolko, 2002). Both forms of family violence remain poorly understood in Asian American families, especially with regard to prevalence.

Some research suggests that rates of IPV are higher among Asian American families compared to European American families. Regional surveys conducted among specific Asian American ethnic groups have yielded high lifetime prevalence of IPV ranging from 60 percent of married Korean immigrant women in Chicago (Song-Kim, 1992), to 53.3 percent of Vietnamese refugee women in New England (Tran, 1997), to 40 percent of South Asian women in Boston (Raj & Silverman, 2002), to 33 percent of Japanese American women in Los Angeles (Yoshihama, 1999).

However, in contrast, nationally representative population-based surveys have indicated that rates of IPV are lower among Asian American families compared to overall national estimates. For example, the National Violence Against Women (NVAW) survey reported lifetime prevalence rates of 15.0 percent and 3 percent for Asian/Pacific Islander women and men, respectively, compared to 21.7 percent and 7.3 percent for U.S. women and men, respectively (Tjaden & Thoennes, 1998; Tjaden & Thoennes, 2000). Similarly, data from the National Latino and Asian American Study (NLAAS) also revealed relatively low rates of IPV among Asian Americans, affecting 10.2 percent of women and 12.0 percent of men (Chang, Shen, & Takeuchi, 2005). The much lower estimates from national surveys may

reflect limitations such as the inclusion of only English-speaking Asian Americans in the NVAW, or response-style tendencies of participants in large and more generic epidemiological surveys as compared to focal ethnic-specific surveys, where participant engagement may differ.

Concerning rates of child abuse, official data reported by child-protective services agencies nationally indicates that Asian American children have the lowest victimization rate of all racial/ethnic groups, with 2.5 per 1,000 children, compared to the national rate of 12.1 per 1,000 children (U.S. Department of Health and Human Services, 2005). However, these low reported rates of child abuse are thought to grossly underestimate actual incidence due to underreporting associated with both lack of awareness of child-welfare laws and reluctance of community members to report what is often considered a private family matter (Larsen, Kim-Goh, & Nguyen, 2008). When Asian American families are reported to authorities for suspected maltreatment, the primary content of allegations tends to be physical abuse, whereas neglect is more prevalent among other racial/ethnic groups (Rhee, Chang, Weaver, & Wong, 2008). Outside of officially reported data, other studies suggest high risk among Asian American youth. For example, retrospective reports among Asian American young adults suggest higher levels of childhood physical abuse compared to Whites (e.g., Meston, Heiman, Trapnell, & Carlin, 1999). In addition, Asian American/Pacific Islander youth involved in public-service sectors are just as likely as youth from other racial/ethnic groups to self-report being victims of parental physical aggression but are less likely to label these experiences as abusive and are less likely to receive child-protective services (Lau et al. 2005). These data suggest that official estimates of low risk of child maltreatment among Asian Americans belie the true extent of this public-health problem.

While we lack robust and reliable estimates of the extent of family violence among Asian Americans, a growing research literature examines pertinent culturally salient risk factors. However, research focusing on putative cultural value orientations as risk factors for family violence has not yielded a clear picture of the role of traditional values. For example, an emphasis on Confucian-based teachings about marriage and traditional patriarchal gender roles is thought to drive a greater tolerance of male-to-female IPV (Ahmad et al., 2004; Yoshioka, DiNoia, & Ullah, 2001). Yet, Chang, Shen, and Takeuchi (2005) found that more traditional gender role expectations that advantage men's decision-making power were not associated with risk for men perpetrating IPV. Further, traditional gender role expectations for women to assume greater household responsibility were associated with increased risk for IPV perpetration and victimization

among women. Such findings are not consistent with a straightforward interpretation that traditional cultural values have a direct correspondence to risk of violence.

Likewise, some observers have speculated that certain traditional values concerning childrearing in Asian cultures may exacerbate risk of parental aggression and physical abuse (Tang, 1998). The Confucian ethic of filial piety emphasizes the duty of children to be obedient and attend to the needs of their parents (Ho, 1986). These socialization goals may promote strict control, intolerance of misbehavior, and reliance on physical discipline (Ima & Hohm, 1991; Tang, 1998, 2006). These ideas of childrearing and parent-child relations may elevate risk for child physical abuse in Asian American families. Yet, many traditionally Asian parental control strategies, such as close monitoring, frequent correction of behavior, shaming, criticism, and upward social comparison, do not invoke physical discipline (Chao, 1994; Fung, 1999). Lau (2010) examined whether cultural value orientations commonly associated with Asian cultures were associated with parental aggression among Chinese immigrant parents. Findings suggested that valuing firm parental control and strict discipline were not related to parental aggression overall, and certain other traditional Asian values emphasizing restraint over expression of intense emotion were protective against parental aggression. This study suggests that traditional cultural values alone do not lead to higher risk of physical abuse.

Thus, contrary to the sentiment that Asian values concerning patriarchy and hierarchy in family structure may place families at risk of violence, empirical studies suggest otherwise. Recent research instead suggests that more proximal risk factors for family violence involve stressors that result from minority status and acculturation processes. Examining data from the NLAAS survey, Lau, Takeuchi, and Alegria (2006) found that parent-to-child aggression was related to experiences of acculturative stress and discrimination among Asian American parents. Moreover, the previously discussed phenomenon of acculturation dissonance in immigrant Asian American families has been associated with increased conflict between parents and children (Costigan & Dokis, 2006; Dinh & Nguyen, 2006; Farver, Narang, & Bhadha, 2002) and higher occurrence of physical and verbal aggression in parent-child disputes in Asian American families (Park, 2001). Finally, Lau (2010) found that elevated intergenerational acculturation conflicts exacerbated risk of parental aggression among parents who adhere to values concerning strict discipline in parental control. This suggests the possibility that while cultural childrearing value orientations in and of themselves may not be risky, they may compromise parenting in the context of acculturative stress in the parent-child relationship.



Further studies are needed to elucidate and confirm these findings and further investigate the relative contributions of heritage cultural orientations and acculturative stress factors that may lead to increased risk of violence in Asian American families.

It should be noted that although the heritage cultural values and stressors arising from minority status and the acculturative process may interact to place Asian American families at an elevated risk for family violence, how this process occurs remains unknown. The current empirical literature lacks an understanding of the point in which normative family disruptions reach a maladaptive threshold to lead to family violence. An understanding of how increased family disruptions arising from culturally salient factors and contextual stressors can predict violence in families, and Asian American families in particular, is needed in future investigations.

## IMPLICATIONS FOR INTERVENTION

As reviewed above, Asian American children and families may encounter stressors that place them at heightened risk of disrupted parent-child relationships and child behavior problems. Among the most well-researched and widely disseminated treatment approaches for such problems is parent training (PT), which has been found to be effective in improving parent-child relationships, decreasing externalizing behavior problems in children, and preventing recurrence of physical discipline or child abuse (e.g., Brestan & Eyberg, 1998). PT is based on social learning theory—emphasizing the role of observing and modeling the behaviors of others in the learning process—while integrating principles of behavioral reinforcement and play therapy. Parents are taught to strengthen parent-child relationships by increasing attentive play and social and tangible rewards and to replace physical discipline with alternative strategies to manage misbehavior, such time-out and loss of privileges (e.g., Webster-Stratton & Reid, 2003).

Several trials of PT have found such interventions to be effective in improving parent-reported child behavior problems and parent-child relationships for Asian immigrant families residing in Western societies, such as Chinese Americans and Vietnamese Americans (Reid et al., 2001; Ying, 1999), Korean Americans (Kim, Cain, & Webster-Stratton, 2008), Japanese Australians (Matsumoto, Sofronoff, & Sanders, 2007), Chinese Australians (Crisante & Ng, 2003), and Asian Pacific Islanders in Hawaii (Kumpfer et al., 2002). In addition, there have also been multiple studies showing the efficacy of PT among Hong Kong Chinese families (Ho, Chow, Fung, Leung, Chiu, Yu et al., 1999; Leung, Sanders, Leung, Mak, &

Lau, 2003; Leung, Tsang, Heung, & Yiu, 2009). Although many of these studies include small sample sizes, and some lack a randomized control design, the corpus of evidence provides some confidence in the generalizability of PT effects for Asian-origin families.

However, researchers have documented challenges among Asian Americans and other ethnic minority families in participating and engaging in PT. For example, Asian Americans and other ethnic minorities show significantly lower participation rates (Reid et al., 2001) and higher drop-out rates in PT (Kazdin & Whitley, 2003) when compared to European American families. For example, in one large prevention trial conducted with 634 at-risk low-income families of Head Start preschoolers, 28 percent of ethnic minority families including Asian American families that were invited declined participation, compared to 17 percent of European American families (Reid et al., 2001). In another randomized clinical trial, 41.4 percent of ethnic minority families dropped out of intervention, compared to only 20.2 percent of European American families (Kazdin & Whitley, 2003). A meta-analysis of PT trials conducted between 1980 and 2004 confirmed that ethnic minority status is significantly and reliably associated with attrition (Reyno & McGrath, 2006).

The difficulties of engaging immigrant Asian American families are multifold. On the practical level, barriers to attendance may include lack of access to reliable child-care, transportation, or work schedules that allow parents to participate. Certainly, a lack of linguistically appropriate services may be a particular problem, with an estimated 800 spoken languages and dialects among the Asian American population. Cultural perceptions that are less consistent with the contemporary understanding of the etiology of child behavior problems and the mechanisms of action underlying PT may also reduce the likelihood of engagement (Yeh et al., 2005). These factors, coupled with a history of underutilization of mental health and its related stigma, may explain why Asian American families are often reluctant to participate in PT even when it is offered in accessible community locations with language-matched providers.

Some researchers have found that making cultural adaptations to PT programs has helped to improve recruitment of ethnic minority families (Harachi et al., 1997) and increase retention rates by as much as 41 percent (Kumpfer et al., 2002). To encourage participation, interventionists worked closely with credible members of the targeted ethnic minority community who have direct contact with families in the community to aid recruitment. Recruitment efforts often focused on existing social networks of the targeted community, such as those provided by churches and community centers. Intervention is likewise delivered in facilities within such

community sites, for both easy access and an added sense of familiarity and legitimacy. Critically, PT providers are bilingual therapists, and recruitment and outreach emphasize incorporating culturally relevant messages about program goals.

Once Asian American families are initially engaged in PT, difficulties in retention may be more directly attributable to perceptions of the cultural relevance and of PT intervention strategies. Some researchers have suggested that PT may be especially sensitive to cultural differences, since changing parenting behaviors involves intervening with what may be deeply rooted cultural practices and values governing childrearing and familial structure (Forehand & Kotchick, 1996). The skills and perspectives offered in PT have largely been developed and validated with European Americans and may not resonate as well with diverse families (Forehand & Kotchick, 1996; Wood & Baker, 1999). The traditional hierarchical and patriarchal family system in many East Asian cultures may cause immigrant parents to be reluctant to use techniques such as praise, ignoring misbehavior, and negotiating tangible rewards for desired behavior (Gorman & Balter, 1997). Others suggest that immigrant parents may perceive assimilation messages in PT interventions that can breed resistance among ethnic minority parents. For example, South Asian parents in the United Kingdom have expressed concerns that PT programs undermine parental authority and forcefully apply Western values of autonomy and independence (Paiva, 2008).

Crisante and Ng's (2003) discussion of process issues arising in their trial of PT with Chinese Australian groups supported some of the concerns about cultural fit. They reported that the parents were reluctant to use the parenting techniques of praising and clear commands, as they run counter to traditional parenting roles and expectations. Likewise, Asian American mental health providers have reported that immigrant Chinese American families have particular concerns about using praise to encourage desired behaviors. Therapists reported that immigrant parents feel that the traditional role of Chinese parents is not to praise or nurture a child's self-esteem, but to criticize misbehavior in order to facilitate self-improvement (Lau, *in press*). Therefore, Chinese parents may resist praise for fear of spoiling children and dampening their motivation to do better. In addition, the Asian American therapists in the focus groups also detailed how many other parenting techniques in PT programs, such as attentive play, ignoring misbehavior, and time-outs, may be experienced as foreign and inconsistent with their cultural sensibilities about family functioning and parenting (Lau, *in press*).

Interventionists have thus described strategies to address potential discordance between PT techniques and traditional childrearing values held

by Asian immigrant parents (Crisante & Ng, 2003; Lau, in press). One strategy involves validating parents' heritage cultural perspective while framing the target parenting techniques within the demands of a bicultural family environment. For example, when discussing praise, therapists highlighted the fact that children growing up in the United States will likely benefit from the confidence and self-assertiveness that often comes from receiving praise from adults. The explicit teaching of praise should emphasize the congruence with valued goals. One common misgiving about praise among Chinese parents is that this positive reinforcement will make children feel like they have done enough and they will no longer continue to try to do better (Lieh-Mak, Luk, & Lee, 1984). Parent trainers can actually validate this concern, noting that children may stop making efforts when praise is trait-focused (e.g., "you are so smart") rather than effort-focused (e.g., "you tried very hard"). Effective PT provides instruction in specific labeled praise focused on effort to increase persistence of positively valued behavior. Another therapeutic strategy in teaching parenting behaviors that are culturally foreign is to ensure ample experiential learning. Crisante and Ng (2003) found that creating opportunities for parents to experience being praised in sessions helps them shift their focus from a parent-driven to a more child-centered perspective.

Finally, it is possible that Asian immigrant families may be less likely to persist or participate in PT when the intervention content does not appear relevant to their most immediate needs. For example, as previously discussed, acculturation gaps in Asian American families have been associated with increased conflict and aggression, yet strategies for addressing this phenomenon may not be central in PT. Moreover, given the emphasis on education in Asian American families coupled with the difficulties immigrant parents face when navigating the academic system, PT can be tailored to address these contextual stressors. Specialized PT protocols have been designed to address specific culturally salient risk factors that are specific in Asian immigrant families. The SITICAF (Strengthening Intergenerational/Intercultural Ties in Immigrant Chinese American Families project; Ying, 1999) intervention specifically targets the acculturation gap by helping parents develop empathy and understanding of the challenges of biculturalism that their children face. Such programs have the potential to improve intergenerational relationships and increase parental self-efficacy. However, culturally adapted PT may run the risk of compromising fidelity and reducing treatment effects when core PT content is omitted. While cultural adaptations can improve engagement and acceptability to PT, research has documented reduced efficacy relative to standard PT when behavioral skills training is displaced by coverage of cultural issues (Kumpfer et al.,

2002; Lau, 2006). The challenge is to design culturally responsive PT that can improve engagement while retaining the core treatment elements that reduce behavior problems and enhance parent-child relations.

In our own work, we provide PT to Chinese immigrant families while maintaining treatment fidelity and comprehensiveness of coverage of core skills such as attentive play, praise, tangible rewards, ignoring, clear commands, time-out, and logical consequences. However, we augment PT by targeting risk factors such as communication problems and school-related stress. To help reframe and resolve recurrent acculturation conflict, we introduce attribution retraining to help parents replace negative thoughts about child misbehavior with calming and self-efficacious thoughts that promote the use of PT skills. Communication training focuses on active listening and problem-solving skills. Finally, immigrant parents are taught to support their children's schooling by structuring a homework routine, limiting television screen time, and coaching persistence in the face of academic difficulties. Preliminary findings reveal significant reductions in parent-reported externalizing that are mediated by reductions of negative discipline among immigrant Chinese families. These and other efforts suggest that Asian American families can and do benefit from PT interventions. More research is needed to identify the conditions under which Asian Americans seek and remain in treatment as well as the factors that lead to improved efficacy of these apparently robust interventions.

## CONCLUSION

Our review of the literature demonstrates that Asian American children and youth may be subject to heightened mental health risk derived from the unique demands of navigating two diverging cultures and the contextual challenges associated with their immigrant and ethnic minority status. Academic stress, disrupted family relations, and discrimination and stereotypes may be specific areas in which Asian American youth face heightened stress and vulnerability. Yet, while the presence of risk factors may suggest that Asian American children and youth are more vulnerable to certain developmental maladjustment, at the same time, this population reflects much strength and resilience. For example, while features of the native culture such as filial piety may promote strict parental control or authoritarian parenting (Wang & Phinney, 1998), heritage values such as strong family cohesion and family obligation may buffer children and adolescents against misconduct (Juang & Nguyen, 2009). Similarly, while certain acculturation processes may pose significant challenges to Asian American children and youth, other forms of adaptation to acculturative demands lead to higher levels of academic

achievement, stronger ethnic pride, and higher levels of self-esteem (e.g., Farver et al., 2002). Indeed, studies have indicated that bicultural youth who can draw resources from both the heritage and mainstream American cultures are best situated to enjoy academic success (Feliciano, 2001). Thus, we believe that an interdependent cultural orientation that emphasizes social relationships and family duty can be a source of competency and resiliency for Asian children and youth. Yet, it is important to understand the conditions under which straddling two cultural ideals can contribute to risk. We also review the promise of culturally responsive PT interventions for meeting the needs of immigrant families of Asian descent. It is important to identify factors that increase engagement and participation from Asian American families. Moreover, while some efforts have been made to examine outcomes of PT in various Asian immigrant groups, the paucity of research on this topic makes it difficult to understand whether these implications apply to groups other than Chinese-origin families. Finally, an exciting outgrowth of this intervention work will be the study of adapting interventions to promote efficacy among immigrant families. The area of study is ripe for exploration and represents a line of inquiry of theoretical interest as well as applied public-health importance.

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## **Chapter 9**

# MENTAL HEALTH SERVICES FOR ASIAN AMERICAN YOUTH

*Katherine Tsai and May Yeh*

In the 1960s, popular media began taking note of the educational and economic achievements of Asian Americans, characterizing them as “hard-working, uncomplaining role models of diligence and achievement” (Liu, Yu, Chang, & Fernandez, 1990, p. 92). Coupled with evidence of lower rates of self-reported mental health concerns and lower rates of mental health service utilization, Asian Americans were depicted as well-adjusted and resilient model minorities (Min, 1995; Seráfica, 1997). This stereotype has been disputed through evidence of struggles with serious developmental, social, and emotional difficulties (Lee & Zhan, 1998; Uba, 1994) and literature that documents significant mental health concerns for Asian American youth. Studies suggest similar, if not potentially higher, levels of mental health concerns for Asian American youth when examining symptoms of depression (U.S. Centers for Disease Control and Prevention, 2001; Greenberger & Chen, 1996; Lorenzo, Frost, & Reinherz, 2000), anxiety (Pang, 1991; Shore & Rapport, 1998), and adjustment disorders (Nguyen et al., 2004) compared to non-Asian American youths. Furthermore, at a rate that outpaces the growth of Asian Americans, recent reports have articulated an alarming escalation of criminal offenses conducted by Asian American youths (Huang, Ying, & Arganza, 2003). Given the growing recognition of mental health needs for these individuals, there is a tremendous obligation to understand whether their mental health challenges are being

met. The aim of this chapter is to review existing literature in order to: (a) describe service utilization patterns for Asian American youths, (b) identify potential reasons underlying the low rate of mental health service utilization for Asian American youths, (c) describe current treatment approaches for Asian American youths, and (d) propose future considerations toward developing more efficacious and effective mental health services for Asian American youths.

## **UNDERUTILIZATION OF MENTAL HEALTH SERVICES**

With evidence demonstrating the existence of equal or greater mental health needs for Asian American youths when compared to non-Hispanic Whites (Centers for Disease Control and Prevention, 2001; Nguyen et al., 2004; Pang, 1991), it is distressing to find that Asian Americans use available services up to three times less often than their non-Hispanic White (NHW) counterparts (Matsuoka, Breaux, & Ryujin, 1997). Despite being one of the fastest-growing minority groups within the United States (U.S. Census Bureau, 2007), Asian Americans currently exhibit some of the lowest reported rates of mental health service utilization (Leong & Lau, 2001; Leong, Wagner, & Tata, 1995). In addition to underutilization of general mental health services, research has indicated that Asian American youths are underrepresented in the public mental health sector as well as in school-based services for youths with severe emotional disturbance (McCabe et al., 1999). Even after controlling for confounding predictors such as caregiver strain and socioeconomic status in a high-risk sample, Asian American youths still demonstrated the lowest rates of mental health services utilization when compared to African American, Latino, and NHW youths (Garland et al., 2005). Furthermore, when the study sample included only those with mental health needs, Asian Americans had the highest rates of unmet needs (71.8 percent) when compared to African American (47.7 percent), Latino (47.2 percent), and NHW (30.7 percent) youths (M. Yeh, McCabe, Hough, Dupuis, & Hazen, 2003).

When Asian Americans do finally seek mental health services, they may exhibit higher levels of symptom severity and distress when compared to other ethnic groups (Durvasula & Sue, 1996; O. Meyer, Dhindsa, Gabriel, & Sue, 2009). With more severe and chronic symptoms, evidence suggests that Asian Americans require more intensive services as well as longer hospitalizations or use of outpatient services (K.-M. Lin & Cheung, 1999). Furthermore, they have also been found to experience higher levels of

premature termination (Sue & McKinney, 1975), worse short-term outcomes, and poorer satisfaction with care (Zane, Enomoto, & Chun, 1994) when compared to NHWs.

In an attempt to understand the reasons underlying these disparities, researchers have assessed Asian American attitudes and values, help-seeking behaviors, perceived acceptability of available mental health services, and referral patterns. For children, understanding child psychopathology requires the investigation of both children and their caregivers, as children are usually referred to treatment by adults such as parents, teachers, and other authority figures (Weisz & Weiss, 1991). Furthermore, parents are often involved in or, in the case of parent-management training programs, the primary participants in therapy (Kazdin, 1997). Thus, given the role that adults may play in service referral and in treatment itself, it is important to understand adult attitudes, beliefs, and behaviors, as well as those of children. As such, and in light of the limited research available on Asian American youths, relevant adult literature will also be reviewed in conjunction with studies specific to children and their caregivers.

### **Barriers to Care**

**Attitudes and values.** East Asian cultures whose roots stem from Confucian philosophy have been found to utilize a more interdependent or collectivistic method of interpreting their worlds (Markus & Kitayama, 1991). These collectivistic societies have been known to emphasize the importance of conformity to group norms (Weisz, Rothbaum, & Blackburn, 1984), suppression of conflict (Fugita, Ito, Abe, & Takeuchi, 1991), and social obligations (Pedersen, 1991; Takamura, 1991) in order to maintain harmonious relationships within one's group. Given this emphasis upon relationships, findings that suggest higher Asian American endorsement of social attributions and lower endorsement of physical causal beliefs about mental health problems are not surprising (Narikiyo & Kameoka, 1992). In addition, a study of at-risk youths found lower endorsement rates of biopsychosocial etiological beliefs by Asian American parents for their children's problems as compared to NHW parents, but a higher endorsement rate for some sociologically oriented explanations (e.g., American culture and the experience of prejudice; M. Yeh, Hough, McCabe, Lau, & Garland, 2004). Moreover, parental etiological beliefs partially explained the lower use of mental health services by Asian American youths with mental health needs as compared to NHWs, even when controlling for socioeconomic status and child symptomatology (M. Yeh et al., 2005).

Finally, parental endorsement of personality and interpersonal etiological beliefs has also been found to partially explain lower utilization rates of school services for youth with emotional disturbance for Asian American youths when compared to NHWs in this at-risk sample (M. Yeh, Forness, Ho, McCabe, & Hough, 2004).

In collectivistic cultures, psychological distress may be interpreted as a reflection of personal weakness, personal immaturity, and heredity flaws, as well as generalized to imply inadequacies of the individual's system of social support, therefore resulting in shame and a loss of face for the entire group (Shea & Yeh, 2008). As such, it is not surprising to find mental illness and utilization of mental health services so intensely partnered with stigma within Asian American populations (Leong, 1994; O. Meyer et al., 2009). If one believes that s/he is failing familial expectations simply by experiencing psychological distress and bringing disgrace upon her/his family by seeking mental health services (Root, 1985), one may unconsciously exhibit culturally sanctioned idioms of stress and somatize psychological symptoms in order to destigmatize distress (U.S. Department of Mental Health and Human Services, 2001). Thus, with a heightened sensitivity and responsiveness to physical health concerns (Seráfica, 1997) and a holistic tendency to perceive the mind and body as interconnected (K.-M. Lin, 1980), Asian Americans may engage in more culturally accepted forms of help-seeking behaviors, such as obtaining treatment through medical doctors (Tewari, 2009).

**Help-seeking behaviors.** Asian Americans are believed to utilize specialty mental health services as a last resort (Chun-Chung Chow, Jaffee, & Snowden, 2003; K.-M. Lin, Inui, Kleinman, & Womack, 1982; Uba, 1994). A study examining adults with schizophrenia reported that they had a significantly greater likelihood of delaying treatment entry, often waiting until three years after the initial onset of psychotic symptoms before seeking assistance (K.-M. Lin et al., 1982). Additional research has revealed that Asian Americans are less likely to have engaged in prior mental health service use (Uba, 1994) and that they were more likely to utilize emergency mental health services when compared to NHWs (Chun-Chung Chow et al., 2003). Regrettably, this delay in treatment entry has been linked to higher severity and chronicity of dysfunction when entry into mental health services finally occurs (T. Y. Lin & Lin, 1978).

As evidenced in the literature cited above, Asian Americans undoubtedly struggle with psychological concerns and may wish to obtain support from informal, as well as formal, mental health services (Abe-Kim, Takeuchi, & Hwang, 2002). However, attitudes and behaviors may not fully account

for the underutilization of mental health services by Asian Americans. Kim and Omizo (2003) were able to link greater familiarity with Western forms of treatment to higher levels of positive attitudes toward mental health services, yet positive attitudes toward mental health services were not significantly associated with greater willingness to engage in services. Somatization of symptoms may lead Asian Americans to seek the aid of medical professionals. In addition, the literature suggests that Asian Americans attempt to resolve their mental health problems through their own willpower (Root, 1985), through family members (C. J. Yeh, Inman, Kim, & Okubo, 2006), through community-based social networks (C. J. Yeh, 2002), and through indigenous healers (Chan & Chang, 1976) before turning to specialized mental health services. It may be that their reluctance is better accounted for by reported incompatibilities of available services and their perceived needs (Hwang, 2006; Lau, 2006).

**Lack of culturally responsive services.** One of the most commonly cited barriers to mental health care for Asian Americans seems to be the lack of culturally responsive services (Abe-Kim et al., 2007; Abe-Kim et al., 2002; Bui & Takeuchi, 1992; C. J. Yeh & Hwang, 2000). With traditional Asian values that emphasize group needs over individual needs (Timberlake & Cook, 1984), Western treatment modalities that emphasize autonomy, emotional expression, and overt displays of affect have been purported to clash with the traditional collectivistic perspective (C. J. Yeh, 2002; C. J. Yeh & Kwong, 2009). This dissonance in perspectives could lead Asian Americans to question the credibility of such services and may result in avoidance or premature termination of treatment (Gim, Atkinson, & Kim, 1991). More specifically, a shortage of personnel who can provide ethnic match, language match, and cross-cultural understanding has been associated with underutilization of services by Asian Americans (Sue, Fujino, Hu, Takeuchi, & Zane, 1991; Uba, 1994). In addition, some other commonly reported barriers to services for Asian Americans include lack of insurance coverage (Abe-Kim et al., 2002), lack of accessibility to nearby mental health services (Uba, 1994), and lack of awareness of services (U.S. Department of Mental Health and Human Services, 2001). With so many obstacles hindering Asian American youths' pathways into mental health services, high levels of unmet needs and underutilization may only be expected.

**Acculturation.** The literature suggests that negative help-seeking behaviors may also differ as a function of acculturation (Shea & Yeh, 2008). Acculturation is a socialization process whereby immigrants adapt to the mainstream culture in which they reside over time (Miranda, Nakamura, & Bernal, 2003). As Asian Americans amalgamate into American

culture, they are purported to take on the behaviors, values, and identity of the mainstream culture (B. S. K. Kim & Abreu, 2001). With higher levels of acculturation, ethnic minorities have been shown to exhibit increased utilization of mental health services (Tabora & Flaskerud, 1997). For instance, one study found that U.S.-born Asian Americans used mental health services almost twice as much as immigrant Asian Americans (O. L. Meyer, Zane, Cho, & Takeuchi, 2009). At a developmental stage where they are more susceptible to environmental influences as well as to increased engagement in mainstream cultures, youths often find themselves acculturating more rapidly than their parents (Ying & Han, 2007), which may signify greater receptivity to mental health services. However, the assimilation of cultural values has been known to occur at a much slower rate than behaviors (Lam & Zane, 2004). Studies have demonstrated the tendency for third- and fourth-generation Asian Americans to maintain relatively consistent cultural values when compared to their immigrant counterparts (Kim, Atkinson, & Yang, 1999). Thus, the new generation of Asian Americans may be more similar to their elder generation than previously suspected, with the implication that these youths may be similarly difficult to engage into mental health services.

**Referral patterns.** With schools being acknowledged as the de facto provider of most mental health services for youths (Burns et al., 1995), some researchers hypothesize that there may be an underidentification of mental health concerns by school staff members or a lack of referral acceptance by ethnic minority parents (M. Yeh et al., 2002). With a culture that emphasizes the importance of academic success and values the input of authority figures (Uba, 1994), teachers and schools may act as a potentially more acceptable venue for receiving care.

Understanding barriers to treatment and factors related to help-seeking attitudes and behaviors can better inform endeavors to increase Asian Americans' acceptance and utilization of mental health services before problems escalate. However, it remains insufficient to improve help-seeking attitudes and behaviors if the treatment they receive lacks the ability to appropriately engage and address their concerns. Fortunately, researchers have been exploring ways of improving services so that they can more effectively mitigate mental health concerns for Asian Americans.

## **STATUS OF MENTAL HEALTH SERVICES FOR ASIAN AMERICAN YOUTHS**

Debate has ensued regarding the best avenue for treating mental health concerns in Asian American populations, resulting in a wide array of

methodological approaches. The small but emerging literature on treatment effects in Asian American adults and youth can increase our understanding of factors affecting treatment for Asian American youth and provide a point from which further youth-specific research may be developed. While community-based services as usual are certainly important for Asian Americans (Hu, Snowden, Jerrell, & Nguyen, 1991), a limited amount of research has been conducted to determine the effectiveness of these services. A review of the literature shows that three main treatment approaches have been examined: (1) use of unmodified mainstream evidence-based treatments, (2) use of culturally adapted evidence-based treatments, and (3) use of ethnic-specific services.

### **Unmodified Mainstream Evidence-Based Treatments**

Psychological research has provided strong evidence for the efficaciousness of a wide array of mental health interventions (Chambless et al., 1998). Although in general, ethnic minorities have been underrepresented, the number of studies incorporating Asian American youths in particular has been even sparser (Huey & Polo, 2008). Thus, the applicability of these findings for Asian American youths remains questionable (Chen, Kramer, Chen, & Chung, 2005; Sue, Zane, & Young, 1994). Some researchers recommend using evidence-based treatments (EBTs) as mental health providers' first line of treatment (Harachi, Catalano, Kim, & Choi, 2001; Huey & Polo, 2008). Huey and Polo (2008) note that little evidence exists supporting the incremental value derived from culturally enhanced treatments, but that this is likely due to insufficient quantities of studies examining cultural adaptations, methodological challenges, and limited sample sizes. Given a limited, mixed research base, the authors suggest that clinicians use EBTs as originally intended and use only those culturally responsive elements that are already integrated into existing EBT protocols, or that clinicians implement EBTs as usual and adjust treatment as needed by individual clients. Upon close examination of the literature, one study was found to include Asian Americans when examining differential responses to treatment by race/ethnicity for an empirically supported treatment for youth (Reid, Webster-Stratton, & Beauchaine, 2002).

Data from this study examining the Incredible Years Parenting Program (Webster-Stratton, 1998; Webster-Stratton, Reid, & Hammond, 2001), an intervention that focuses on parent training for youths ages 2–10, was compared to the regular Head Start Program without parenting groups (the control group). As the participants were diverse, some program sites offered groups conducted in Spanish or Vietnamese languages, while



others offered translators. Results demonstrated that families who received the Incredible Years Parenting Program had youths who exhibited fewer behavioral problems, had greater reduction in maternal criticism at program completion, and had increased sustainability of intervention effects at a one-year follow-up compared to mothers who were placed in the control group across African American ( $n = 120$ ), Asian American ( $n = 73$ ), NHW ( $n = 370$ ), and Hispanic ( $n = 71$ ) mothers (Reid et al., 2002). Furthermore, all ethnic groups reported high levels of satisfaction with the parenting program, and a majority of the parents in all ethnic groups expressed interest in continuing the program.

The results suggest that use of parenting programs may be an effective and non-stigmatizing venue for addressing potential mental health concerns with youths ages 2–10. One limitation of the study stemmed from the minimal number of youths demonstrating clinical levels of symptomatology at baseline, thus resulting in difficulty determining the clinical significance of the intervention. It is promising that engagement strategies have been used with success with certain ethnic minority groups (McKay, McCadam, & Gonzales, 1996), but additional research needs to be conducted with Asian American groups.

### **Culturally Adapted Evidence-Based Treatments**

Some researchers propose that in order to increase the ecological validity and clinical utility of mental health services for ethnic minorities, it is necessary to reformulate services along cultural dimensions (U.S. Department of Mental Health and Human Services, 2001). While as-is implementation of EBTs rooted in Western philosophy and tested on homogenous samples may be preferable to the alternative of no treatment, researchers believe that this approach may ignore crucial cultural factors unique to Asian Americans (Hwang, 2006). For example, treatments may need to take into consideration loss of traditional social-support systems due to immigration (Tsong & Liu, 2009), intergenerational conflict (Ying & Han, 2007), bicultural stress (Romero, Carvajal, Valle, & Orduña, 2007), high parental expectations of academic and occupational achievement (Kibria, 1993), discrimination (Fisher, Wallace, & Fenton, 2000), an emphasis on educational achievement (S. C. Kim, 1998), and the compatibility of EBTs with characteristics of many Asian cultures, such as conformity to group norms (Weisz et al., 1984), suppression of conflict (Fugita et al., 1991), and social obligations (Pedersen, 1991; Takamura, 1991). With such distinctive cultural contexts and variable factors influencing the emergence of clinical problems, researchers have

proclaimed the need to culturally adapt EBTs for specific ethnic groups (Hall, 2001; Lau, 2006).

**Comprehensive approach to cultural adaptations.** Some researchers advocate a comprehensive approach to treatment adaptation. For example, Hwang (2006) proposes the psychotherapy adaptation and modification framework (PAMF) that elucidates the need for treatment adaptation on multiple levels, ranging from integrating traditional cultural beliefs and practices, to treatment processes, to orienting clients to treatment expectations.

**Selective and directed cultural adaptations.** Alternatively, Lau (2006) has proposed a need for selective adaptation based on evidence demonstrating culturally specific risk and resilience processes for the clinical problem at hand or evidence suggesting poorer responsiveness of specific EBTs by specific groups. If sufficient rationale exists for modifying currently established treatments, Lau (2006) proposes two forms of adaptations with the aim of optimizing the compatibility of the treatment with the needs of the targeted population. First, Lau (2006) indicates that modifications should be conducted in order to account for distinctive contextual factors specific to the problem and the targeted group. Another important form of adaptation involves enhancing engagement in EBTs that have low social validity. With both forms of modifications, Lau (2006) emphasizes the importance of maintaining fidelity to the original EBT model in order to ensure that crucial treatment components are not lost, thus preventing potential reduction of effectiveness of the original EBT.

**Cognitive behavioral therapy.** In two pilot tests, data indicated the positive effects of culture-specific versions of cognitive behavioral therapy (CBT) for Asian adult refugees experiencing treatment-resistant symptoms of post-traumatic stress disorder (PTSD; Hinton et al., 2004; Otto et al., 2003). Using a sample of 10 Cambodian refugees, the first study demonstrated increased effectiveness in reducing PTSD symptoms when combining a culturally modified form of CBT and psychopharmacotherapy compared to the singular use of sertraline (Otto et al., 2003). Another pilot study revealed that Vietnamese refugees demonstrated significant improvements in symptoms of post-traumatic stress disorder after undergoing 11 sessions of culturally adapted CBT (Hinton et al., 2004). Descriptions of the core elements of these interventions are available in the two aforementioned pilot studies. To follow are descriptions of other studies that further show promise for cultural adaptations and demonstrate how researchers have adopted a systematic and data-driven approach to modifying treatments.

**Multisystemic therapy.** Rowland and colleagues (2005) conducted the first randomized trial examining the effectiveness of multisystemic

therapy (MST) within Hawaiian youths demonstrating serious emotional disturbances who were at risk for out-of-home placement in the Hawaii Continuum of Care services. MST is an intensive community-based model of service delivery that aims to increase the youth's and the family's ability to successfully function in their immediate environment by identifying strengths, targeting specific problems, and facilitating positive change within multiple systems (e.g. school and/or neighborhood; Burns, Schoenwald, Burchard, Faw, & Santos, 2000). Rowland and colleagues (2005) increased the cultural responsiveness of the therapy by ensuring the cultural diversity of the treatment team and by adding family-resource specialists to each team who were then responsible for enhancing the clinical team's understanding of each families' culture and context. Additionally, they worked with families to develop indigenous social supports. Results indicated a significant decrease in Child Behavior Checklist externalizing symptoms (by youth report), a 68 percent decrease in days in out-of-home placement, and a significant reduction in minor offenses.

**One-session treatment.** Huey and Pan (2006, 2007) used evidence from research findings to guide their adaption of One-Session Treatment (OST; Öst, 1996) for Asian American adults who were fearful of spiders, crickets, worms, or dead fish. After surveying the empirical literature, they developed seven different cultural adaptations (e.g., discussion of cultural identification and acculturation concerns and emphasis on therapist authority and credibility as an expert while maximizing directives and commands). Culturally adapted OST held the strongest treatment effects, with standard OST second in effect sizes, and the self-help condition demonstrating the smallest effect. While use of empirically derived adaptations can be valuable, Huey and Pan (2006) warn that the focus on "Asian values" may lead to an overgeneralization of Asian Americans as a homogeneous group. Despite the similarities between these individuals it is imperative that clinicians understand the vast intraethnic group differences that also exist within the term "Asian American" and avoid rigid application of strategies across all individuals grouped within this category (Hwang, 2006; Sue, 1998).

### **Ethnic-Specific Mental Health Services**

With more attention being drawn toward the incorporation of changes at the practitioner and system level (Rickwood, Deane, & Wilson, 2007), ethnic-specific mental health services (ESS) have been emerging. Established within large clusters of the targeted ethnic minority population in order to cater to the distinctive sociocultural and community-life contexts associated within specific ethnic populations, ESS centers predominantly serve a

targeted ethnic minority group. Differentiating themselves from mainstream services that typically serve the mainstream population, ESS recruit ethnic personnel, utilize culturally modified treatment practices, and foster a culturally familiar context in which services are administered (Takeuchi, Sue, & Yeh, 1995).

Examining data from the Asian Pacific Counseling and Treatment Center in Los Angeles County, Zane and colleagues (1994) found that ESS could effectively reduce inequities in service utilization rates and treatment outcomes when comparing Asian American and NHW adults. With a diverse set of bicultural and bilingual therapists who covered nine different Asian languages and had a minimum of three postgraduate years of experience working with Asian outpatients, staff members were able to reduce discrepancies in treatment effectiveness when examining rates of premature termination, early termination, duration in treatment, and clinical outcomes.

An additional series of studies have directly compared the use of ESS and mainstream services with Asian Americans in Los Angeles County. M. Yeh and colleagues (1994) found that Asian American children receiving ESS were less likely to drop out of treatment, had increased duration in treatment, and exhibited higher levels of functioning at discharge when compared to Asian American children receiving mainstream services. Children attending ESS also had lower levels of symptom severity upon entry into treatment when compared to children using mainstream services, suggesting that Asian American families may be more likely to seek services at an earlier stage of their problems at ESS. In an Asian American adult sample experiencing major depression, Flaskerud and Hu (1994) found use of ESS to be related to greater number of sessions attended, but use of ESS was not linked to improved outcomes. Similarly, Takeuchi and colleagues (1995) found a significant association between use of ESS and higher rates of return and treatment duration when compared to Asian American adults who used mainstream services, but no relationship to outcomes. These studies utilized community mental health databases that did not have established research outcome measures available, and replications of these studies with the inclusion of established outcomes measures are needed. Even so, these data are promising and consistently indicate higher utilization rates of ethnic-specific public sector services by Asian Americans. However, critics have voiced concern with respect to the cost effectiveness of culture-specific programs (Dent, Sussman, Ellickson, Brown, & Richardson, 1996; Reid et al., 2002).

By the very nature of the underlying purpose of ESS, higher utilization of services will inevitably result in higher costs for these services. Lau

and Zane (2000) found that while higher rates of use in ESS were indeed associated with increased costs, Asian American clients also used costlier emergency-based, crisis-intervention settings at a lower rate. Furthermore, not only was there a significant relationship between the amount of services provided and the treatment outcomes for Asian Americans using ESS while there was none for those using mainstream services, but ESS participants also demonstrated better overall functioning scores at discharge. Further replications of cost-utilization studies are obviously necessary, but current findings provide strong support for the effectiveness of ESS as a cost-efficient method of delivering mental health services to Asian Americans.

### **Alternatives to Traditional Counseling**

As the Asian American population continues to grow and documentation of psychopathology within these individuals expands, researchers are seeking more innovative methods of addressing mental health concerns in the hopes of increasing receptivity and effectiveness of services by Asian Americans. Some alternative approaches include use of computer-based support groups and culturally responsive peer-mentoring programs.

**Online support groups.** With increased pervasiveness and accessibility of the Internet in American culture, online support groups (OSGs) have become more viable and widespread (Chang, Yeh, & Krumboltz, 2001). Using aliases and written text over the Internet as their form of communication, C. J. Yeh and colleagues (2008) report that OSGs change participation patterns in a manner that increases participation and mitigates feelings of shame and stigma customarily associated with help-seeking. With positive effects of OSGs evidenced for Asian American adults, exploration of this method of delivering support to youths may prove promising as well.

**Peer-mentoring.** Another study has examined the use of culturally responsive peer-mentoring programs to assist Chinese immigrant adolescents with cultural adjustment (C. J. Yeh, Ching, Okubo, & Luthar, 2007). Trained in active listening skills, mentoring ethics, and relationship-building, mentors communicated in their mentees' preferred language, capitalized on traditional Asian values of interdependence, and focused on normalization of cultural adjustment processes. Initial findings suggested that students participating in the peer mentoring were able to increase their trust and desire for closeness with their peers after eight weeks. Still in their nascent stages of testing and understanding, these innovative methods demonstrate an exciting and potentially effective new route toward addressing Asian American youth mental health concerns.

## **FUTURE CONSIDERATIONS**

In reviewing the various endeavors toward culturally competent mental health services for Asian Americans, it is clear that more research is needed, especially for youth. However, some progress has been made. Substantial literature now exists to document formidable barriers to care, such as perceptions of stigma and difficulties seeking, accepting, and maintaining use of formal mental health services. The field has witnessed marked improvements in services and research efforts for Asian Americans, but with the number of Asian Americans expected to double by 2025, efforts need to be placed in transforming informed theories into actual applied community-based services. Although research exploring adult samples can provide important leads, fortified efforts in exploring these relationships and processes within youth samples need to transpire before any definitive conclusions can be reached. Below are a number of future considerations that may hopefully guide exploration efforts in the development of effective services for Asian American youths.

### **Engagement of Asian Americans in Mental Health Services Research**

Chen and colleagues (2005) posit that suspicion, fear of stigma, and differences in interpretations of mental health (e.g., a dualistic mind-body model of health) all contribute to low engagement levels in mental health research and/or services by Asian Americans. In an effort to lessen these negative influences, these authors noted that if physicians, who are considered important authority figures to Asians, directly recommend and encourage participation in a research program, patients will often agree. They also articulate that hesitancy in engagement in treatment studies may stem from fear of deportation, burden of additional costs, or lack of time due to responsibilities for rearing children or grandchildren. They suggested the need to provide Asian American patients with transportation, child-care services, and reimbursement for time spent in the study. While these practical needs are more easily addressed, one of the main concerns raised is the perception that there is an inability to treat mental health problems. Chen and colleagues (2005) stated that many Asian Americans do not believe that emotional problems can be treated with therapy or medication since they perceive these problems to stem from social contexts. However, by employing research assistants to advocate on behalf of the patient, they were able to formulate trust between dubious patients and health service programs. While this study suggested the

possibility of improving Asian American engagement in health service programs, it may similarly be important to work toward increasing Asian American engagement in evidence-based treatments that have demonstrated efficaciousness and effectiveness in addressing their mental health concerns within their unique cultural contexts, especially given previous studies reporting low service usage of community-based treatment as measured by service utilization and premature termination (Leong & Lau, 2001).

By no means does this serve as an exhaustive list of the factors impeding Asian American participation in mental health services and/or research, but based on the literature, these may represent some of the key factors. Without Asian American participation in research studies and community service settings, it will be impossible to advance our understanding of these relations and processes within this population.

### **Establishing Empirical Support for Treatment Interventions**

With limited amounts of research available to guide current practice, continued collaborative efforts between researchers and practitioners may produce optimal results. There is a significant need to better understand how Asian American youths' beliefs, attitudes, and values impact their mental health processes, service utilization, and treatment progress, and to examine these issues further in their caregivers.

There is also a need for greater inclusion of Asian American youth in clinical trials research as well as increased efforts in understanding the effectiveness of the type of services received in both "mainstream" and ESS community settings. In addition, it is crucial that studies of culturally adapted interventions not only determine the efficaciousness and effectiveness of these interventions for Asian American youths, but also demonstrate enhanced benefits of these services in relation to currently established forms of treatment. Therefore, it is imperative that high-quality, theory-based comparative studies be conducted. Furthermore, clear systematic documentation regarding specific cultural adaptations can improve a researcher's ability to understand important components of culturally competent mental health services.

Although it is imperative that we understand the overall effects of specific treatment interventions for Asian American youth, it is also crucial for researchers to understand the specific elements within these interventions that facilitate enhanced effects for these individuals. By understanding the mechanisms by which these services produce positive results, researchers can continue to refine treatment processes that will



lead to optimal treatment for not only Asian American youths, but for other ethnic minority groups as well.

### **Cultural Competency of Treatment Providers**

A number of publications have emerged asserting the need to incorporate our knowledge base of sociocultural and biological influences into the curriculums of official training programs (Constantine & Yeh, 2001; Lu, Du, Gaw, & Lin, 2002). Without the appropriate training regarding multicultural issues, counselors may feel limited in their ability to respond effectively to racially and ethnically diverse clientele (Constantine & Yeh, 2001). In addition to improvements in the professional development of treatment providers, evidence linking reduced premature termination and increased duration of treatment to ethnic match (Sue et al., 1991) may hint at the need to strengthen efforts in recruiting bicultural mental health providers and culturally competent providers.

### **CONCLUSION**

While some may protest the added expenditure and purported requisite for additional forms of mental health services for specific subgroups, efforts aimed at improving services for specific ethnic groups may actually result in increased effectiveness and generalizability of mainstream services (Lau, 2006; Takeuchi et al., 1995). Barriers to treatment such as stigma and shame are certainly not limited to minority populations (Corrigan, 2004; Green, Hayes, Dickinson, Whittaker, & Gilheany, 2003), and better understanding of these processes holds immense implications for everyone. Deeper understanding regarding methods of increasing help-seeking behaviors and enhancing treatment effects can thus translate to superior benefits for all ethnic groups.

With the ubiquitous escalation of health care costs and the emphasis on limiting mental health expenditures (Bodenheimer, 2005; Dickey & Azeni, 1992; Goldman, McCulloch, & Sturm, 1998; Snowden & Yamada, 2005), much more research is necessary before the promising strategies and programs reviewed herein may be implemented on a wide scale. While at times our progress toward providing culturally competent services to Asian American youth as a standard of care may seem slow-moving, researchers and practitioners must remind themselves of the vast progress that *has* been undertaken in the last few decades. Whether the means to our end stems from as-is implementation of EBTs, from cultural adaptations of EBTs, use of ESS, or the advent of innovative new forms of support,

researchers and practitioners are all working with the same goals in mind, and current evidence garners hope that these goals are attainable.

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## **Chapter 10**

# CONCEPTUALIZING AND IMPROVING ASIAN AMERICAN CHILDREN AND YOUTH PROGRAMS: A SETTING-LEVEL APPROACH

*Yue M. Yuan and Hirokazu Yoshikawa*

Youth-development programs have been regarded among practitioners, researchers, and policy-makers as important social settings in which children and adolescents can engage in growth-promoting activities. In general, youth-development programs are guided by the approach of positive youth development, which focuses on building on youth's strengths and making use of their developmental assets—both internal and external to youth (e.g., home, school, and community; Benson, 1997; Scales, 1999). The goals of youth-development programs are to expose children and adolescents to developmental opportunities (Roth, Brooks-Gunn, Murray, & Foster, 1998), to prevent problem behavior, as well as to promote positive outcomes by engaging youth in enriched activities and programs that build their skills and improve their socialization (Roth & Brooks-Gunn, 2003). Programs synonymous with youth-development programs include after-school programs, community programs, extracurricular activities, or programs during out-of-school time or nonschool hours (Eccles & Gootman, 2002). How they are categorized can vary from nonprofit national youth organizations (i.e., Boys and Girls Clubs) to small grassroots youth-development organizations (Carnegie Council on Adolescent

Development, 1992). Youth-development program activities are diverse in range and include mentoring, sports and recreation, academic enrichment, cultural enrichment, community service, and workforce preparation (Eccles & Gootman, 2002; Quinn, 1999).

In this chapter, we examine the current landscape of youth programs that address the developmental and mental health needs of Asian American and Pacific Islander (AAPI) children and youth, and suggest ways in which these programs can be improved by targeting setting-level processes. In general, there is little guidance on how we can improve upon or create new settings in which our youth live, learn, work, and play (Shinn & Yoshikawa, 2008). We encourage a shift from frameworks associated with individual-level change and individual outcomes to those focusing on dynamic processes at the social-setting level to advance our knowledge of how to improve youth programs and maximize positive outcomes.

We start by examining the content and structural components of youth programs targeted to AAPI children and youth. We will examine the risk and protective processes that are present in AAPI youths' lives and how these programs may reflect these processes in the programming. Finally, we will examine four exemplars of such programs or types of youth-serving social settings that reflect change efforts at the setting level. They include programs focused on AAPI youth-organizing and community-level civic engagement through promotion of media literacy and youth leadership development; the creation of informal settings—specifically supplementary education programs in the Chinese community that enhance social capital formation among Asian immigrant families and youth; and a program that focuses on mental health prevention in early childhood through cross-system collaboration (i.e., mental health-service agency and child-care settings) within a community.

Contrary to the prevalent image of AAPI youth as academically successful and problem-free, AAPI youth today are more in need than ever before of prevention and intervention services that meet their developmental and mental health needs. There is an increase of high-risk behaviors in this group, including rising rates of juvenile crime, substance abuse, and emotional and behavioral problems. Results from the Youth Risk Behavior Survey, for example, indicate that 27 percent of Asian American high school students have engaged in a physical fight in the prior year, and 11.5 percent have carried a weapon (i.e., a gun or knife) in the prior month (Centers for Disease Control and Prevention, 2003). From the same survey, 11 percent of Asian American youth reported making at least one suicide attempt. In general, AAPI youth show poor psychological and social adjustment (Qin, Way, & Rana, 2008). They report the highest

depressive symptom scores (Centers for Disease Control, 1997) and higher levels of anxiety compared to their Caucasian, Black, and Latino peers (Chun & Sue, 1998). Asian gangs have grown in numbers in areas such as San Francisco/Oakland and in communities in Minnesota and Wisconsin (Huang, Lee, & Arganza, 2004; Tsunokai & Kposowa, 2002). Rates of alcohol use, smoking, and illicit drugs are equal to or exceed those of African Americans and European American youth (Harachi, Catalano, Kim, & Choi, 2001).

Prevention and promotion programs can play an instrumental role in fostering the support of AAPI children and youth, but need to tackle the above challenges. Given AAPI's underutilization of mental health services (Bui & Takeuchi, 1992), the need for prevention settings that address the developmental and mental health needs of AAPI youth is even greater. Practitioners and researchers working with this population are investigating effective programming and strategies for outreach that can be replicated across these communities (Huang et al., 2004). We need to know more about the state of these programs and how to improve them to maximize positive outcomes.

In an effort to gain a global sense of programs that are available for AAPI youth and to identify features of the programs that may be effective in serving the needs of this population, Huang et al. (2004) from the Center for Child and Human Development in Georgetown University conducted a national scan of AAPI youth programs. Through snowball and nomination sampling, they compiled a list of 53 programs that were deemed "innovative and promising" in promoting AAPI youth development. Of the 53 programs, 30 were selected for an in-depth interview with a managing staff member.<sup>1</sup> Most of these programs serve a primary AAPI ethnic group with Vietnamese, Chinese, and Cambodian youth as the top three populations served. The identified programs were based in various settings and systems, ranging from schools and probation departments, to churches and community centers.

Huang et al. (2004) discussed several themes from their interview data on program objectives. They included promoting personal development by focusing on building competencies; enhancing their sense of belonging through education about their cultural origin; improving upon family functioning, particularly by tackling intergenerational conflict due to differences in acculturation levels; and facilitating community collaborations among multiple stakeholders (schools, local universities, community leaders, and churches) to support and invest their resources in AAPI youth. Most of the programs had multiple activities as part of their programming, including (from high to low frequency) recreational group activities, tutoring, youth

leadership training, mentoring, gang/violence prevention, cultural awareness, life-skills training, and counseling.

No doubt, program components such as mentoring, tutoring, and counseling are impactful in fostering youth's sense of confidence, self-esteem, and efficacy—all important ingredients for positive youth development. However, all of these approaches rely chiefly on individual-level or, in some cases, dyad-level theories of change. Another route that has not been explored as extensively is how we can improve upon or create new settings that serve the needs of Asian youth (Shinn & Yoshikawa, 2008; Tseng & Seidman, 2007).

Roth and Brooks-Gunn (2003) suggest three characteristics or components of youth-development programs that help distinguish youth-development programs from other youth-serving programs: The *goal* of the program is to foster positive development in addition to preventing risky behaviors; the *atmosphere* of youth programs feels like a caring family wherein the adults create a safe space for the youth to develop their competencies; and *program activities* in youth-development programs revolve around challenging opportunities that engage youth interests and can provide both direct (i.e., academic and tutoring support) and indirect (i.e., promoting their academic efforts) links to education. Similarly, the Eccles and Gootman (2002) National Academy of Sciences committee report listed key features of positive development programs including physical and psychological safety, opportunities for belonging and skill building, positive social norms, support for efficacy and mattering, and consistent and appropriate structure and adult supervision. The above features are identified as important components of a youth-development program, but there is little guidance on how these features can be facilitated, or how we can improve upon current youth-development programs to maximize positive youth outcomes. Rather than just focusing on improving youth outcomes at the individual level, youth-development programs can target setting-level changes to create new settings or improve upon current youth-serving settings to foster these positive environmental features (Shinn & Yoshikawa, 2008).

According to Tseng and Seidman (2007), three features of social settings can be targeted for setting-level change: social processes or patterns of transaction between people and groups of people; human, economic, physical, and temporal resources; and the organization of resources. Changes in resources and their organization can indirectly impact individual experiences of the setting through social processes. For example, how a youth-development program distributes its staff members across program activities and organizes its physical space (human and physical resources,



respectively) can indirectly impact youths' experiences in the program (setting outcomes) through its influences on the type and quality of social interactions between youth and adults and among groups of youths (social processes). The focus of this more contextual approach to youth development is on changing these setting-level processes in order to enhance youth outcomes (Tseng & Seidman, 2007).

## **CONTEXTUAL RISK AND PROTECTIVE PROCESSES FACING AAPI YOUTH**

In this section, we discuss several contextual risk and protective processes that are associated with problem behaviors among AAPI children and youth and the ways in which AAPI youth-development programs can potentially link these processes to prevention and promotion approaches. A risk factor is defined as a "measurable characteristic of a subject that precedes and is associated with an outcome" (Kraemer et al., 1997). In general, researchers and practitioners want to identify risk factors that predict those who are at a higher risk for a particular maladaptive outcome and prevent that outcome from occurring. Factors that predict positive outcomes and are associated with lower likelihood of problem outcomes are called protective factors (O'Connell, Boat, & Warner, 2009). Rather than just focusing on identifying risk and protective *variables*, a more process-oriented approach that examines how risk and protective *processes* interact to modify a person's response to a risk setting or situation is recommended (Rutter, 1990). For example, while the identification of protective factors such as academic engagement is important, we must strive to understand how this quality is developed and what prior individual and contextual characteristics enabled a person to "use" this characteristic to counter the adversities he or she faces.

Prevention and promotion are guided by a framework that takes into consideration key developmental features such as engagement with developmental tasks and age-related patterns of competence; the ecological aspect of development that occurs in nested contexts (i.e., family, school, neighborhood, and culture); and the interactions among biological, psychological, and social processes in a child's life (O'Connell et al., 2009). Researchers and practitioners strive to promote healthy behaviors and facilitate developmental competence through the implementation of prevention and promotion programs and by understanding the risk and protective processes that occur at individual, family, school, and community levels. These understandings inform the development of targeted prevention and promotion efforts.

Below we discuss contextual processes, including acculturation and the influence of peers, family, and the community on developmental and mental health outcomes among AAPI youth. We highlight both the risk and protective aspects of these processes. We will then review four exemplar programs that target the above processes in their programming as part of a larger discussion on potential ways youth programs can target setting-level change.

### **Cultural and Acculturation Processes**

Research on acculturation, classically defined as “those phenomena which result when groups of individuals having different cultures come into continuous firsthand contact, with subsequent changes in the original culture patterns of either or both groups” (Redfield, Linton, & Herskovits, 1936, p. 149), has largely focused on the behavioral, attitudinal, and psychological changes that occur as a result of individuals incorporating the culture of the dominant ethnic group. Although the classic definition of acculturation encourages examination of the reciprocal changes that occur in both the immigrant and host communities and culture, the focus has primarily been on individual-level changes in acculturation among immigrants (Tseng & Yoshikawa, 2008). In addition, much work on Asian American mental health has focused on acculturation stress and the maladaptive impact it has on psychological well-being. Studies examining the relationship between acculturation and mental health reveal that less-acculturated Asian immigrants exhibited greater distress (Sodowsky & Lai, 1997). In a study of 319 Korean international students in American high schools, acculturation stress was related to more mental health symptoms (Lee, Koeske, & Sales, 2004). Asian American youth who were less acculturated, as measured in the number of years spent in the United States and proficiency with the English language, were at greater risk for suicidal behavior, with this association mediated by high parent-child conflict (Lau, Jernewall, Zane, & Myers, 2002). High acculturation also has potential negative consequences. For example, acculturation to the U.S. culture as measured by increased proficiency in English-language use is associated with increase risk of smoking among Asian American youth, with this association mediated by higher perceived access to cigarettes, cigarette offers, and best friends’ smoking (Unger et al., 2000).

The stress-dysfunction framework provides a limited view of the acculturation process. Acculturation may not be an inherently stressful experience (Oppedal, Roysamb, & Sam, 2004); many immigrant adolescents actually adapt well and sometimes better than their native counterparts

(Fulgini, 1998). Acculturation may be better understood as a developmental process toward adaptation and gaining competence within more than one cultural setting (Sam, 2006). It can be conceptualized as a positive process whereby interaction with one's own ethnic culture and the host community provides opportunities for identity exploration and acquisition of new cultural skills that are necessary for successful adaptation. Asian immigrant youth may face more complex developmental tasks than their nonimmigrant counterparts. In addition to tackling developmental issues commonly associated with identity formation during adolescence, they must negotiate two or more different sets of cultural attitudes, knowledge, and behaviors (Sodowsky & Lai, 1997) and learn to adapt their multiple cultural identities between the mainstream and ethnic culture, which can often compete with one another (Yeh & Hwang, 2000). They must also learn a new language to communicate their ideas and needs. These processes are an integrated part of development and can lead to both positive and negative developmental pathways (Oppedal et al., 2004).

As stated above, the focus of the impact of acculturation has largely been on change processes occurring at the individual level (Tseng & Yoshikawa, 2008). This is reflected in the program objectives and activities of current AAPI youth-development programs. AAPI youth-development programs may provide individual-level one-on-one, group, or family mental health counseling to students and their families to address mental health issues related to acculturative stress (Huang et al., 2004). They attempt to address related negative behaviors such as drug use, violence, and gang involvement through implementation of pre-established antidrug and violence intervention programs and mentoring. An ecological perspective of acculturation encourages a conceptualization of acculturation from the individual level to change processes occurring at the community, setting, and policy levels (Tseng & Yoshikawa, 2008). For example, rather than just construing the interaction as one-way in terms of the host community's impact on mental health and educational achievement, more effort can be devoted to investigating change processes occurring in the host communities at the social-setting levels. Later, we discuss the formation of new social settings, such as ethnic supplementary education among the Chinese immigrant communities and its promotion of social capital in an ethnic community (Zhou, 2008) as an example of conceptualization of acculturation at the setting level. We also highlight an Asian youth media-focused program that builds relationships with other organizations in the community through the sharing of its resources—an example illustrating the ecological processes involved in acculturation.

### **Peer Influences**

For Asian American youth, peer victimization and discrimination in schools and neighborhoods can pose detrimental effects on their development. In a study on discrimination distress among African American, Hispanic, Asian, and non-Hispanic White adolescents, peer discrimination was mostly frequently reported by the Asian students (Fisher, Wallace, & Fenton, 2000). A qualitative study with 120 first- and second-generation Chinese adolescents in Boston and New York revealed that they were often physically and verbally harassed for their limited English-speaking abilities, for their physical appearance, and due to resentment toward their perceived academic skills (Qin, Way, & Mukherjee, 2008).

Perceived discrimination represents a “psychological reality” for immigrants and ethnic minorities (Dion & Kawakami, 1996). Studies have demonstrated that perceived discrimination is linked to poor physical and especially poor mental health status (Gee, Spencer, Chen, & Takeuchi, 2007; Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003; Williams, Neighbors, & Jackson, 2008), violent behavior (Caldwell, Kohn-Wood, Schmeelk-Cone, Chavous, & Zimmerman, 2004), and substance abuse (Gibbons, Gerrad, Cleveland, Wills & Brody, 2004) among minorities. Among AAPI youth, reports of everyday discrimination have been linked to poor mental health outcomes. One study found that Southeast Asian refugees who reported experiencing racial discrimination had higher levels of depression than their counterparts who did not experience discrimination (Noh, Beiser, Kaspar, Hou, & Rummens, 1999). In another study examining ethnic identity and perceived discrimination as predictors of adolescent problem behaviors among Korean American adolescents, perceptions of racial discrimination were highly associated with problem behaviors such as psychological distress and conduct disorders (Shrake & Rhee, 2004).

Asian youth’s sense of ethnic pride can be impacted by both perceived and actual discrimination against them. A poor sense of ethnic pride further contributes to feelings of inadequacy and social isolation, leading to psychological distress (Phinney & Kohatsu, 1997; Uba, 1994). In addition, it may also generate feelings of anger and frustration, leading to acts of aggression and other negative behavioral outcomes. Peer rejection can lead to racial tension and contribute to the forming of ethnic gangs (Huang et al., 2004). In these cases, cultivating a strong sense of racial group identity may buffer the impact that racial discrimination may have on psychological outcomes. In studies of African American and Asian American young adults, researchers found that for those who have a stronger sense of collective racial identity and ethnic identification, experiences with racial

discrimination were less likely to be associated with problematic outcomes like antisocial behavior or smoking (Caldwell et al., 2004; Chae et al., 2008). The findings suggest that fostering a strong sense of racial identity may protect against the negative impact racial discrimination has on problem behaviors. In addition, the study suggests that some knowledge and realistic appraisal about race relations and discrimination against one's own racial group can be protective in the sense that they, coupled with a cultivation of strong group identity, can help ethnic minorities cope with inevitable negative social experiences. Indeed, some scholars argue that an awareness of racial discrimination can be related to better academic, social, and health outcomes (Bowman & Howard, 1985; Sedlacek & Brooks, 1976). Caldwell et al. (2004) suggest that intervention and prevention programs address issues of racial discrimination not only by focusing their efforts on promoting a strong sense of ethnic pride, but also by incorporating sometimes-difficult but crucial discussions about peer victimization in their programming.

Current AAPI youth programs attempt to address the issue of peer victimization and discrimination by providing a physical space where youth can come together and share their experiences of discrimination and victimization with the hope that through processing their feelings and thoughts of being discriminated against, it will empower them to address these issues in non-violent ways (Huang et al., 2004). One program had attempted to facilitate discussions among Asian and non-Asian youth through a multicultural youth council that promoted the sharing of views on ethnic differences and similarities. Indeed, research indicates that the act of talking with peers and family about oppressive experiences may protect them against the negative impact of racism and discrimination on depression (Yoshikawa, Wilson, Chae, & Cheng, 2004). Some staff members at these programs directly advocate for students in schools by speaking with school staff and helping them to understand the significance of racial conflicts in schools (Huang et al., 2004).

### **Family Influences**

Uneven rates of acculturation between the parent and the child in Asian immigrant families have been found to be associated with family conflict and psychological well-being among Asian youth. Specifically, differences in English proficiency and cultural values between parents and children are linked to intergenerational conflict. For example, a recent study found that Chinese parents' English proficiency is significantly associated with

intergenerational conflict and adolescent mental health symptoms among immigrant Chinese American families (Lim, 2002). In families where Chinese parents were less proficient in English, more conflicts were present between parent and child. In a study on Vietnamese American youth, greater perceived differences in acculturation levels between the adolescents and the parents were associated with higher likelihood of family conflicts (Nguyen, 2003). In another study of 490 Southeast Asian adolescents from the Children of Immigrants Longitudinal Study, the intergenerational gap in acculturation in early adolescence predicted depressive symptoms in late adolescence, and this was mediated by higher family conflict (Ying & Han, 2007). Recognizing intergenerational conflict as a major risk factor in the psychological functioning of Asian youth, many Asian youth programs may attempt to address intergenerational conflict by including a parenting class component to their programming. These programs provide parents training on cross-cultural parenting and conflict resolution with the hope that utilization of these tools will improve family functioning (Huang et al., 2004).

For low-income immigrant families where parents work long hours at jobs, there can be little adult supervision at home, leading to isolation among the children and adolescents. In Qin, Way, and Mukherjee's qualitative study (2008), the Chinese youth spoke about the limited time they get to spend with their parents because of their parents' long work hours in often low-income jobs such as waitressing and cooking in a Chinese restaurant. For refugee families who are rushed into jobs and vocational training by federal programs, the children are often left at home unsupervised (Huang et al., 2004). This pattern underscores the need for youth programs that meet their needs during after-school hours by providing a physical space where youth can engage in productive activities with their peers and receive mentorship and support from nonparental adults.

Asian American parenting styles have been described as more controlling, strict, and restrictive in comparison to their European American counterparts (Chao, 1994; Kelley & Tseng, 1992). The general finding that such parenting style is negatively associated with socio-emotional outcomes appears to apply to the Asian American population. Studies have found that Asian American parents who displayed high levels of warmth and utilized more democratic disciplinary practices had children who reported fewer depressive symptoms (Chiu, Feldman, & Rosenthal, 1992; Greenberger & Chen, 1996). Within a Chinese American adolescent sample, Kim and Ge (2000) demonstrated that controlling for education, parental income, and generation status, adolescents' perceptions of parenting that were high in harshness and low in monitoring and inductive reasoning

were significantly related to reports of depressive symptoms. Chao (1994) cautions that studies that use frameworks based on European American parenting typologies (authoritative, authoritarian, and permissive) may not be appropriate in the study of parenting among the Asian American population. A framework that defines warmth or responsiveness as acts of hugging, kissing, and praising the child, for example, may not be culturally relevant to Asian Americans whose parenting may be largely characterized as involvement and support through their emphasis on education for their children. Chao and Tseng (2002) also argue that authoritarian parenting style may not always have negative effects and can play a protective role among Asian Americans, particularly as it relates to academic outcomes. For example, studies have found that effects of authoritative parenting on school performance may be less positive among Asian Americans than European Americans (Chao, 2001).

### **Connections Among Home, Community, and Ethnic-Specific Institutions**

Huang et al. (2004) argue that a lack of ethnic and culture-specific institutions as well as a weak connection between Asian families and their communities put Asian youth at risk for negative outcomes. Communities contain valuable resources (i.e., individuals, groups, and organizations) that are invested in the positive development of youth and families (Epstein, 2001), but these resources may not be ethnically or culturally specific or cater to the unique needs of minority youth. Without recognition of familiar cultural entities around them, Asian immigrant families may have a poor sense of belonging, resulting in a lack of connection to the community and vice versa (Huang et al., 2004).

One response from Asian immigrants is to take it upon themselves to form institutions such as language schools, faith-based institutions, and cultural centers to help anchor their cultural roots and cultivate a sense of place and belonging (Zhou, 1992). This creation of new settings to accommodate the specific needs of the community is one form of setting-level change (Sarason, 1988). The active participation from ethnic community members in culturally specific institutions can serve as a major protective factor for Asian children and youth through two avenues. It provides a space where ethnic members can gather and form co-ethnic ties to help ease the stress associated with immigration (Zhou, 2008). In addition, it encourages activist strategies to address issues of inequality, social exclusion, and other challenges faced by the particular ethnic community.



Some Asian American youth organizations have an explicit focus on building leadership and practices of empowerment among their youth (Kiang, 2001) and facilitating civic literacy and attachment. Civic literacy refers to “knowledge about community affairs, political issues, and processes, whereby citizens effect change,” and civic attachment refers to “an affective or emotional connection to the community” (Flanagan & Faison, 2001). Research on ethnic minority youth and their civic engagement indicates that many are politically ambivalent given their marginalized status from the mainstream (McLaughlin, 1993). Ginwright and Cammarota (2002) argue that the positive youth-development model does not focus enough on the complex political and social forces that influence the lives of urban youth and the ways in which poverty, discrimination, and other forms of oppression limit their exposure to supports and opportunities. Rather than focusing on psychological frameworks that focus on the individual, more attention should be paid to the contextual, that is, sociopolitical factors that impact youth outcomes. They assert that a social-justice model for youth development is an improvement upon current youth-development agendas in that youths are encouraged to tackle community and social problems through awareness of how social and political forces impact their lives and their community. Similarly, Kiang (1998, 2001) argues that youth-development programs serve as important settings where adults can affirm the voice, identity, and rights of AAPI youth by socializing them toward political participation and helping them to become invested in local community issues that impact youth outcomes.

Another powerful context through which youth can engage in collective action is the media. The media provide a lens through which children and youth learn about their social and cultural contexts, as well as their place in these contexts. Unfortunately, positive images of Asian Americans as role models are largely absent from the popular media. When Asian Americans are present, most of them continue to be characterized as the “other” manifested in roles that play on racialized and racially gendered stereotypes (Yuen, 2004). However, the media can be utilized in a positive way. Goodman (2003) argues that schools and youth programs need to engage youth in critical literacy or the “ability to evaluate, analyze, and produce print, aural, and visual forms of communication” (p. 3) which can, in turn, empower them to use the media to self-represent, voice their concerns, and transform the community in which they live. Engagement in media projects that are shared with the community not only enhances youth’s literacy and leadership skills, but provides opportunities for youth to directly address issues in the community through creative means. It also provides them the tools

to solve some of the problems in their community through the sharing of their media products.

## **AAPI CHILDREN- AND YOUTH-SERVING PROGRAMS ILLUSTRATING SETTING-LEVEL CHANGE**

Next, we explore four exemplars of youth-serving programs that target the above setting-level risk and protective processes in their programming and the ways in which they promote setting-level change through their engagement with these processes. For example, while research indicates that peers and family can be sources of maladaptive behavior among AAPI youth, they can also be the greatest resources in promoting positive outcomes. Youth Media Force, in particular, focuses not only on building relationships among Asian peers, but also with non-Asian youth (peer-group level) and organizations in their efforts to address cross-racial peer discrimination and youth violence in the community. The community youth organizing activities promoted by South Asian Youth in Action and Youth Media speak to strengthening the connection and interactions between ethnic youth and their community at large to effect change at the political level not only for the immigrant community but also possibly for the host community, and, as a result, transform the communities in which they live. The Fu Yau Project focuses on enhancing cross-system collaboration between mental health organizations and child-care centers to provide both parents and child-care staff the knowledge and skills to develop and implement effective preventive mental health-related programming. Finally, the Chinese supplementary education system reflects a new way of examining acculturation as a change process occurring at the social setting level. It also highlights how this type of social setting can serve as a protective factor in promoting Chinese youth's educational outcomes through social capital building among parents' and youths' social networks.

## **RAISING POLITICAL AND CRITICAL CONSCIOUSNESS AMONG AAPI YOUTH**

### **South Asian Youth in Action (SAYA)**

South Asian Youth in Action (SAYA), located in Queens, New York, is one of the relatively few Asian American youth organizations that explicitly engages youth in practices of empowerment (Kiang, 2001; Rappaport, 1981). Each year, it serves more than 400 youth with roots from Afghanistan, Bangladesh, Guyana, India, Nepal, Pakistan, Sri Lanka, and Trinidad. In

addition to offering individual-level academic and workforce support such as SAT prep, tutoring, college advising, and employment training, as well as mental health support through counseling at its school-based and center-based programs, SAYA has a strong youth leadership component that encourages its participating youths to be “agents of social change.” The goal is to empower the students to lead and make changes in the community that are important to them. The program ARISE—a coed youth-organizing program—educates youth about pertinent issues in the community that impact their development. Staff members guide them through the process of critical engagement with a diverse range of topics such as civic engagement, poverty, children’s rights, identity, discrimination, sexism, homophobia, and peer pressure. Members of the program select one of these topics and participate in a group-service project with a community-organizing effort. This project is showcased at the end of the program year and serves as an awareness and educational campaign for their communities. Past examples have resulted in the organization of immigrant-advocacy campaigns, art exhibits, and political marches in the community for mainstream-advocacy issues.

SAYA is an example of an AAPI positive youth-development program that focuses on setting-level change through youth-community organizing that takes the social context of youth into consideration. It raises the critical consciousness of its youth and facilitates social action by encouraging its youth to tackle the everyday issues that impact their lives. The combination of critical consciousness and social action in the programmatic themes provides the impetus for youth to not only understand, but also to change the problems that they face (Ginwright & Cammarota, 2002). Youth-focused community organizing focuses on changing the environment that breeds injustice and oppression, rather than making individuals adapt to the environment (Speer, 2008). SAYA provides the opportunity for youth to serve as leaders in addressing the social and political forces around them. In addition, the community-organizing activities are entirely youth-led, from the issues they wish to tackle to how they will address them. Having youth lead the efforts is a critical component of youth-organizing efforts (Youniss et al., 2002). It is consistent with the view of “youth as resources” in contrast to the view of “youth as problems.” In addition, youth-led activities promote peer-to-peer education and learning opportunities; these protective processes reflect the important role that peers play in enhancing positive youth development. SAYA and other immigrant-serving organizations that integrate youth-organizing principles into their programming also illustrate the ecological processes involved in acculturation, namely, how interaction between the immigrant and host

communities can result in change in the host community among individuals and groups (Dinh & Bond, 2008). As a result of SAYA, change efforts are not only occurring within the South Asian communities, but also in the larger host community as a result of the community organizing efforts that aim to address policy-relevant issues such as immigration advocacy, poverty, and youth violence.

### **Youth Media Force**

The Youth Media Force program, an after-school and summer program in Minneapolis, attempts to address risky behavior among AAPI youth through the context of media. The program engages 14- to 18-year-old AAPI youth, most of whom are of Hmong descent. Staff members are involved in the teaching of technical skills of media literacy from video to print production. They also engage youth in critical discussions about obstacles present in their lives, including drug abuse, homelessness, body-image issues, and gang violence. The participating youth take ownership of the entire media-production process from doing research on the topic, to interviewing community leaders and their peers, selecting the director, crew, and cast of the video, and the actual shooting of the video. The final product, once approved by the staff members, is screened in different community venues, including local hospitals and other nonprofit youth organizations. They are also shared through popular video-sharing sites such as YouTube and blogs to help spread the message beyond the immediate community. Youths in the program also write, produce, and direct a cable-access talk show called *East Meets West*, in which issues such as peer victimization and misunderstandings about Asian culture are explored through discussions among AAPI and non-AAPI youth. The media product then becomes a resource that serves the interests of the larger community. It also promotes partnerships among multiple stakeholders in the community, including hospitals and other youth organizations that work together in addressing a social problem that impacts the entire community. This type of cross-agency and cross-cultural collaboration provides opportunities for community programs to connect with each other's human and financial resources (Huang et al., 2004; Tseng & Seidman, 2007). The sharing of media resources that address issues pertinent to AAPI youth as well as to adolescents at large outside of the immediate ethnic community also speaks to the mutual influence of hosts and immigrants at both the individual and organizational level (Dinh & Bond, 2008). Like SAYA, Youth Media Force also recognizes that peers can be the greatest resources in promoting positive

development and encourages peer collaboration and peer-to-peer education in its programming.

### **CREATION OF NEW YOUTH-SERVING SETTINGS: ETHNIC SYSTEMS OF SUPPLEMENTARY EDUCATION**

The creation of new settings is one route toward social change (Sarason, 1988). When ethnic communities take it upon themselves to create ethnically specific social environments because they do not feel that their current institutions adequately reflect their cultural identity, it is important that the cultural norms fit the change process (Yoshikawa & Shinn, 2008). Language schools and ethnic forms of supplementary education among Chinese communities are examples of ethnic-specific social settings that were created to meet the needs of Chinese youth and are tailored to the cultural norms of the Chinese community (Zhou, 2008). According to Zhou and Li (2003), Chinese-language schools, which first emerged in late 1800s, are located primarily in Chinatowns and in suburbs where there are high concentrations of Chinese immigrants. They were originally created to foster an education in the Chinese language and a sense of ethnic pride in Chinese culture; today, in addition, they function to assist parents in making sure that their children are well on their way toward attendance at prestigious universities and attainment of high-status jobs.

Zhou (2008) argues that ethnic supplementary education such as Chinese-language schools not only promotes educational achievement among Chinese youth; it is an important social setting in which Chinese immigrant parents and youth can gather and rebuild co-ethnic ties and network. This serves as a protective role in mitigating the impact that acculturative stress has on the well-being of both parents and their children. It also allows a space where Chinese immigrant parents can share information about the American school system and other resources that will benefit their children educationally. Earlier, we discussed the general parenting style of Asian parents and the protective role it can play in the adjustment of their children. The sharing of resources and information around educational opportunities in such settings supports this protective process. “Spill-over effects” on children include the formation of peer networks with other Chinese youth and the mitigation of bicultural conflicts, because they can share stories about their identity and family conflicts with other Chinese peers who can understand and share similar experiences (Zhou & Li, 2003). Again, peers play an important protective role in the acculturation process; this example illustrates the process by which peers can exert their influence. However, the effects may not always be positive. Zhou (2008)

notes that the downsides of these educational settings are an overemphasis on high educational attainment and increased pressure on the Chinese students to succeed, which may at times lead to intergenerational conflict and rebellious behavior.

Ecologically speaking, this type of youth-serving setting reflects acculturation as a change process occurring beyond the individual and at a social-settings level (Tseng & Yoshikawa, 2008) through its building of social networks among Chinese immigrant parents and their children, which researchers have deemed important for social mobility (Borjas, 2006). Another impact that ethnic supplementary education may have is promoting interactions and building relationships among immigrant and host individuals. For example, supplementary education in Asian communities has become so popular that even non-Asian parents are enrolling their children in these schools to get a leg-up on their children's education (Luo, 2003). This illustrates the bidirectionality of the acculturation process in that host individuals can be influenced by their interactions with the immigrant group (Redfield et al., 1936). Beyond the individual level, one wonders how the relative success of Asian supplementary education can inform policy around supplementary education for all children and adolescents.

## **ENHANCING CROSS-SYSTEM APPROACHES FOR SETTING-LEVEL CHANGE**

### **Fu Yau Project**

Collaboration among multiple stakeholders, including agencies, organizations, state or local government, communities, and other youth-serving systems, can enhance the process of setting-level change (Yoshikawa & Shinn, 2008). When different players in the community work together and focus their efforts on developing children and youth's skills and promoting positive experiences, they are engaging in participatory learning at the organizational level. Such collaboration can also create buy-in for the particular programs provided by member organizations and institutions.

Childhood mental health services and system development are critical to the promotion of emotional well-being of children, particularly for those who are at-risk under circumstances of poverty and other detrimental environmental factors (Knitzer, 2000; Yoshikawa & Knitzer, 1997). Policymakers, researchers, and practitioners are growing more aware of investing in child-care settings to promote positive outcomes. The Fu Yau Project—meaning “For Youth”—is located in San Francisco, California, and is a product of collaboration between Richmond Area Multiservices (RAMS)

and the Chinatown Child Development Center—both agencies providing mental health services to communities in the San Francisco area with a focus on the AAPI population. Fu Yau delivers behavioral and consultation services to child-care centers. The philosophy of the program is focused on systemic change in how the community addresses issues related to child mental health. The program is currently connected to 31 child-care centers and 12 family-care homes located in nine San Francisco neighborhoods. Virtually all of the families they serve in these child-care centers are low-income; more than three-quarters of the families are Asian immigrants, most of whom are from China with very limited English-speaking skills. Psychologists and other professional mental health providers working with the Fu Yau Project have regular consultation meetings with administrators and caregivers at the child-care centers, equipping them with the skills and competencies that will help them in developing, implementing, and enhancing positive socio-emotional development in children and youth. As one staff member indicated at Fu Yau, the purpose of their involvement at child-care centers is to train the caregivers to be more “psychologically minded.” Fu Yau staff members also lead support and discussion groups for parents of children who attend the child-care centers. Meetings with administrators at the child-care centers also center around systemic changes in how programming at child-care centers can integrate mental health prevention efforts in their staff trainings. Fu Yau also hosts regular meetings with administrators from all partnered child-care centers to encourage pooling of resources and awareness of gaps in their services and sharing ideas on how to fill those gaps among the child-care centers.

The Fu Yau Project targets the risk and protective processes associated with acculturation by directly helping parents negotiate the terrains of parenting of young children in a new culture. Parents learn to adapt their multiple identities as parents and adults in the acculturation process. The Fu Yau Project also brings about change at the setting level through cross-agency collaboration. It serves as a model for other programmatic, cross-agency efforts engaged in mental health-related prevention work in early childhood.

## **CHALLENGES FACED BY AAPI YOUTH PROGRAMS AND APPROACHES TO ADDRESS THEM**

AAPI youth programs face challenges in the implementation of programming. Like mainstream youth programs, infrastructure challenges such as lack of funding, high staff turnover rates, and difficulty participating in cross-agency collaboration due to competition for resources and community



politics threaten these programs' existence in the community (Huang et al., 2004). According to interviews with administrators at AAPI youth programs (Huang et al., 2004), other culturally based challenges are present, including resistance from AAPI community members due to stigmas associated with their participation. Many Asian parents are reluctant to let their children participate in programs that focus on risky behaviors such as youth violence, substance abuse, and mental health issues because of the stigma associated with their participation. They do not want their children to be viewed as "problem kids." Many of these programs, therefore, have an educational component that Asian parents are more comfortable having their children involved in. In general, getting buy-in from parents and community leaders can prove difficult for AAPI youth programs (Huang et al., 2004). Careful establishment of buy-in from a range of stakeholder groups at the establishment of a new youth program may be effective. Stakeholders may represent different ethnic and immigrant groups, socioeconomic classes, and local educational and political leadership, as well as the range of mental health, social service, public health, juvenile justice, and/or educational agencies that may be involved (Yoshikawa & Shinn, 2008).

In addition, AAPI youth programs recognize the lack of cultural fit of some of their programming, particularly for those who are mandated to implement specific prevention programs that are not tailored for the AAPI population (Huang et al., 2004). When there is a cultural mismatch, the curriculum may not be effective in its prevention efforts. AAPI youth may feel that their culturally based problems are not addressed. More effort is needed to design prevention curriculums that are culturally sensitive for Asian ethnic groups and to conduct research on the aspects of these programs that make them culturally responsive to AAPI youth.

Finally, Huang et al. (2004) report that most AAPI youth programs do not conduct formal evaluations of the program due to lack of expertise and funding. Many may implement customer-satisfaction-like type of evaluations, but very few use standardized measures in their evaluations. Some may track outcome data such as students' academic performances, but socioemotional and mental health outcomes are largely ignored. Formal systematic evaluation is key to motivating change at these organizations (Yoshikawa & Shinn, 2008).

In addition to collecting data that measures individual-level processes such as students' academic performances and behavioral outcomes, youth programs can measure setting-level processes such as the nature of interactions among people or groups and the organization of resources at the human, physical, and economic level in a setting (Tseng & Seidman, 2007). These present challenges for ecological assessment, but ones that

could ultimately drive improvements in program practice more directly than either bean-count measures of youth attendance or distal measures of youth achievement, which may not be sensitive to year-to-year changes in program implementation (Shinn & Toohey, 2003). In the programs profiled here, for example, the composition, goals, and actions of the youth leadership teams in SAYA could be assessed as proximal outcomes in evaluation. In the Youth Media Force program, changes in the aggregate level of youth-media skills, distribution of adult-versus-youth leadership in each media project, and content of social issues covered could be measured. In ethnic systems of supplementary education, the size, student and family composition, qualifications of teachers, and content and quality of teaching interactions could all be measured. In the Fu Yau Project, the coverage of local child-care centers and coverage of providers within each center regarding the technical assistance and mental health services provided could be assessed.

In sum, Asian American youth programs provide social settings for youth that can be empowering and facilitate multiple domains of youth development—cognitive, socioemotional, health, and physical. However, many youth programs have theories of change that are solely at the individual level. In this chapter, we have delineated how a setting-level approach may be a powerful lever to improving youth outcomes for Asian Americans at the population, not individual, level.

## NOTE

1. A sample of 30 programs that varied in terms of ethnicity served, geographic area, and longevity were selected.

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