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Lynda Anne Moy
From Yellow Peril to Model
Minority: Deconstruction of the
Model Minority Myth and
Implications for the Invisibility of
Asian American Mental Health
Needs

ABSTRACT

The model minority myth is a racial stereotype imposed upon Asian Americans, often depicting them as a successful and high-achieving monolithic group in the United States. This paper examines sociopolitical functions of the term “model minority” and implications for this broad and diverse racial group by reviewing existing literature and conducting an analysis of qualitative interviews with 12 Asian Americans. The findings of this study suggest that while the model minority myth appears to be a positive stereotype, it may lead Asian Americans to experience distress through (a.) a sense of *confinement*, (b.) treatment as *foreigners*, and (c.) *erasure* and *invisibility* of challenges around identity, racism and discrimination, immigrant and refugee experiences, mental health, and accessing culturally sensitive resources. This study concludes by urging for cessation of the term model minority and further investigation of consequences on invisibility of Asian American mental health needs and oppression of other minority groups.

**FROM YELLOW PERIL TO MODEL MINORITY: DECONSTRUCTION OF THE
MODEL MINORITY MYTH AND IMPLICATIONS FOR THE INVISIBILITY OF
ASIAN AMERICAN MENTAL HEALTH NEEDS**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2017

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These pages were written in honor of Grandma and in loving memory of Grandpa, Gung Gung, and Po Po.

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I am overwhelmed with gratitude for the love and support of my family and friends. To Mom, thank you for boarding that one-way plane to America 49 years ago and for working fiercely and tirelessly every day since so that we might have a better life. Thank you for your brilliance, resilience, courage, and strength; for all of the sacrifices that you have made for us; and for the exquisite ways that you extend your care and empathy to all. There is a part of you in everything I do and everything I am. To Dad, thank you for all of the ways that you have taught me to never stop asking questions, wondering and exploring, and remembering that there is always something new to learn. I always held your infectious laugh and sense of humor in mind when I needed reminders to find joy throughout this process. Thank you to my siblings Steven, Michelle, and Jennie for all of the loving ways you have supported and always taken care of me.

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CHAPTER I

Introduction

After I walked away and you screamed, “Go back to your fucking country...” “I was born in this country!” I yelled back. It felt silly. But how else to prove I belonged? This was not my first encounter, of course with racist insults. Ask any Asian-American, and they’ll readily summon memories of schoolyard taunts, or disturbing encounters on the street or at the grocery store...Maybe you don’t know this, but the insults you hurled at my family get to the heart of the Asian American experience. It’s the persistent sense of otherness that a lot of us struggle with every day. That no matter what we do, how successful we are, what friends we make, we don’t belong. We’re foreign. We’re not American. (Luo, 2016, New York Times)

In an open letter, New York Times Editor, Michael Luo, addresses the woman who yelled at him on the streets of New York and demanded that he and his American-born family go back to China. The initial shock and anger that Luo experienced from this encounter of racial insults in Manhattan later transformed into pangs of sadness. Luo describes an experience of being othered, being treated as a foreigner, and not feeling a sense of belonging in this country that is familiar to many Asian Americans in the United States.

When discussing the model minority myth, it is imperative to acknowledge the origin and deconstruct the meaning of this racial stereotype of Asian Americans as a model of upward mobility, socioeconomic success, and traditional family values. Sociologist William Petersen

first coined the term “model minority” in 1966 in an article that he wrote for the New York Times. The term model minority refers to an ethnic minority who has achieved success in the United States despite marginalization. However, the model minority myth ignores and circumvents the discourse of over a hundred years of pervasive anti-Asian sentiments, prejudice, discrimination, and collective trauma. Preceding the model minority myth were the years of relentless use of dehumanizing rhetoric to mark Asians as “racially inferior,” “threatening,” “exotic,” and “degenerate,” (Guo, 2016). The “yellow peril” was a racist and xenophobic phrase constructed in the 19th century in response to Chinese and Japanese migrant workers during the gold rush. The term yellow peril has been used to denigrate Asians in the United States, with “yellow” referring to the color of their skin and “peril” referring to the fear of Asians expanding and overpowering the West.

The model minority myth flattens the nuances and complexities of Asian American identities and experiences. The model minority myth disregards and makes invisible over a hundred years of historical racism and discrimination, perpetual *othering*, treatment as foreigners, disenfranchisement, racial and collective trauma, immigrant and refugee experiences, and psychological harm and emotional distress. The myth ignores all that Asians have suffered, endured, and been transformed by – including racial exclusion, starting with the ban on Asian migrant labor in 1882; the unconstitutional incarceration of Japanese Americans during WWII; and the legacy of American wars in the Philippines, Korea, and Vietnam (Wu, 2012). The hegemonic construction of a new public image of Asian Americans as the model minority – capable of assimilating and politically nonthreatening – created a new dominant narrative about Asian Americans that has strategically served as a model for political cooperation.

Experts draw parallels between the political climate of the exclusion era and today, including a presidential election that amplified anti-immigrant sentiment, the growing economic fears of White Americans, and proposed implementation of policies that would drastically shape immigration laws in the United States (Chow, 2017). Cynthia Choi, Executive Director of Chinese for Affirmative Action warns us: "This is important for the Chinese American and broader Asian American community, to stand up against the new targets to this new form of exclusion, for us to say it was wrong 135 years ago and it's wrong today. We're in a unique period where accurate information is not as easily attained, so there are a number of people who are on the fence, who are confused about the policies, who — more dangerously — feel as though this doesn't affect them."

Understanding subjective history is paramount to deconstructing the origins of the model minority myth and how Asian Americans are positioned in the current dominant discourse on race in the United States. Subjective history includes the legends, myths, successes, exaggerations, and events remembered selectively or as never having taken place (Fisher, 1998). It is critical to recognize the underappreciated significance of history as actually remembered, as well as history as fact. When the nature of conflict issues and historical events involving Asian Americans are ignored and erased from American history, Asian Americans are cast into singular hegemonic narratives, such as the yellow peril and the model minority myth. Newer generations of Asian Americans may hold less compelling memories of their racial or ethnic group's history and new history dilutes the old (Fisher, 1998), creating a subjective history in the current generation's sense of ethnic identity, an erasure and invisibility of historical and present collective traumas, and a susceptibility to believing in and accepting the model minority myth.

In order to understand the current fight for Asian American visibility, it is essential to address how the media portrays, erases, distorts, and shapes the image of Asian Americans and the way that political leadership presents Asian American identity in public discourse with respect to the process of contesting power. The media reinforces stereotypes of Asian Americans by portraying them as foreigners who cannot assimilate, immigrants who “take” from the U.S. without giving back, the flawless model minority with no humanity, Asians occupying restricted clichéd professions and are limited to supporting roles, Asian males with negative or non-existent sexuality, and highly exoticized and subservient Asian females (Media Action Network for Asian Americans, n.d.). In order to understand this seemingly drastic shift of Asian Americans from yellow peril to model minority, one must critically examine and evaluate how the media and political leadership strategically influences these hegemonic narratives.

While myths may hold some truth, their origins are often rooted in complicated histories with unintended consequences. Over time, the perpetuation of these hegemonic narratives and myths draws its strength from belief. The model minority myth is no different in that it has a complex history in the United States. Its meaning and impact on individuals of the Asian American community are vast, dynamic, and ever changing. The internalization of the expectation that one can be a model of success by working hard, climbing up the socioeconomic ladder, maintaining traditional cultural and familial values, while remaining politically invisible and seen as a perpetual foreigner has implications for the larger Asian American community. This paper will discuss the implications of the model minority myth on Asian Americans and their perceptions of self and others, identity formation, racism and discrimination, mental health, help-seeking behaviors, and barriers to accessing culturally sensitive resources.

CHAPTER II

Literature Review

Introduction

From “hard working, studious, unassuming, and thrifty” to “inscrutable, sneaky, and competitive” (Naito, 1997), perceptions of Asian Americans continue to shift as they always have throughout the course of history in the United States. Asian Americans are believed to be able to overcome their status as minorities to achieve success by working hard, studying and achieving in higher education, and saving and sacrificing for the future. However, this present hegemonic narrative and seemingly positive stereotype of Asian Americans cannot be discussed in public discourse about race without also discussing how Asian Americans have also been perceived as the yellow peril: “military, cultural, or economic enemies and unfair competitors for education and jobs” (Naito, 1997, p. 72).

By "Asian American" I will be referring to individuals of Asian descent who live in the United States, regardless of their citizenship status. The 2010 Census Bureau defines “Asian American/Pacific Islander” as including persons from over sixteen nations of origin and ethnic groups and over twenty Pacific Island cultures. I use "Asian American," rather than "Asian Pacific American" or "Asian American/Pacific Islander," not to exclude those from Pacific Island cultures, but because of the continual evolution of the language used to describe this highly heterogeneous group. I also include in my usage of “Asian American” those from

multiracial and multiethnic heritage who may not be included in the government's definition of "Asian American/Pacific Islander."

The model minority stereotype has been used to purport a story of Asian Americans as a model of success in the discourse about ethnic and racial minorities, but in fact has deeper implications for the Asian American psyche and beliefs about self in society. The model minority myth has many repercussions: it dismisses the reality of racial prejudice and discrimination, leads to the erasure and loss of repressed Asian American histories and identities, silences and makes invisible disenfranchised grief which may present as traumatic grief that is unresolved and transmitted across generations, and shapes identity and emotional distress (Tummala-Narra, 2016, p. 20). This literature review highlights the importance of understanding the concepts such as internalized racism, racial trauma, and immigration trauma when working with the Asian American population.

The purpose of this study was to explore Asian American beliefs and experiences related to the model minority stereotype and other forms of racial prejudice, discrimination, and bias. It also studied their attitudes towards the current system of mental health services, particularly psychotherapy, and their ideas about how these services can be adapted to become more culturally sensitive and improve rates of access and retention in treatment. This study aimed to answer the following research question: How does the internalization of the model minority myth impact Asian American mental health and attitudes towards help-seeking behaviors? My research study aimed to provide cultural validity by addressing the limitations of treating all Asian Americans as the same and by focusing on a small subgroup of Asian Americans as the research population. For the purpose of this study, aspects of the model minority myth and Asian American mental health will be distinguished and discussed: (1) Asian Americans, (2) The

Model Minority Myth, (3) The Yellow Peril, (4) Anti-Asian Racism and Discrimination, (5) Asian Cultures and Traditional Values, (6) Asian American Mental Health, and (7) Culturally Sensitive Treatment.

Asian Americans

“Asian Americans,” “Asian Pacific Islanders,” and “Asian Pacific Islander Americans” are terms that are often used to refer to members of groups who may share common ethnic origins in Asia and the Pacific Islands. Asians comprise sixty percent of the world’s population while Asian Americans constitute approximately five percent of the United States population. While Asian American groups are heterogeneous in nature, researchers have often studied the subgroups as an aggregate group due to (perceived) shared or similar cultural values that differ from the Western population. Members of these ethnic groups include, but are not limited to, individuals of Korean, Japanese, Chinese, Indian, Filipino, Vietnamese, Thai, Cambodian, Hawaiian, Hmong, Samoan, and Guamanian descent (U.S. Census, 2012). “Asian Americans” might be considered more of a demographic category than a specific community with shared language, religion, history, or culture. Yet with all of our diversity, there is often a shared experience of otherness and invisibility that many Asian Americans face in the United States.

Asian Americans have been historically ignored in the public discourse on race and racism. Since Asian Americans as a group are comprised of such a broad and diverse range of countries of origin, ethnicities, cultures, languages, religions, and histories, it is impossible to generalize the concerns and needs of all Asian Americans. Imposing the model minority label on Asian Americans not only excludes this group from discussions around experiences of marginalization, oppression, and disenfranchisement, but it also hides the necessity for discussion about the ways in which the current system of mental health services is not meeting

the needs for this population. Thus, this study will seek to evaluate the impact of the model minority myth on the current barriers preventing Asian Americans from accessing culturally sensitive resources and mental health services, as well as explore the variance of sociocultural contexts of Asian Americans as they relate to fit within the current models of Western psychotherapy.

The Model Minority Myth

The term “model minority” was coined by sociologist William Petersen in his 1966 New York Times article: “Success Story: Japanese American Style” (Wang, 2016). Petersen attributed the apparent success of Japanese Americans to cultural and familial values and genetics – just twenty years after their forced incarceration in internment camps during World War II. This followed the 1965 Moynihan Report that blamed African-American culture and family structure for their socioeconomic problems (Guo, 2016) thereby diverting attention away from the systemic and institutional racism that had existed and still continues to exist in the United States today. Some have described the creation of the model minority myth as a partial response to the Civil Rights Movement, when African Americans fought for equal rights and an end to racial segregation in the United States. White America tactically used and presented Asian Americans as this image of a model minority to argue that African Americans could also build their community around focusing on education and conforming to racial segregation and the institutional racism and discrimination during the time period.

Disregarding the fact that Asian Americans were also marginalized, racially segregated, and were facing similar economic and social issues as other racial and ethnic minorities, it has been argued that White America used Asian Americans because they were not perceived as a “threat” due to “having less of a history of political activism in fighting racism, their smaller

population, the successes of their businesses in smaller segregated communities, and the fact that Chinese, Japanese, and Filipino Americans were meeting the national average in terms of education” (Hirschman & Wong, 1986). Resistance to this stereotype in the 1960s-1980s could not gain enough support because of this stereotype’s seemingly positive connotations. While many Asian Americans welcome the positive connotations, many others believe that there are more harmful and damaging psychological and sociopolitical consequences of this stereotype.

The model minority myth perpetuates the idea that Asian Americans have reached a level of success and upward mobility in the United States and do not need access to any additional resources, support, and services. Asian Americans have been cast as the model minority because of their seemingly high academic achievement, occupational status, and family incomes. This is misleading, as it disregards the difference in incomes and educational levels between immigrant and American-born Asian Americans, as well as the majority of Asian Americans who do not fall into this stereotype. While some Asian Americans have been able to turn their educational achievement into occupational success, the “bamboo ceiling” (Mundy, 2014) prevents many Asian Americans from being promoted into higher positions of power in employment agencies, businesses, and corporations (Barringer, Takeuchi, & Xenos, 1990).

The model minority myth is deceptive as it compares the average family income of Asian Americans to Euro-Americans. However, in general, Asian American families have higher incomes because more people in Asian American families tend to work than in Euro-American families (Uba, 1994). Asian Americans tend to live in more expensive urban areas such as Honolulu, San Francisco, Los Angeles, and New York where the average resident tends to earn more money than the average American in areas of the United States with a lower cost of living (Uba, 1994). When compared to the Euro-American residents living in the same areas, the

incomes of Asian Americans are usually lower (Moritsugu & Sue, 1983). Moreover, shared multi-generational homes may inflate statistics that are reported regarding household incomes of Asian American families, not accounting for the occupancies of several generations of family members in the same household.

Furthermore, the model minority myth implies that if Asian Americans fare better in educational and employment settings, they are somehow immune to the effects of racism (Liang, 2004; Wong & Halgin, 2006). When the model minority myth is perpetuated, it can be politically operationalized to obscure the problems and challenges that Asian Americans face, resulting in the neglect of Asian Americans in research and intervention programs (Miller, 1992; Wong & Halgin, 2006). The political use of this label also serves to reaffirm the belief that any group can be successful through hard work, determination, and the right values. In turn, this works to minimize racism and oppression as important social forces that affect minority groups in the United States (Sue & Sue, 2003). Finally, it can foster feelings of resentment and interethnic conflicts between Asian Americans and other minority groups (Sue, 2009).

The Yellow Peril

When examining the stereotypes of Asian Americans, it is impossible to discuss the model minority stereotype without also discussing the dialectic of the “yellow peril” that originated from anti-Asian racism and xenophobia. The yellow peril is racist rhetoric that refers to the belief that people from East Asia are a threat and a menace to the Western world (Yang, 2004). The psycho-cultural fear of the yellow peril is rooted in racist terror of foreign cultures and the belief that the West might be overpowered and enveloped by the East (Palmer, 2011).

The racist stereotypes of the yellow peril originated in the late 19th century when Chinese workers immigrated to Western countries, including the United States, and received backlash for

agreeing to work for lower wages than the local White population (Kawai, 2005). Following the Burlingame Treaty of 1868, which allowed for the legal migration of unskilled workers from China, tensions arose as White working class Americans demanded that the government prohibit the immigration of Chinese people (who were regarded at the time as “filthy yellow hordes”) whom they believed were taking their jobs during an economic depression (Yang, 2004). In the Western United States, the practice of lynching Chinese people became common. In Los Angeles, the Chinese Massacre of 1871 initiated over twenty years of anti-Asian violence in the American West, including the 1885 Rock Springs massacre, the Attack on Squak Valley Chinese laborers in 1885, the Tacoma riot of 1885, the Seattle riot of 1886, and the Hells Canyon massacre in 1887 where 34 Chinese gold miners were robbed and killed (McClain, 1994).

This anti-Chinese sentiment eventually led to the United States implementing the first legal action to prevent a specific ethnic group from immigrating to the United States: The Chinese Exclusion Act of 1882. The Chinese Exclusion Act of 1882 effectively prohibited immigration of Chinese laborers from entering America (Kanazawa, 2005) and legitimized discrimination. When the exclusion act expired in 1892, Congress extended it for 10 years by implementing the Geary Act and made legal exclusion permanent in 1902 (Beach, n.d.). This extension also required each Chinese resident to register and obtain proof of residence or face deportation. Over the years, the Geary Act monitored and regulated Chinese immigration. After Congress adopted new methods for regulation including quotas and requirements related to national origin, it repealed all of the exclusion acts and gave Chinese immigrants the right to seek naturalization (Beach, n.d.). The Immigration Act of 1965 enabled skilled immigrants and persons seeking political asylum from East Asia to enter the United States, which generated an influx of highly educated Asians and Asian refugees (Beach, n.d.).

While the model minority label and yellow peril label may seem contradictory, characterizing people from Asian descent as “foreigners” allows dominant society to oscillate between the use of these labels indiscriminately and also when determined to serve as politically and economically advantageous. Associate Professor at the Georgia State University of Law, Natsu Taylor Saito (1997), postulates that freedom has historically enabled Asian migrants to be exploited as cheap labor and has masked real issues of discrimination against Asian Americans and other minority groups. Historically, people from Asian descent have been inextricably tied to the perception of “foreignness” in the United States. This perception of foreignness has shaped the construction of Asian American legal identity and has further reinforced a racial hierarchy. Saito (1997) argues, that “recognizing that foreignness creates this duality for Asian Americans may allow society to more effectively combat the presumption that Asian Americans are foreign and thus entitled to lesser standards of protection.”

As Gary Okihiro (2014) discusses in his book *Margins and Mainstreams: “Asians in American History and Culture:”*

The Asian work ethic, family values, self-help, culture and religiosity, and intermarriage- all elements of the model minority- can also be read as components of the yellow peril.

The yellow peril and the model minority are not poles, denoting opposite representations along a single line, but in fact form a circular relationship that moves in either direction.

The internment of Japanese Americans during World War II left an indelible mark on the psyche of Japanese Americans. The unlawful acts of civil right violations against Japanese Americans during this time were justified by drawing from pre-existing yellow peril sentiments. The racial identification of Japanese Americans as foreign, regardless of their citizenship status, served to justify the egregious incarceration of Japanese Americans. Saito (1997) states that this

underlying constant sentiment towards Asian Americans as foreign allows for the “magical right-before-your-eyes transformation of the images of Asian Americans from positive to negative and back to positive again. Each of the images have been painted with the brush of foreignness, and it is this tinting that provides the continuity behind the changing values attributed to them” (p. 76).

Marking the racial identity of Asian Americans as foreign serves a political function to create and reinforce socioeconomic hierarchies in the United States. Saito (1997) argues that Asian Americans are triangulated as the model minority and a buffer between those identified as White and Black. This constructs the precipice whereby Asian Americans are perpetually *othered*, viewed as foreigners, and can be treated as enemies against whom “real Americans” can unite against during times of national crisis and economic instability.

Anti-Asian Racism and Discrimination

The model minority myth functions to mask the pervasive anti-Asian racism and discrimination evident in Asian American history in the United States. It is crucial to deconstruct and scrutinize this myth and the detrimental impact of its perpetuation on the Asian American community and other racial and ethnic minorities. While some may view the model minority label as a positive stereotype, Asian Americans often face the brunt of the repercussions of this divisive and dangerous hegemonic narrative.

The Murder of Vincent Chin. Vincent Jen Chin was a Chinese American man who was brutally beaten and murdered in Detroit, Michigan in 1982. Between the late 1970s and early 1980s, the auto industry was faced with increased competition from Japanese auto manufacturers. As auto manufacturers announced massive layoffs, tensions rose and frustrations were targeted toward Asian Americans. While celebrating his bachelor party in 1982, Chin was

mistaken for being Japanese and was beaten to death with a baseball bat until his head cracked open by a Chrysler superintendent, Ronald Ebens, and his nephew, Michael Nitz (Wu, 2012). The subsequent, disturbing events of the Vincent Chin murder are critical in understanding how racism and discrimination can operate against Asian Americans and the deleterious impact of the model minority stereotype.

While Vincent Chen's murder and this hate crime incited outrage from the Asian American community, local civil rights organizations passed on litigation and chose not to focus on someone of "model minority" status. Ebens and Nitz pleaded to manslaughter and were sentenced to three years of probation and fined \$3,000 (Venkataraman, 2012). This murder catalyzed political activity among Asian Americans: "Remember Vincent Chin" became a rallying cry and united Asian Americans as they protested in cities across the country for the first time (Wu, 2012). Asian American activism spurred federal prosecutors to bring civil rights charges against the two perpetrators. While Ebens was convicted of violating Chin's civil rights and sentenced to 25 years in prison, this conviction was overturned in appeal.

While Ebens denied that this murder was racially motivated, witnesses reported Ebens blamed Vincent Chin for the success of Japan's auto industry while using racial epithets. The injustice of Vincent Chin's murder and the refusal of the criminal justice system to accept his murder as a hate crime have implications for the continual lack of racial and social justice for Asian Americans in the United States. The model minority label imposes a false identity and social status onto Asian Americans and consequently reinforces a racial hierarchy whereby Asian Americans are viewed as powerless.

Racial Microaggressions. Racism refers to prejudice or discrimination against a group of people because of racial or cultural characteristics and the belief that a group is inherently

inferior because of their perceived racial identity. Overt racism, such as slavery, genocide of Native Americans, and anti-immigration laws prohibiting Asians from immigrating to the United States, might be more clearly identifiable. However, racism can also manifest in American social, political, and economic life through more subtle and ambiguous processes. Uba (1994) argues that rather than stating that other subordinated groups are biologically inferior, racism may be perpetuated by claiming that members of other races “lack character, American cultural values, or competence in American culture” (p. 21).

Racial microaggressions are defined as, “brief commonplace verbal, behavioral and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults that potentially have harmful or unpleasant psychological impact on the target person or group” (Sue, 2006). Since microaggressions are common, brief, and seemingly innocuous, these exchanges can be easily dismissed. While microaggressions deliver denigrating messages to people of color because they belong to a perceived racial minority group, it is unclear how they impact people of color and what the strategies are used to deal with them (Sue, 2006). Because microaggressions can occur unconsciously, individuals can perpetrate these biased acts unintentionally and without knowledge of their actions (Sue, 2003). Racial microaggressions towards Asian Americans can be manifested in verbal statements such as: “All Asians look the same,” “You speak such good English,” and “So where are you really from?” (Solorzano, 2000). Asian Americans indicate that they perceive these statements as invalidating and insulting because they reflect mistaken identity and the assumptions that Asian Americans are indistinguishable from one another and foreign-born in their own country (DeVos & Banaji, 2005; Sue & Sue, 2003).

Although there is a history of racism against Asian Americans, there has also been a lack of acknowledgement and attention to the prejudice and discrimination directed against them (Sue & Sue, 2003). One explanation might be that the discourse on racial issues in the United States has been dichotomized into Black and White terms (Liang, Li, & Kim, 2004). The long history of disenfranchisement and anti-Asian discrimination in the United States has largely been erased from public discourse of American history. As a result, the psychological and emotional needs of Asian Americans are often ignored and overshadowed by the dominant racial discourse of the experiences of Whites and Blacks. Research has shown that racial discrimination is a potential social risk factor of mental illness; it is related to physical and psychological well-being; and it contributes to stress, depression, and anger in the individuals who are targeted (Chakraborty & McKenzie, 2002; Kim, 2002).

Asian Cultures and Traditional Values

“Asian culture” is a term commonly used indiscriminately to describe the cultures of over twenty-five groups of Asians and Pacific Islanders. Culture refers to the beliefs, attitudes, behavior patterns, and modes of communicating that are shared by a group. Culture can affect how individuals perceive, understand, and respond to their environment. Asian American cultures can shape family dynamics; personality; the meanings attributed to behaviors; the perception of what constitutes a psychological problem; the manifestation, appraisal, and treatment of psychological problems; and the perception of behavioral alternatives” (Uba, 1994, p.12). Although some traditional Asian values are grounded in Confucianism, Taoism, and Buddhism and are shared by many Asian cultures, there are also significant differences among Asian cultures (Uba, 1994).

Traditional Asian values are often characterized by an emphasis on maintaining harmony in relationships (Abbott, 1967; Caplan, Whitmore, & Choy, 1989; Union of Pan Asian Communities, 1978). Other values are encouraged because they promote interpersonal harmony and the priority of group interests over individual interests (Abbott, 1976; Goldstein, 1988; JWK International, 1978; Kitano & Kikumura, 1976; Timberlake & Cook, 1984), the priority of duties over rights (Moore, 1967), and the importance of fulfilling obligations – particularly family obligations (Asian American Community Mental Health Training Center, 1976). The concepts of stigma and shame also have implications for Asian Americans’ low utilization of mental health services. Asian Americans may adhere to these values even if they are not aware that these values have Asian roots or that these values serve interpersonal harmony (Uba, 1994, p.15-20).

When discussing mental health service utilization among Asian Americans, it is important to understand potential cultural ideas about illness and mental health that affect their perception of the need for help. Additionally, terms related to emotion do not always have equivalent translations between English and Asian languages, which results in Asian American clients showing some difficulty discerning differences between words such as “sadness” and “depression” (Yang & WonPat-Boria, 2007). Thus, Asian American clients may experience challenges in understanding Western-based scales and provide responses that are not conceptually equivalent to the measure’s intended meanings (Chu et al., 2011).

Furthermore, inhibition of emotional expression, hidden suicidal ideation, or somatization of distress may contribute to the underestimation and under-detection of mental health symptoms in Asian Americans. Chu et al. (2011) emphasizes the importance of the integration of an awareness of cultural influences in mental health professionals’ choice of assessment,

instrument, and interpretation of reported responses as these responses may have barriers to accurate data for Asian American subgroups.

Asian American Mental Health

Research on Asian Americans has historically been ignored or has not adequately created an accurate depiction of their mental health status in society. The model minority stereotype myth implies that even when Asian Americans do have problems, they effectively deal with these problems (Uba, 1994). There is a belief that close-knit Asian American families and ethnic communities quietly and effectively prevent psychosocial stressors from leading to the development of mental disorders. The fallacies of this stereotype will be discussed in the following section.

The prevalence of mental disorders among Asian Americans is unclear, and issues arise in assessing these rates. The rates of mental disorders of Asian Americans are often compared to rates among Euro-Americans and derive from sources such as subjective reports of psychological distress, rates at which mental health services are utilized, and the clinical diagnoses of psychopathology (Uba, 1994). Assessing rates of mental disorders or mental health needs by relying on self-reports can produce biased results as sociocultural factors define what is mental health or mental illness and what is determined to be maladaptive behavior in one culture might not be maladaptive in another (Eisenbruch, 1991). Thus, Asian Americans may use different standards to determine whether a behavior is a problem or a psychological or emotional disturbance. Comparing prevalence rates of psychopathology based on the rates at which groups seek mental health services can be misleading as Asian Americans and Euro-Americans with the same underlying issues may seek services at different rates.

Research has revealed some predictors of mental health problems among Asian Americans including: employment and financial status, gender, old age, social isolation, relatively recent immigration, and refugee pre-immigration experience and post-migration adjustment (Uba, 1994, p.175). Although the first four predictors listed are shared between Asian Americans and the general population in the United States, the underlying reasons for their circumstances may be different. For instance, social isolation for Asian Americans who emigrated from other countries may be rooted in a lack of familiarity with American culture, a lack of proficiency in English, or separation from family that remain in Asia.

The stress of immigration, isolation, and life disruption appears to increase the risk for mental disorders. In a comparison study of Korean individuals who recently immigrated with those who immigrated several years ago, Moon and Pearl (1991) found that recent Korean immigrants feel more “alienated, powerless, and socially isolated” than Koreans who have been in the United States for many years. The relevancy of immigrant status to the mental health of Asian Americans may depend on many factors including their age upon arrival, their socioeconomic status, whether they were educated in the United States or Asia, and their support system in America. While this does not mean that all Asian Americans who recently immigrated to the United States will develop a mental disorder, it is a unique aspect of the experiences of some Asian Americans (that is distinguished from the general population) and serves as a statistical predictor to determine which Asian Americans might be at a greater risk to develop a mental disorder.

Asian refugees also face challenges in their pre- and post-migration experiences, including adjustment difficulties. Southeast Asians, in particular, experience life changes related to the presence of physical and psychological problems (Lin, Masuda & Yazuma, 1982; Masuda,

1980). Migration experiences predict mental disorders, especially for Southeast Asian women (Lee, 1988). Histories of trauma appear to predict that Southeast Asians are at highest risk for mental health problems. Those who have experienced trauma show symptoms of depression, anxiety, and somatization than those who were not traumatized (Kroll, Habenicht, Mackenzie, Yang, Cham, Van, Nguyen, Ly, Phommasouvanh, Van, Souvannasoth, & Cabugao, 1989). The specific conditions and circumstances that force Asian refugees to flee their countries for the United States differs from that of other Asian immigrants. This further supports the notion that Asian Americans are a heterogeneous group with innumerable psychosocial stressors that are relevant to their specific mental health needs.

Asian culture can shape the expression, recognition, and social acceptance of problems and mental illness. Saving face is a powerful underlying cultural value to understand when discussing the recognition and management of the stigma of mental illness in Asian American cultures. Saving face is the desire or strategy for one to avoid humiliation or embarrassment, maintain dignity, and preserve the reputation and public image of one's self and family in a collectivist tradition (Kramer, Kwong, Lee, & Chung, 2002). Collectivist traditions discourage open expression of emotions in an effort to maintain social or familial harmony and avoid exposure of personal weakness (Kramer et al., 2002). Experiences of stigma and shame around mental illness may derive from the belief that mental illness reflects poorly on one's lineage. Psychological barriers and cultural views and attitudes about mental health may "sensitize Asian Americans to somatic discomfort and desensitize them to mental distress during a psychological crisis" (Zhang, Snowden, & Sue, 1998), which may prevent them from identifying a mental illness. Thus, it is more acceptable to express emotional distress in somatic, rather than psychological idioms (Kramer et al. 2002).

Asian Americans manifest mental disorders and other mental health concerns in some forms more commonly than in others. These forms include somatization, substance abuse, suicide, depression, anxiety, low self-concept, and relationship conflicts (Matsushima & Tashima, 1982; Chun, Enomoto, & Sue, 1996; Lin & Cheung, 1999). Even if a psychological cause for mental illness is recognized, Asian Americans may not discuss it out of feeling shame and self-criticism based on perceived negative social response (Zhang et al., 1998). Asian Americans have been observed to report more somatic complaints than emotional complaints as a way to express mental distress, which has been considered a coping strategy through which external support or care can be gained by social recognition of medical problems (Kleinman, 1982; Chun, Ecomoto & Sue, 1997). The available research suggests that the prevalence of mental health issues and mental disorders in Asian Americans are most likely due to the additional psychosocial stressors facing them than the general population in the United States.

Research on the rates of mental health issues and mental disorders among Asian Americans can have many implications for how services are implemented and how Asian American individuals, families, and communities cope with mental health concerns. This research refutes part of the model minority myth that dehumanizes Asian Americans as archetypes of over-achieving minorities without any psychological, social, or emotional complexities. To advance our understanding of the unique mental health challenges of the Asian American population, critical research and evaluation is required to understand the consequences of the perpetuation of the model minority myth on public policy and how that influences providers in the mental health field to recognize the need for culturally sensitive mental health services and resources in Asian American communities. It can provide justification for the funding of mental health education, outreach and treatment programs, and for training therapists

to provide culturally sensitive services to Asian Americans (Uba, 1994). Further investigation in this area is necessary in order to determine which Asian Americans are most at risk for developing mental disorders and what kind of prevention and treatment programs might be most relevant.

Culturally Sensitive Treatment Options

Cultural treatment adaptations are a process in which evidence-based practices in mainstream populations are tested and modified for the specific cultural needs of ethnic minorities like Asian Americans. Culturally adapted practices consider language, culture, and contextual issues consistent with clients' cultural values, beliefs, and practices. The results demonstrate some beneficial outcomes in diverse populations (Bernal, Jimenez-Chafey, & Rodriguez, 2009; Griner & Smith, 2006).

Collaborations between mental health providers and other care resources that are less stigmatized and more commonly sought by Asian Americans may be beneficial to supporting Asian Americans with mental health concerns. Asian Americans may demonstrate an increase in service access through primary care providers, healers, community organizations, and religious leaders. Research suggests that the integration of behavioral health in primary care settings can increase treatment engagement rates among Chinese American primary care patients with depression (Yeung, Shyu, Fisher, Wu, Yang, & Fava 2010). The primary care setting can utilize and facilitate culturally sensitive collaborative treatment with a multidisciplinary team and offer an avenue for Asian Americans to receive treatment in a manner that may be more responsive to their cultural needs.

Researchers have begun to discuss treatments for Asian Americans that fit with cultural conceptions of mental health. This approach of modifying evidence-based treatments and

bridging mental health services with other more culturally-acceptable services have shown some improvements to treatment options for Asian American individuals. For example, San Francisco's Richmond-Maxi Center was specifically designed to serve Asian Americans. The Richmond-Maxi Center found that more clients were treated at this culturally relevant mental health facility in the first three months of its establishment than in the previous six years in that area (Murase, n.d.; Wong, 1977). Asian Americans are more likely to use mental health services when the facility employs bilingual and bicultural personnel (Wong, 1982). Asian Americans with substance abuse issues are more likely to continue treatment at facilities that are staffed with members of their ethnic group because they feel that they can "trust, relate to, and communicate and identify with the staff in these facilities" (Westmeyer, 1984).

Asian Americans generally increase their use of mental health services when therapists and service providers are Asian Americans (Atkinson & Matsushita, 1991; Atkinson, Poston, Furlong, & Mercado, 1989; Wu & Windle, 1980). When Asian American clients share the same ethnicity as the therapist, they are less likely to drop out of therapy (Flaskerud & Liu, 1990; Sue, 1991). This finding is consistent with the notions that Asian American clients prefer culturally similar or culturally sensitive therapists and that the absence of such therapists results in lower rates of usage of mental health services by Asian Americans (Atkinson et al., 1989). Most importantly, Asian American clients tend to prefer that their therapists be older than them; that he or she has similar attitudes, personality, and socioeconomic status as them; and that he or she is empathic (Atkinson et al., 1989). This may be related to cultural values such as filial piety, deference to authority, humility and hard work, and harmonious relations. There is a growing need for more innovation and efforts around recruiting and training more diverse therapists, clinicians, and mental health service providers who reflect the racial, ethnic, and cultural

diversity of the Asian American population. The need for more extensive and comprehensive education and training of Asian and non-Asian providers around cultural sensitivity and cultural responsiveness remains a core issue in the mental health field.

Conclusion

The research presented in this chapter has demonstrated that the Asian American population needs mental health services. However, many factors may deter them from seeking services such as their perceived identities as Asian Americans; perpetuation of the model minority myth; experiences of racism and discrimination; cultural values and beliefs; differences in identifying and coping with psychological and emotional problems; and lack of accessibility to culturally sensitive treatment services. In an effort to bridge the gap, deal with these barriers, and provide mental health services to Asian Americans, it is imperative that more research is conducted on how the internalization of the model minority myth impacts Asian Americans, their mental health, and their attitudes about help-seeking behaviors. In the following chapter, I will discuss the methodology used in this study to interview Asian American adults in the San Francisco Bay Area about their beliefs on the model minority myth and how it has affected them, their mental health, and their willingness to utilize mental health services.

CHAPTER III

Methodology

The purpose of this study was to explore beliefs and experiences among Asian Americans with the model minority stereotype and other forms of racial prejudice, discrimination, and bias. It also studied their attitudes towards the current system of mental health services – particularly psychotherapy – and their ideas about how these services can be adapted to become more culturally sensitive and improve rates of access and retention in treatment. This study aimed to answer the following research question: How does the internalization of the model minority myth impact Asian American mental health and attitudes towards help-seeking behaviors?

I utilized qualitative research to collect data for this study. This study presented subjective accounts collected from adults over the age of eighteen who self-identified as Asian or Asian American. Data collection included recorded, in-depth, semi-structured interviews on participants' experiences with the model minority myth, identity formation, racism and discrimination, interactions with social systems, beliefs and attitudes about the mind and the body, cultural beliefs related to psychological distress and its influence on the manifestation of symptoms, emotional attunement and expression, help-seeking behaviors, and the mental health care system (specifically psychotherapy). Purposive and snowball sampling methods were used since this study was largely exploratory in nature and aimed to collect narratives from Asian Americans of various ages, gender identities, occupations, immigration status, levels of education, and levels of acculturation.

Recruitment method included solicitations via flyers (See Appendix B) explaining the following: the purpose of the study and eligibility criteria, a brief description of the benefits of participation, and researcher contact information to discuss the study and to develop a plan to conduct the interview. I posted the flyers on public community bulletin boards in Asian American communities in San Francisco, Oakland, Berkeley, and cities in the San Francisco Bay Area. This included, but was not limited to, public areas with community bulletin boards in Asian American community centers, recreational centers, restaurants and cafes, and other public areas allowing the posting of flyers with approval. I also posted these flyers to my social network on Facebook to inquire if they would be willing to share my study with others and refer potential participants who fit the eligibility requirements of the study. Once potential participants contacted me via e-mail or phone, I ensured that each participant met the eligibility requirements; I answered any questions or concerns that they had about the study; and I scheduled another time to meet with them in-person, over the phone, or via video call to conduct the interview.

Sample

This study utilized a purposive, snowball sampling method to recruit participants. I posted flyers (Appendix B) that provided information about the study and eligibility criteria in community settings and on Facebook. The inclusion criteria for participating in this study included: 1.) participants must be 18 years or older, 2.) participants must self-identify as Asian or Asian American, 3.) participants must be fluent in English, and 4.) participants must be able to commit to participating in a one-time interview for thirty minutes to one hour.

Data Collection

This study was approved by the Smith College School for Social Work Human Subjects Review Committee (See Appendix A). Participants were provided with an informed consent form at the time of the in-person interview and in advance via e-mail if the interview was conducted over the phone or video call.

Data was collected through semi-structured interviews that lasted approximately forty minutes to one hour long, depending on the length of their answers. At the beginning of the interview, participants were asked to disclose basic demographic information including their age, gender identity, ethnicity, primary and secondary language, the city and state that they live in, occupation, marital status, citizenship status, place of birth, and the number of familial generations in the United States.

Participants were asked a total of seven open ended questions related to their experiences as Asian Americans, including beliefs about the model minority myth, racial and ethnic identity, racism and discrimination, emotional attunement and expression, mental health challenges and needs, and help-seeking behaviors. Additional follow-up questions were posed depending on their responses. The in-person, phone, and video call interviews were recorded with an audio recorder. I transcribed the audio recordings and disguised or removed any identifiable information to protect confidentiality.

Data Analysis

I manually analyzed the transcriptions of the data from the interviews. The data was organized thematically using reoccurring words, phrases, and patterns of information.

Ethics and Safeguards

Participants and researcher chose and mutually agreed upon the private or semi-private locations of each individual interview in the San Francisco Bay Area, California. This included

secluded rooms or areas in community recreational centers and libraries, which afforded the participants privacy during the interview. If the participant lived in another city or state, interviews were conducted via telephone or video call.

At the beginning of the study, I verbally discussed the potential risks and benefits of participating in this study, which could also be found in their signed consent form. I reminded them that their participation was voluntary, that no identifiable information related to their responses would be revealed, and that the entire session would be recorded. I distributed a short survey to collect demographic information such as age, race/ethnicity, gender, place of birth, current city/state, occupation, primary and secondary language, citizenship status, and number of familial generations in the United States. I provided each participant with a list of referrals and resources in their area, in addition to their own copy of the informed consent form (See Appendix D).

All research materials including recordings, transcriptions, analyses, and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. In preparing transcripts or quotations for my thesis, I omitted any identifying information. I assigned each participant a letter code, which became my method for analyzing and discussing that participant's data.

CHAPTER IV

Findings

Introduction

This chapter presents the findings from twelve, semi-structured interviews with Asian American adults over the age of eighteen. All participants reported that they were familiar with the concepts of the “model minority myth” and “mental health” and were willing to discuss their personal beliefs, values, and experiences related to these concepts. The first section of my study primarily focused on collecting demographic data on each participant. The second section of my study provided more descriptive, narrative information of how the unique intersectionality of each participant’s identities, sense of self, and experiences influenced their ideas about the model minority myth. The third section of my study explored participants’ beliefs about mental health and their experiences with and/or their ideas about help-seeking behaviors, counseling, or psychotherapy.

Due to recruitment limitations which I will elaborate on in Chapter Five, the Discussion chapter, most participants shared similar demographic patterns: self-identified female, age in mid-to-late twenties, first-generation Asian American, educated, and living in locations that are heavily populated by Asian Americans.

The interview was structured in the following manner: 1.) collection of demographic data about the participant, 2.) questions about participant’s beliefs about the model minority myth and how it relates to their racial and ethnic identity, sense of self, relationships to others, behaviors,

experiences with the stereotype, and racism and discrimination, and 3.) questions about participant's understanding of mental health and attitudes towards counseling, psychotherapy, or help-seeking behaviors. Questions from the first section of the interview were primarily close-ended and provided quantitative demographic data about each participant. Questions from the second and third section of the interview were qualitative in nature and the results will be discussed as categorical themes that emerged through my analysis of participants' responses, including patterns, similarities, and differences.

The first section on quantitative data includes the demographic data of the participants and an overview of the statistical analysis of this sample population.

Interview Section I: Demographic Data

The sample population consisted of twelve individuals: ten females (83%) and two males (17%). Ages of participants ranged from 22 to 39 years of age with four participants (33.33%) in the 20-24 year old range, six participants (50%) in the 25-29 year old range, one participant (8.33%) in the 30-34 year old range, and one participant (8.33%) in the 35-39 year old range. Of the twelve participants, eleven (91.67%) participants identified as Asian American or Asian American Pacific Islander and one participant (8.33%) identified as Asian. The self-reported racial and ethnic identities of the participants include: Chinese (33.33%), Vietnamese (8.33%), Korean (8.33%), Chinese-Vietnamese (8.33%), Singaporean (8.33%), Filipino (8.33%), Filipino-Italian and multiracial (8.33%), Korean-Italian (8.33%), and Burmese-Chinese (8.33%).

All participants spoke English with eleven (91.67%) participants reporting English as their primary language and one participant (8.33%) reporting Chinese as their primary language. Eleven of the twelve participants are United States citizens with seven participants (58.33%) identifying as first-generation Asian-American, three participants (25%) identifying as second-

generation Asian-American, one participant (8.33%) identifying as first-generation on her mother’s side and third-generation on her father’s side, and one participant (8.33%) who recently moved to the United States in the last eight months.

Participant occupations included graduate student (33.33%), financial associate product manager, vocational rehabilitation counselor, legal secretary, housekeeping assistant manager, production operator, social worker, program supervisor and therapist, behavioral interventionist, and communication and developmental manager. Participants who were interviewed via in-person, video call, or phone call interviews were located across the country primarily from the San Francisco Bay Area (41.67%), Greater Los Angeles Area (25%), Washington (8.33%), New York (8.33%), Boston (8.33), and Hawaii (8.33%). All participants reported that they were raised in and currently live in areas with large Asian or Asian American populations.

Table 1: Participant Demographics

Participant	Age	Gender	Race/Ethnicity	Primary/Secondary Language	Place of Birth	Current City/State	Family Generations Born in the U.S.	U.S. Citizen	Occupation
A	22	Male	Vietnamese	English/Vietnamese	Anaheim, CA	San Francisco, CA	1st Generation	Yes	Student
B	25	Female	Chinese	English/Mandarin	Syracuse, NY	New York City, NY	1st Generation	Yes	Associate Product Manager
C	24	Male	Asian/Korean	English, Korean	Los Angeles, CA	San Francisco, CA	1st Generation	Yes	Student
D	25	Female	Chinese American	English/Cantonese	Fremont, CA	San Francisco, CA	1st Generation	Yes	Vocational Rehabilitation Counselor
E	23	Female	Asian/Chinese/Vietnamese	English/Cantonese	Monterey Park, CA	Rosemead, CA	1st Generation	Yes	Legal Secretary/Student
F	39	Female	Chinese	Chinese/English	Singapore	Oahu, HI	None	No	Housekeeping Assistant Manager
G	27	Female	Asian/Filipino	English/Ilocano	Honolulu, HI	Auburn, WA	2nd Generation	Yes	Production Operator
H	29	Female	Filipino/Italian - Multiracial	English	Edison, NJ	Boston, MA	2nd Generation	Yes	Social Worker
I	32	Female	Korean/ Italian	English/Korean	San Rafael, CA	Hercules, CA	1st Gen., 3rd Gen.	Yes	Program Supervisor/Therapist
J	28	Female	Chinese	English/Chinese	San Diego, CA	Los Angeles, CA	2nd Generation	Yes	Behavioral Interventionist
K	25	Female	Asian American Chinese	English/Mandarin	Augusta, GA	San Francisco, CA	1st Generation	Yes	Dental Student
L	26	Female	Burmese Chinese American	English	Los Angeles, CA	Temple City, CA	1st Generation	Yes	Comm. and Development Manager

Interview Section II: Model Minority Stereotype

First-Generation Asian American Experience. Many first-generation participants shared their stories of their upbringing with immigrant and refugee parents, particularly regarding the pressure they have experienced in their upbringing to achieve success in America.

Most responses from participants spoke about how their family, especially their parents, uprooted their lives in Asia to come to America with expectations that their children would fulfill their dream for a “better life.” Five of the participants discussed having parents who were not financially successful at all and wondered about whether others perceived them as well off while they identified themselves as “poor” or “lower class.”

According to one participant whose parents came to America as refugees from Vietnam, the motivation to succeed comes from the pressure (spoken or unspoken) to achieve more than his parents might have been able to because of the sacrifices that they made for him and his family:

With my parents being refugees, you know, going from nothing to something here, I think they wanted to bestow in my head to keep working hard. They wanted me to get to a higher status in order for me to be able to provide for myself so I don’t ever have to experience that nothingness that they had when they came here as refugees. I think that almost ties into the model minority image in that the end goal is the same...It’s expected of us. I do have some friends who have struggled with not being able to uphold that image.

While all participants discussed the importance that their parents instilled in them to work for a “better life” than their parents had, many participants stated that they were uncertain about what being “successful” meant to them. Nine of the participants shared their ideas of what their parents believe to be indicators of success such as high academic performance, financial stability, and a chosen career in the fields of science or medicine. Another theme that emerged in discussing the model minority myth and the experience of being a first generation Asian American is the belief of having a “duty” to one’s parents to uphold their parents’ values,

expectations, and hopes for them. Any deviation from this “prescribed ideal life” left participants discussing how they were wrought with feelings of “shame,” “guilt,” and of being “a disappointment.”

Participants shared how these pressures to honor their immigrant parents’ life struggles, to not disappoint their parents’ expectations, to succeed and become financially stable, to build a better life for themselves than their parents may have had, and to take care of their families in return were inextricably tied to the public’s perception of the model minority myth that all Asian Americans achieve academic and economic success in the United States.

Confinement. Many participants discussed a feeling of confinement associated with an identity of being Asian American and being referred to as a model minority. Participants used descriptive language to express their experiences of feeling “shoved into a box,” “exoticized,” “objectified,” “tokenized,” and “essentialized” as if being Asian American was a monolithic experience. Despite the multitude of intersectionalities of each person’s identities, many individuals expressed feeling as though there were certain expectations placed on them to think, feel, and behave in certain ways based on their physical presentations as Asian American and their association with the model minority stereotype. Some participants discussed the role that they are often “casted” to fulfill in their lives – in school, in the work place, in social interactions, and in society at large. A few participants also shared their beliefs that a consequence of the model minority stereotype includes the restriction of potential advancement for Asian Americans’ status and power in society.

As the interview questions asked participants to think about any rules or codes of conduct that the model minority stereotype enforces on them, many participants shared their beliefs about the expectations that were instilled in or projected onto them. The expectations that Asian

Americans are more “quiet,” “shy,” “timid,” “submissive,” “law-abiding citizens,” and, “less holistic” have led some participants to feel that they have been fulfilling or re-enacting the expectations that their family or society have of them. Some participants conveyed their experiences with being discouraged and prevented from the possibility to explore other career fields, to act with different mannerisms and demeanors in social settings, to become more vocal and politically active, and to engage in any behaviors that might “draw attention” to themselves. Several participants used some variation of the phrases, “You are taught to keep your head down,” “You don’t cause a commotion,” and, “You don’t do anything that would bring dishonor to your family,” as expectations for how to behave in society.

One participant described his experience of how the construction of the model minority myth has confined his identity and his potential for growth, while also sharing his desire to upset this image of Asian Americans:

Having this model minority thing is a figment of society’s thoughts. If we didn’t have that image at all, it’d be a clean slate growing up. Since we do have that image, it’s not just Asians living up to our parents’ image. It’s also towards society’s image. As an Asian, it can be internally hurtful just having to live up to that image all the time. It does take a lot from the individual to eventually develop and realize, A.) I don’t have to fit into this image and, B.) Success isn’t in that image. It’s how I define it. That’s hard to see growing up, especially if your parents enforce it all the time.

Many participants stated that they were unclear about how the model minority myth came to fruition and why this external pressure and internal sense of confinement to embody or enact certain characteristic and behavioral expectations continues to persevere with time. However, one participant shared her beliefs about colonization and White supremacy’s influences on the

construction and perpetuation of the model minority myth. She shared her understanding of how some Asian American values – humility, deference to authority, saving face, and collectivism – may be rooted in some traditional culture, but might also be serving a purpose to uphold White supremacy in the United States:

I think some of it stems from Eastern ideals that somehow got twisted into this narrative that served, I guess, like, White purposes. It's very convenient to have this group of people who support your economy without ever acting out. It's sort of this very convenient narrative...I think there's a lot of things that began as truths and then got blown out of proportion and twisted.

Participants also spoke about their sense of self and sense of place in society, particularly about roles that they believe that they are expected to fulfill. A few participants spoke about their experience with accepting lower to mid-level positions in their work place and how that impacted their beliefs about themselves. These participants shared their fears around bringing attention to themselves, around how heightened visibility might lead to criticism, and how that kind of criticism brings shame to one's family. Some of these participants expressed feeling like they are often forced to function in a supportive role in the work place and in society and that they are not seen as capable leaders or people who hold power in higher positions.

The Bamboo Ceiling. Almost all participants referenced their experience or belief in the existence of the “bamboo ceiling” – that is, that Asian Americans face barriers to striving for higher positions and leadership roles in the workplace. They discussed how Asian Americans are often perceived to excel and be proficient in some areas, such as math, sciences, and nursing. However, they also expressed feeling “stuck,” “frustrated,” “not recognized or respected as a leader,” and “paranoid” that their hunch as to why they have not yet been promoted may be

related to racial or ethnic identity is “all in [their] head.” A few participants shared their experiences with feeling restricted by management or authority figures to stay in certain positions, certain fields of interests, and within certain skill sets that felt limiting to them. One participant discussed his ideas about how the bamboo ceiling works and alluded to the potential for implicit bias against Asian Americans ascending the ladder in certain careers.

Going into college and sorting out these careers, my dad made a good point that Asians are in all of these fields. If you want an engineer, chances are you are probably going to hire an Asian, just because we’re known to be successful at math, physics, engineering and all that stuff. It’s almost, like, a guaranteed job for us, except if you want to ascend the ladder. From personal observation and from what my dad told me, there’s like no Asians, like, as partners in firms. All of the Asians are associates. The heads are all Caucasians. I think we’re going to eventually become more mixed, but up until now, it’s been pretty predominantly not Asian [in higher positions]...I think it’s a combination of factors, one being an influx of immigration since the 70’s. I think in order to even reach those levels in companies, it takes multiple generations to get up there. Those who just moved here probably don’t have the time or the resources. It goes onto the children to get the education. There’s a natural progression before they can excel in education first and then move on up. I think just also, alleviating our, I guess, racial tensions...

Perpetual Foreigner and Being *Othered*. Eleven participants discussed their experiences with racial or ethnic microaggressions and how it has impacted their understanding of themselves in relation to other non-Asian Americans. Some participants shared their beliefs about how non-Asian people are generally ignorant about Asian American people and culture. Many shared stories about being asked where they come from, receiving comments about how

well they speak English, being labeled as “exotic,” and feeling pressured to “concede” to others’ imposed stereotypes and jokes about their racial or ethnic identity in order to maintain a positive relationship with the other person. One participant recounted her experiences with racial and ethnic microaggressions that were reflective of the theme that emerged for many participants about being “foreign,” not being “American,” not being “from this country,” not “fitting in,” and “not belonging” – despite the fact that almost all participants were born in the United States and speak English fluently:

I get asked a lot of times, “What am I?” A lot of Asian people get asked that question. After people ask me what I am, one of the most common follow up questions is, “Are you some kind of Asian?” And then after that, the most common follow up statement, after I say what I am, is, “Oh that’s so exotic!” Then I get angry.

This constant feeling of being treated as a foreigner or being *othered* in one’s own country appeared to build and accumulate over time – harming one’s internal sense of racial or ethnic identity, fracturing one’s sense of self, and creating a desire for a sense of acceptance and belonging. Many participants shared how some of their behaviors – such as not speaking out against racial or ethnic microaggressions – are an attempt to protect their self-image and to maintain a level of invisibility to blend in with others. One participant discussed that while these stereotypes and microaggressions may not be “deep attacks,” he believes that they do cause harm to his sense of self over time. Many participants discussed how assimilation and striving for acceptance often calls for them to “stay silent,” to not “cause a commotion,” and to “take a small hit,” to their ego in an effort to somehow preserve connections with those who are inflicting harm on them:

I think it goes back to my subconscious and wanting my people to fit in. In my subconscious interests of wanting everyone to get along – of all races – I take it on myself to just take a very small hit to get along with the other person in the long term...It's probably a subconscious effort to not aberrate from the image, to get along with everyone by doing things right, to go with the flow.

Repeated injury to one's sense of identity and one's sense of belonging in service of others can create dissonance in understanding one's sense of self, beliefs about others' perception of them, and sense of self-acceptance. Participants believed that these repeated experiences with racism, discrimination, bias, and microaggressions have impacted them in some unidentifiable way. However, despite identifying and acknowledging some of these uncomfortable and harmful experiences, many participants minimized the importance and consequences of these experiences to their sense of self and mental health.

Invisibility and Erasure. Another recurring theme across interview conversations centered around experiences of feeling a sense of “invisibility” and of feeling “erased.” When talking about issues regarding racism, negative aspects of the perception of Asian American identity and the model minority myth, and individual and collective hardships, almost all participants compared their struggles to that of other racial and ethnic minorities. This comparison often led to participants expressing that there was “nothing to complain about,” that “others have it much worse,” and that their problems were “no big deal:”

The worst that they do is like, “Ching chong. Your eyes are squinty,” or whatever. To be honest, that doesn't hurt me. It offends me a little bit, but, like, I think it's more of an education issue. If they really want to hurt me, they could do so much worse.

One participant talked about the tendency of Asian Americans to not view or recognize the unique problems and challenges that they face in the United States. She asserted her acknowledgement and understanding that while these problems and challenges are different than other racial or ethnic minorities, they are important because they illuminate the specific harm and challenges that individuals and the Asian American communities at large face:

Compared to other minorities, our struggles are different or, at least, there are a lot of different cases that haven't been exposed and there's a level of invisibility to the discrimination that does happen against Asian Americans. But, I think compared to what's happening against, on a much wider scale, against African Americans and Latinos...I think that, in a sense, our struggles are different and it's easy to construe that as not important or not existing.

Some participants discussed the invisibility of Asian Americans in society in general, particularly regarding the lack of Asian representation in mainstream media, the whitewashing of Asian films and art, and the cultural appropriation of Asian traditions. These individuals discussed how they felt like their names, their faces, their experiences, and their narratives are not reflected in what they see in the United States from the big screen to high ranking government positions. One participant who works to support and enhance civic engagement in Asian American communities discussed the lack of representation of Asian Americans in political office and in the voting turnouts:

It wasn't until pretty recently that they were able to have materials about voting in their [Asian] language. I think a lot of people running for office didn't think to reach out to Asian American communities until recently. Many years ago, we were ignored. Now that the Asian American population is growing so much...I think candidates are reaching out

to our communities. But, I think, historically, they never really cared about our votes. We're just totally erased from the picture. Even in the media, I don't see any really Southeast Asian representation.

This pattern continued to emerge across interviews as participants discussed stress related to taking care of themselves, differentiating themselves from others, navigating inter-ethnic interactions and conflicts, and feeling erased, silenced, and invisible in the larger society. Some participants spoke about how “emotionally draining” and distressing it is to feel perpetually “unacknowledged,” “invisibilized” and “erased,” especially when wanting to take on more prominent leadership roles in their workplace and communities. This “forgetting” of themselves in the process of providing aid and support to people from other marginalized groups often led to a minimization or ignoring of their own needs and desires. The invisibility of mental health issues among the Asian American community may be reflective of the challenges that some Asian Americans may experience as a result of the profound internalization of the model minority stereotype. The internalization of this imposed false identity reinforces distorted and unreasonable expectations on an individual and the collective community. As a result, it may actively create barriers to the self-awareness of one's own psychological and emotional distress and the ability to access and accept help from others without fear of judgment and invalidation.

Interview Section III: Mental Health and Attitudes Towards Counseling, Psychotherapy, and Help-Seeking Behaviors

Mental Health. When asked about their understanding of mental health, almost half of the participants expressed uncertainty and difficulty with answering this question. With no prior experiences in counseling or psychotherapy, some participants stated that they had never explored or discussed different aspects of their mental health and well-being with another person

before, while others shared the expectations that have been imposed on them to “control emotions” and to be “self-reliant” as an Asian American. Participants with no exposure to counseling, psychotherapy, or the mental health field described their mental health as the ability to “be able to accept things as they are,” to understand that “life happens,” and to “not ignore [difficult experiences], but re-route it in [their] heads.”

At least two-thirds of participants shared accounts of coping with emotional and psychological stressors individually, without support from outside resources. These participants discussed engaging in “reflection,” “doing [their] own thing [to deal with stress] when they have to,” and “only reach[ing] out if it gets really bad.” Many spoke about their upbringing in an Asian American household with a family striving to adhere to the model minority myth and learning to “control” or “hide” their emotions. Across conversations with participants, the idea of “blocking negative emotions from your mind” was a recurrent pattern that seemed to influence some participants’ attitudes and behaviors around managing difficult emotions, psychological distress, and adverse life circumstances.

One participant attributed Eastern values and the model minority stereotype as reasons for her family concealing her dad’s diagnosis of Bipolar Disorder and how that has impacted her beliefs around personal hardships and the cultural value of saving face:

A huge part of my life that I think it has been impacted is that my dad actually has, was diagnosed with, Bipolar Disorder when I was young. While I was growing up, a lot of it was my mom and my family trying to maintain that Eastern ideal of *saving face* and, like, appearing a certain way on the outside while on the inside things were completely different. So that kind of duality has been present in my life a lot...It was almost like we weren’t able to act like we truly wanted to or to present that to the public.

While participants shared their beliefs around seeking applicable support from outside resources through friends, family, and religion and spirituality, most discussed how they grew up with the expectations that they should be able to “handle anything” on their own, that being “strong and self-reliant” meant never expressing the difficulties they were facing, and that crying and asking for help were “signs of weakness.” One participant described her beliefs about how the model minority myth influenced her mental health and help-seeking behaviors. This participant shared how internalizing the model minority stereotype led her to prolong her suffering only to find that her mental health was deteriorating as she attempted to manage her anxiety on her own:

If you do have issues, [the model minority myth tells you] you should be able to figure it out because you’re *that smart*. That’s definitely hindered me. You know, when I was struggling, I didn’t want to turn to my professors or teachers’ assistants. When I started struggling mentally, I think, for the most part, people who struggle with mental health issues, that, they think, “I can deal with it. I’m functioning right now. I don’t need help because I’m still doing okay. I can still do my work. I’m not happy all of the time, but I’m still functioning.” I feel like that’s generally how people have to be if they’re meeting some sort of expectation. In terms of model minority, that’s how I felt like even though I wasn’t happy, I would keep pushing through thinking, “Yeah, this is okay for now. Maybe it’ll get better later.” It wasn’t until a while later that I figured out, “Okay. This isn’t getting better. In fact, it might be getting worse.”

Counseling, Psychotherapy, and Help-Seeking Behaviors. When discussing help-seeking behaviors, most participants stated that talking to friends and some family were viewed as acceptable ways of dealing with difficult times. Five out of twelve participants reported that

they had attended professional counseling at one point in their life with only three of these participants stating that they have seen or are currently seeing a psychotherapist for longer-term treatment. Participants with no experience in counseling shared their beliefs that there was “no need” to see a mental health professional due to the lack of severity of their issues or levels of distress, the idea that they can handle their problems on their own, and their uncertainty about the general process and efficacy of therapy. Seven participants stated their hesitance to access mental health services because of either “pride,” “shame,” or fear of “judgment” and “stigma.” Many participants shared their discomfort with sharing their feelings and mental health issues with others and their fear around disclosing that information to their family and friends if they were ever to seek professional counseling or psychotherapy. Many stated that mental health services are “potentially underused,” “could be publicized more,” and “need more outreach” to Asian American communities to reduce the stigma associated with accessing support.

One participant who does see a therapist regularly shared her process of coping with her mental health issues individually and what it was like for her to seek professional help, particularly as expectations to appear or present as a model minority had been internalized for her throughout her life:

It’s intimidating because you’re going to have to admit to this person all of the bad, guilty things that you might be feeling or things in your life that you’ve done that you’re not proud of and now it’s coming back to bite you in the butt. Now you need help to deal with it. In that sense, I can understand how difficult it could be...You grow up keeping things to yourself. Now that you want to go to therapy, it’s the opposite. You’re trying to open everything. It’s really difficult for people who are really in deep in the model minority. It’s the opposite of what they’ve been taught to do. It’s the idea of being

perfect, you know? It's like, if you're successful, what's the issue? That's in terms of your parents – if you're making money, if you have a really good life, what are you complaining about? You have everything. That's what they want you to have.

Summary

The model minority myth often refers to Asian Americans as well-educated, having high incomes, and of achieving stable jobs and careers. However, Asian Americans are a highly heterogeneous group with a myriad of diverse identities, languages, nations of origins, cultures, religions, traditions, values, belief systems, collective histories, personal experiences, traumas, and challenges. The hegemonic narrative of Asians as a model minority has consequences to the targets of this stereotype. The issues that Asian American communities face often go unnoticed and are poorly understood – even to Asian Americans themselves – perhaps marking the collective consciousness and internalization of these expectations.

While Asian American privilege exists, many attribute Asian American successes to cultural values around education, family, and hard work, which are used to reinforce this stereotype. However, the model minority myth also works to perpetuate the invisibility of immigrant and refugee experiences, the confinement of Asian Americans to certain prescribed roles and expectations, the treatment of Asian Americans as *other* and foreign, and the challenges of assimilating and achieving a sense of acceptance and belonging in the United States. Many Asian Americans are reluctant to seek mental health support and access appropriate resources, as this myth functions to convince Asian Americans that their needs for help are nonexistent and unwarranted.

In the next chapter, Chapter Five Discussion, I will reflect on the findings of my current research and expand on future areas for study.

CHAPTER V

Discussion

Introduction

The purpose of this study was to explore beliefs and experiences among Asian Americans impacted by the model minority stereotype and other forms of racial prejudice, discrimination, and bias. It also studied their attitudes towards the current system of mental health services – particularly psychotherapy – and their ideas about how these services can be adapted to become more culturally sensitive and improve rates of access and retention in treatment. This study aimed to answer the following research question: How does the internalization of the model minority myth impact Asian American mental health and attitudes towards help-seeking behaviors?

The following section addresses the strengths and limitations of this study. The study reviews the literature that exists regarding Asian American mental health and the model minority myth, and it revisits the themes that emerged from the literature against the analysis of data collection from this study. This chapter addresses descriptions of Asian American experiences in the United States, the implications of the model minority myth on one's sense of self and mental health, and the underutilization of mental health services for the Asian American population. The chapter concludes with a discussion of the importance and relevance of this research for social work practice and areas for further needed research.

Strengths and Limitations

Sample. Though an examination of a sample population's unique histories and experiences strives to be expansive in terms of level of depth of personal beliefs and narratives, this study is limited in its analysis due to the breadth and scope of information. This study derives its sources of analysis from the recruitment of participants through snowball sampling – that is, participants were referred to participate in the study by a personal friend or acquaintance of this researcher. As such, this study primarily reflects the descriptive data of first-generation Asian American women and men between the ages of 22 to 39. An empirical study utilizing a qualitative analysis to assess a larger, more diverse sample of characteristics of participants might yield a more substantial and a wider range of results. However, since this study focuses on the in-depth descriptions of each individual participant's beliefs and personal contexts, these accounts are able to produce a range of conceptualizations of the model minority myth. Particular attention will be made to how the model minority myth has been uniquely understood and internalized, and consequently how this stereotype has propelled or hindered these individuals.

Design. Since this study investigated individuals' personal beliefs, values, and experiences, it is important to discuss the sensitive nature of these subjects – particularly within the Asian American population. The cultural value of saving face might consciously or unconsciously influence participants' willingness to disclose personal information unabashedly. It is difficult to discern whether or not the perception of my physical presentation as the interviewer – an Asian American woman in my mid-twenties and completing my Master's degree in clinical social work – impacted participants' responses, and in what ways if it did. Participants expressed feeling more comfortable sharing information about their personal challenges and mental health issues with friends around their age, while also sharing their

reluctance to share these issues with their family or anyone else, especially people of their same racial and ethnic background. The importance of managing one's own psychological or emotional distress seemed to be amplified by the fear of discomfort, shame, and being perceived as weak in seeking outside resources for support. Thus, it is possible that participants may have had internalized values of presenting themselves favorably to me during their interviews – a potential effect of interacting cultural values including saving face and a desire to uphold the model minority stereotype. Since the cultural values of saving face and respect for authority exist in some Asian cultures (Kramer, Kwong, Lee, & Chung, 2002), administering these interview questions in culturally responsive ways (perhaps rather than face-to-face interviews with an Asian American researcher) might potentially elicit more accurate or more forthright expressions of one's own beliefs and experiences.

Researcher Bias. While I have made efforts to minimize researcher bias, some inherent researcher bias still exists in this study. As an Asian American woman and clinical social work graduate student, it is possible that cultural bias, question-order bias, and leading questions and wording bias may have emerged in the design and implementation of this research. My educational background in Western institutions of higher education often interacted with my Chinese cultural background, values, and beliefs and consequently influenced the focus subject of this thesis and the subsequent formulation of the central research question. Since there are some shared identities between participants and myself, it is possible that some ethnocentric assumptions were made during the interview process, analysis of the data findings, and interpretation of the emerging themes. I actively sought consultation from my research advisor throughout this process to discuss these challenges and to develop strategies to minimize bias.

Key Findings

Through these semi-structured research interviews, the personal beliefs, ideologies, and experiences of Asian American participants were recounted and explored within the context of discussing the model minority myth and its impact on their mental health and help-seeking behaviors. These findings reflect the data collected from the narratives of a small subset of young Asian American men and women. The findings of this study will be discussed in the following categories: the model minority myth and confinement, the model minority myth and being *othered*, the model minority myth and invisibility, the areas for further research, the conclusion and costs of the model minority myth, and the implications for social work.

Model Minority Myth and Confinement. The model minority myth creates an illusion of achieved financial and educational success for Asian Americans, despite the fact that low-income and first generation Asian Americans also face challenges related to education, income, crime (Lam & Hui, 2016), racism and discrimination, and mental health like every other racial group in America. As this stereotypical image of Asian Americans as hard-working, successful, quiet, and docile perseverates with time, it constructs unreasonable and unrealistic expectations on a minority group comprised of over forty distinct ethnic groups.

During interviews for this study, participants began exploring and discovering how this myth and these codes of conduct have created expectations for how they believe they should present, what they could achieve, and how they should behave. Still, some individuals maintained their belief that they have been taught not to upset the current status quo and find it difficult to situate themselves in conversations about this experience because they didn't feel that they had the language to discuss it or had never reflected on this disposition before.

Many participants discussed their belief in an "unspoken understanding" about one's place in society and one's duty to their family to fulfill their dreams or achieve more than their

parents were able to as immigrants or refugees. There appeared to be an underlying fear that potential failure to live up to these expectations and achieve the kind of economic success typically associated with this stereotype would likely engender feelings of shame and render their families' sacrifices and plights as "all for nothing." It appears that the model minority stereotype and experiences as a first or second generation Asian American have worked in conjunction to lead some Asian Americans to "feel trapped" into embodying a certain kind of demure role within their workplace, their social interactions, and the larger sociopolitical sphere as depicted of Asian Americans in the dominant discourse.

Many individuals shared how "confined," "limited," and "stuck" they felt within the hierarchy of their current occupational setting and in the larger sociopolitical hierarchy. The "bamboo ceiling" – a term coined by Jane Hyun in 2005 book *Breaking the Bamboo Ceiling: Career Strategies for Asians* – explicates this experience that many Asian Americans have of being hindered from reaching higher leadership positions within their workplace. There is a belief that the onus is on the individual to manage the differences between their cultural style and the style of "hard-charging, jocular, and non-deferential" that often prohibits Asian Americans from climbing the career ladder (Mundy, 2014). Despite this, there is a belief that while one might absorb American values such as competition and resilience, there are also ways of leading that are equally valid. Yi Chen (2014) posits that Asian values may influence their leadership styles, including "calm" and "thought-process focused" approaches to leadership, which can be valuable and provide balance in a workplace environment. Hyun argues for a need to shift the accountability onto managers and corporations to understand that there are different ways of being effective (Mundy, 2014), which would not only allow Asian Americans to gain from this

shift in understanding, but most companies and workplaces would also benefit from the skills and talents from the presence and inclusion of Asian American leaders.

Model Minority Myth and Being *Othered*. It is important to note that eleven out of twelve participants in this study were born in the United States and are either first or second generation in their families, many of whom live in larger metropolitan cities with large Asian American populations. This is significant to the analysis and discussion of this study's findings as several of these participants discussed the generally homogenous makeup of their close friend groups and interpersonal relationships – which is likely to influence their experiences with being *othered*. Nevertheless, nearly all participants recounted incidents of feeling that were being and continue to be perceived as an “other,” “foreign,” or “exotic” by people from other racial and ethnic groups.

The hegemonic narrative of Asian Americans as a model minority makes invisible the collective trauma that Asian Americans faced from the racial discrimination that was legalized through the Page Act of 1875, the Chinese Exclusion Act of 1882, and the Scott Act of 1888 (Hing, 1993) when Asians were prohibited from immigrating or returning to the United States. The model minority myth ignores the *othering* and scapegoating of Asian Americans in the U.S. during times of economic instability (Hayoun, 2017) and erases the history of the anti-Asian violence in this country. Such racially motivated violence includes the Chinese Massacre of 1871, which featured at least eighteen lynchings of Chinese people in Los Angeles (Lee, 2013) and marked one of the nation's largest mass lynchings. The model minority myth is also divisive as it “erases and disconnects the shared histories of oppression and solidarities” (Kuo, 2016) between Asian Americans and other racial and ethnic groups in the United States.

Since the beginning of the influx of Asian immigrants to the United States in the 1800s, Asians have been *othered* and deemed as “threatening, primitives, less than men, and the core imagery of apes,” (Tchen, J.K. & Yeats, D., 2014). As this perspective may have shifted in the years following the internment of Japanese Americans during World War II with the sudden emergence of the term “model minority,” the socio-historical racism related to xenophobia and the *othering* of Asian Americans in the United States still remains unchanged. The rhetoric used to describe Asian Americans as smart, highly educated, and a model minority should not be conflated with the notion that Asian Americans experience a sense of acceptance, belonging, safety, and mental health wellness without any challenges and suffering in the United States. Being treated as a foreigner in one’s own country and experiencing repeated microaggressive interactions, as well as pervasive racism and discrimination, undoubtedly accumulates over time and can shape one’s beliefs about one’s sense of self, sense of identity, mental health, and one’s ability to foster awareness of these processes.

Model Minority Myth and Invisibility. The model minority myth flattens and makes Asian American identity invisible (Kuo, 2016). It leads to the erasure and refusal of others to recognize the complexities and nuances of Asian American identities that do not abide by the model minority stereotype – often deeming them as invalid, non-valuable, or labeling individuals as “bad Asians” or “not Asian enough.” There seemed to be an overarching theme in interviews about the belief that society generalizes Asian Americans as the model minority by depicting them as an example of how one might achieve success if you work hard. The colloquial use of the label overlooks how the Immigration Act of 1965 preferentially allowed highly educated scientists, engineers, and doctors to emigrate from Asian countries (Wang, 2016). The political strategy of using this myth to highlight the success of East and Southeast Asian immigrants with

a specific educational background is a historically and presently used tool to protect institutionalized racism and the dominant White majority in power.

While many people think of Asian Americans as the model minority, there is often an image of a distinct group of Asian identities that emerge – primarily East Asian identities (i.e. Japanese, Chinese, or Korean), and this myth tends to ignore and erase other groups from the Asian American diaspora (i.e. Cambodian, Filipino, Hmong, and Samoan) from the discourse on Asian Americans. This myth aggregates individuals from the vastly different countries of origin, histories, experiences, and oppressions – erasing individual and collective lived realities and diminishing their challenges. Perpetuating this assumption about Asian Americans as the model minority disregards the intersectionality of Asian American identities and creates a dangerous, single narrative of a non-existent, one-dimensional Asian American archetype.

Policymakers have used the model minority myth to avert their attention away from the existing inequities of Asian American subgroups and other racial groups. As one participant stated, this “convenient narrative” is used to uphold the façade of equality and allows those in power to deny racial and social justice. Asian American groups suffer from physical and mental health disorders at a disturbing rate (Lin & Cheng, 1999) due to the lack of culturally competent care. Asian Americans are prevented from occupying higher leadership roles in institutions and in positions of political power and are often inaccurately portrayed in mainstream media. Similarly to other racial and ethnic minorities, Asian Americans live in poverty, face labor exploitation, are disenfranchised from the education system, and suffer from distress and mental illness. Restricting the scope of Asian American identities and lived experiences by focusing on the small portion of Asian Americans that are successful fails to acknowledge those who are not

– inflicting irrevocable harm to the identity formation and psyches of these Asian American individuals and collectivities.

Areas for Further Research. As discussed earlier, this research was designed to collect data from a small sample of Asian Americans in the United States and the findings that have been discussed are not intended to represent or reflect the views, beliefs, or experiences of the entire Asian American population. Rather, the information collected is meant to provoke more critical analysis of the colloquial use of the term “model minority” and its implications for the Asian American community – particularly in relation to the psychological impact for individuals belonging to this collective identity. Further research might expand the scope of this study to include Asian Americans who represent a wider range of ages, ethnicities, cultures, genders, sexual orientations, education levels, languages, abilities, socioeconomic statuses, health statuses, citizenship statuses, levels of acculturation, and number of familial generations in the United States.

Future research might also explore the experiences of individuals belonging to other ethnic identities – such as undocumented immigrants and refugees, as well as other Asian Americans who have experienced socio-historical racism in the United States – and the impact of the use of the term “model minority” on their psychological well-being. In addition to studying the effect of the use of the term “model minority” on Asian Americans, it is necessary to also study the effects of the use of this term on other racial and ethnic minority groups. Also, further research must also critically examine how this term is operationalized to legitimize systemic and institutional racism that is perpetuated towards other racial and ethnic minority groups – particularly African American and Black communities.

This study reflects the experiences of young Asian American adults – most of whom were born in the United States and are acculturated in varying degrees to Western society. These participants currently live in the Bay Area, California or other cities comprised of large Asian American communities. While historical racism and discrimination perpetrated against Asian Americans have generally been ignored and obscured from discourse on American history and remain largely unknown to the American population, it is more alarming that many Asian Americans are also oblivious to both the sociopolitical history of Asian Americans in the United States, as well as the present challenges facing Asian American communities. It is critical that more research is conducted to explore the implications of the erasure and invisibility of Asian Americans in the dominant discourse about race in the United States and on the formation of Asian American individual and collective identities.

More research is needed to understand how the intersectionality of factors related to one's identity, experiences, proximity to Asian American communities, and interpersonal relationships with other Asian Americans might impact one's understanding and internalization of this label. It is essential that research continue to examine and critique the Westernized ideals and practices of current mental health services. Furthermore, research is needed to understand the impact of experiences of *confinement*, *othering*, and *invisibility* on Asian American communities. It is crucial to research and develop new approaches to employ culturally sensitive practices and respond to the complex needs of Asian Americans – including working with this population to reduce cultural stigma and language barriers and to challenge and dismantle the model minority myth.

Conclusion

There are high psychological, emotional, and sociopolitical costs of the model minority myth for Asian Americans and other racial and ethnic groups. It is critical to acknowledge and understand the origins and histories of Asian Americans in the United States and the reasons for why and how perceptions may have shifted views of Asian Americans from the yellow peril to a model minority.

As discussed earlier, the term “model minority” was coined by sociologist William Petersen in 1966 who attributed the apparent success of Japanese Americans to cultural and familial values and genetics just twenty years after their forced incarceration in internment camps during World War II. This glorification of the Japanese community followed the 1965 Moynihan Report which blamed African-American culture and family structure for their socioeconomic problems (Guo, 2016), thereby diverting attention away from the systemic and institutional racism that had existed and still continues to exist in the United States today. The continued use of the term “model minority” not only alludes to a racial, social, and economic hierarchy, but also overlooks history of racial discrimination against Asian Americans in the United States. As Kasinitz, Mollenkopf, and Waters (2004) asserted, “This rhetoric can be divisive as it can be used as a tool to reinforce the subordinate position of other minority groups (“they made it, why can’t you?”), and prevent cooperation between Asian Americans and other minorities.” Meanwhile, the dichotomy of the model minority myth remains that while it is operationalized to oppress other racial minority groups by seemingly affording some privileges in educational and workplace environments to some Asian Americans, it is also inherently designed to reinforce the subordinate position of Asian Americans and protect institutionalized White supremacy.

The model minority myth reinforces the belief in the “American Dream” by promoting the idea that if one works hard, one can attain educational and financial success. However, it disregards the realities of racial and social inequities that create structural barriers for racial and ethnic minorities to access the necessary resources and opportunities in order to achieve these kinds of successes. The model minority myth has been historically and strategically used to separate racial identities and exploit these divisions by *othering* and blaming racial and ethnic minorities for their own socioeconomic struggles. This model minority myth has been operationalized in sociopolitical contexts, has created blanket policies overlooking the existence of unique Asian American challenges and needs, and has prevented coalition building around collective struggles between racial and ethnic groups.

Some Asian Americans might view the model minority stereotype as a seemingly positive label as it appears to praise Asian Americans for their achievements (Maddux, Galinsky, Cuddy, & Polifroni, 2008). Further analysis of the construction of the term and the rhetoric that is used around it might suggest that there are consequences of classifying Asian Americans, or any minority group, as a model minority. This myth hides the disparities of Asian Americans in income, education, employment, and health, mental health. The dominant narrative of Asian Americans as a model minority creates assumptions, inaccuracies, and overgeneralizations about the success of Asian Americans and has repercussions on the mental health and overall well-being of individual members of this group, as well as the collective group itself.

In addition, the model minority myth masks the historical and intergenerational traumas that some groups of Asian Americans have suffered in the United States—which poses a threat and danger to the psychological well-being of Asian Americans. It also diminishes the existence of or importance of Asian American mental health needs. This potentially leads members of the

Asian American community to internalize the false idea of the Asian American as constructed by the model minority stereotype, which may then shape one's identity, create a sense of doubt or inability to recognize one's distress or mental health needs, and reduce the likelihood of seeking help from mental health services out of fear, stigma, or shame.

Implications for Social Work. The findings of this study demand for further examination and analysis of the impact of the model minority myth on the larger Asian American community and other racial and ethnic minority groups. This research is paramount to understanding, deconstructing, and dismantling this tool of oppression that establishes a racial hierarchy and subordinates Asian Americans and other racial and ethnic minorities – particularly in the ways that it perpetuates anti-Black racism against African American and Black communities in the United States. While the model minority myth may seem to innocuously perpetuate a positive stereotype of Asian Americans, it is deeply rooted in oppressive hegemony and can have harmful and wounding repercussions on racial and ethnic minority groups – including Asian Americans themselves.

Critical conversations about the model minority myth must be actively initiated to begin to unearth how Asian Americans are adapting to and are being transformed by the model minority myth. Both the privileges and the burdens of this stereotype must be examined and explored. Further exploration and analysis of same-race and cross-cultural dialogue of the impact of this racial stereotype on Asian Americans and non-Asian Americans are necessary to begin to understand the extent of the function of the model minority myth on different racial and ethnic groups in the United States. As a field and as a society, we must continually challenge, unlearn, and reject oppressive hegemonic narratives rather than blindly accepting and reinforcing them.

Furthermore, the findings of this research suggest that we must advocate for policy changes in order to address the underutilization of mental health services by Asian Americans and the rapidly growing need for culturally sensitive treatment options. We must actively engage in community outreach with underrepresented Asian American communities and continue to evaluate current models of mental health treatment and practices to identify potential barriers for this population in accessing appropriate resources and services. We must work collaboratively with Asian American communities to facilitate them to identify their own problems, challenges, strengths, and resiliencies, while also affirming each individual's unique intersecting identities, social locations, histories, and experiences. As with working with any other racial or ethnic minority group, Asian American mental health needs must be addressed and approached with cultural sensitivity and cultural humility. Finally, we must also suspend our preconceived conceptions of Asian Americans in order to expand our understanding of the nuanced complexities of Asian American identities, histories, and experiences that are often essentialized, flattened, and erased by the model minority myth. By doing so, we may begin the process of resisting and disrupting the pervasive racial stereotyping enacted through the perpetuation of the model minority myth as it functions to make Asian American identities and mental health needs invisible.

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Appendix A

Human Subject Review Board Approval Letter



January 12, 2017

Dear Lynda,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,



Elaine Kersten, EdD
Co-Chair, Human Subjects Review Committee

CC: Mariko Ono, Research Advisor

Appendix B
Recruitment Flyer



Image Source: <http://dhi.ucdavis.edu/featured-stories/the-past-present-and-future-of-asian-american-studies-at-uc-davis>

Asian American Research Study Participants Needed

Purpose:

The focus of this study is on the model minority myth and its impact on Asian Americans and Asian American mental health.

The Model Minority Myth

The Model Minority Myth is the notion that one racial group is held above others for being successful, regardless of the conditions placed upon them.

Requirements:

- Must be 18 years or older
- Must identify as Asian or Asian American
- Must be fluent in English
- Must be able to commit to participating in a one-time interview for thirty minutes to one hour

Benefits:

Opportunity to discuss your unique experiences as an Asian American with the model minority myth, racial and ethnic identity, mental health challenges and needs, and gain insight into how these experiences have impacted you in your life.

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

For more information, please contact: Lynda Moy | lmoy@smith.edu

Appendix C

Recruitment Letter

Hello,

My name is Lynda, and I am working on a research study as part of my thesis requirement for my Master's degree in Clinical Social Work at Smith College. As an Asian American student and clinician, I believe in the importance and value of multicultural perspectives in clinical social work practice. I am interested in understanding Asian American beliefs about and experiences with the "model minority myth" and its impact on: how they view themselves and others, their mental health and well-being, and how they manage difficult times in their lives.

My study will aim to answer the following research question: How does the "model minority myth" impact Asian American & Pacific Islander mental health and attitudes towards help-seeking behaviors? I believe that the findings of this study may aid in the growth of knowledge about the unique challenges that Asian Americans face in the United States and in the development of culturally sensitive forms of psychotherapy to support the Asian American population.

To participate in this study, you must meet the following criteria:

1. Identify as Asian American/Pacific Islander
2. Be at least 18 years old or older
3. Be able to read and speak English
4. Be willing to commit to participating in a one-time interview (in-person or via phone or video call) for approximately thirty minutes to one hour

Participation in this study is voluntary and confidential. To avoid potential bias, I will not be interviewing my personal friends or family members. However, please feel free to share and forward this information along to anyone that you believe may qualify or be interested in this study. Anyone who is interested can reach me at lmoy@smith.edu.

Thank you for your time and consideration!
Lynda Moy

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Appendix D

Informed Consent Form



2016-2017

Consent to Participate in a Research Study

Smith College School for Social Work • Northampton, MA

.....
Title of Study: From Yellow Peril to Model Minority: Deconstruction of the Model Minority Myth and Its Implications for the Invisibility of Asian American Mental Health Needs

Investigator(s): Lynda Moy (lmoy@smith.edu)

.....
Introduction

- You are being asked to participate in a research study to learn about your personal beliefs and experiences with the model minority stereotype, that is, that Asians or Asian Americans in the United States are held above others for being successful, regardless of the conditions placed upon them. This study will also explore your relationship to this stereotype and how it impacts the way that you view yourself and others, your mental health and well-being, and how you manage difficult times in your life.
- You were selected as a possible participant because you identified as Asian, Asian American, or Asian American Pacific Islander and are 18 years or older.
- You must be able to speak and read English. We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is to explore Asian American experiences and beliefs about the model minority stereotype. It will also aim to learn about Asian or Asian American attitudes towards the current system of mental health services and their ideas about how these services can be adapted to become more culturally sensitive and improve treatment for the Asian American population.
- This study is being conducted as a research requirement for my Master’s degree in Clinical Social Work. Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things: participate in a one-time, individual interview that will last approximately thirty minutes to one hour long.

Risks/Discomforts of Being in this Study

- The study has the following risks. First, discussing one's beliefs, attitudes, and experiences on the topic of personal and community mental health might bring mild discomfort or distress to some participants. Additionally, discussing one's experiences with racism and discrimination may cause stress.
- Resources for mental health services and community outreach support will be provided to all participants to address any feelings of discomfort or distress that might arise during the interview.

Benefits of Being in the Study

- The benefits of participation are that you will have the opportunity to discuss your experiences with the model minority myth and gain insight into how these experiences have affected you. Discussing your own mental health challenges, needs, and resilience may lead to self-awareness, feelings of empowerment, and healing. You might also feel that you are provided with a space to talk about issues that are important to you.
- Many current forms of treatment in clinical social work practice and psychotherapy do not consider cultural context when working with Asian American clients, which further discourages this population from seeking and remaining in mental health treatment. The findings of this study may be generalized to some extent in order to aid in the growth of knowledge about the unique challenges that Asian Americans face in the United States and in the development of culturally sensitive forms of psychotherapy to support the Asian American population. Considering the significance of untreated mental health concerns for Asian Americans and the potentially negative impact on the larger society, it is essential to identify factors affecting mental and emotional well-being, as well as the use of mental health services in this group.

Confidentiality

- Your participation will be kept confidential.
I will only collect necessary personal information for this study. I will assign you with a number code, which will become my way for analyzing and discussing any data that I collect from you and use in my thesis or dissemination presentation.
- All research materials including audio recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. The informed consent will be kept separately from other study materials. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. I will not include any information in any report I may publish that would make it possible to identify you.

Payments/gift

- You will receive the following payment/gift: N/A

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to answer any question or withdraw from the study *at any time* (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. Your

decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by April 31, 2017. After that date, your information will be part of the final copy of my thesis and dissemination presentation.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Lynda Moy at lmoy@smith.edu or by telephone at (XXX) XXX-XXXX. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep. You will also be given a list of referrals and access information if you experience emotional issues related to your participation in this study.

.....
Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____
.....

[if using audio or video recording, use next section for signatures:]

1. I agree to be audio taped for this interview:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

Appendix E

Resource Referral List

Counseling Resources

If you find that you are in crisis or in need of immediate support, here are some resources:

➤ **SF Mobile Crisis Line (415) 970-4000**

This resource can be called by anyone (including the person at risk), and the Mobile Crisis Team can be dispatched to assess whether someone needs to be hospitalized.

➤ **SF Crisis Hotline – 24 HOUR CRISIS LINE (415) 781-0500 or 1(800)273-8355**

San Francisco Suicide Prevention's 24-hour Crisis Line provides immediate crisis intervention and emotional support to everyone who calls. Since 1962, we have been answering the telephone around the clock, whenever we are needed. We have been able to maintain this service for nearly fifty years through the wonderful dedication of nearly 100 San Franciscans who volunteer their time to answer the phones and help their neighbors through a crisis. All volunteers are trained and supervised by a professional staff, and all receive ongoing training to hone their skills with the newest developments in the field of suicide prevention.

➤ **The Trevor Lifeline (866-488-7386) <http://www.thetrevorproject.org/section/get-help>**

Free and available 24 hours a day, 7 days a week, the Trevor Project is the leading national organization providing crisis and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24. Please see the website for additional chat and text services.

➤ **SFWAR's Crisis Hotline is (415) 647-RAPE**

Rape crisis counselors are available 24 hours/day to offer support, information and resources for survivors of rape and sexual assault, friends, family members, and others. Counselors are also trained in areas such as sexual harassment, incest, child sexual assault, same-sex sexual assault, domestic violence, ritual abuse, suicide prevention, male survivors and stalking.

SFWAR's referral guide has over 350 resources for people living in the Bay Area. You can find it at this website: <http://www.sfwar.org/reosurces/html>

I

If you are not in crisis and want access to local mental health resources for API:

Asian Community Mental Health Services

310 8th St, Suite 201

Oakland, CA 94607

Tel: (510) 869-6000

Fax: (510) 970-9750

www.acmhs.org

info@acmhs.org

Established in 1974, ACMMS has focused on mental health approaches that are consumer driven

and community-based for the Asian Pacific Islander (API) community. Its staff provides services tailored to the APIs in the East Bay in twelve languages and dialects. Its services include Behavioral Health Care Services, Services to the Developmentally Disabled, and Family Support Services.

Asian & Pacific Islander Wellness Center (A&PI)

730 Polk Street, Fourth Floor (between Ellis and Eddy streets)

San Francisco, CA 94109

Tel: (415) 292-3400

Fax: (415) 292-3404

<http://www.apowellness.org>

Asian & Pacific Islander Wellness Center transform lives by advancing health, wellness, and equality for people of all races, ethnicities, sexual orientations, gender identities, and immigration statuses. A&PI Wellness Center believes everyone deserves to be healthy and needs access to the highest quality health care. At A&PI Wellness Center, health care is grounded in social justice.

Community Health for Asian Americans (CHAA)

268 Grand Ave.

Oakland CA 94610

Tel: (510) 835-2777

Fax: (510) 835-0164

info@chaaweb.org

www.chaaweb.org

Community Health for Asian Americans (CHAA) is a non-profit organization committed to improving the quality of life for marginalized communities with special focus on Asian and Pacific Islander (API) communities in the Bay Area.

HEALTHRIGHT 360

Asian American Recovery Services

<https://www.healthright360.org/agency/asian-american-recovery-services>

AARS was established in 1985 through the community-wide grassroots efforts of the Asian American Substance Abuse Task Force, which was formed in response to the rising substance use rates among San Francisco's Asian and Pacific Islander population. Today, we offer an array services to the Bay Area's ethnically diverse populations.

Richmond Area Multi-Services, Inc.

Asian & Pacific Islander Mental Health Collaborative

4020 Balboa St.

San Francisco, CA 94121

Tel: (415) 920-3112

Fax: (415) 668-5996

<https://www.ramsinc.org/apimhcollaborative.html>

APIMHC at RAMS offers culturally and linguistically competent mental health prevention and early intervention activities for Samoan, Filipino, Cambodian, Laotian, and Vietnamese communities.

If you have any further questions or need additional support to find resources that are not listed here, please feel free to contact me at lmoy@smith.edu or (XXX) XXX-XXXX.

Appendix F
Interview Guide



2016-2017
Demographic Questionnaire
Smith College School for Social Work • Northampton, MA

1. Number Code:
2. Phone/E-mail:
3. Age:
4. Gender:
5. Race/Ethnicity:
6. Primary/Secondary Language:
7. Current City/State:
8. Place of Birth:
9. Number of familial generations born in the U.S.:
10. U.S. Citizen: Y/N
11. Occupation:
12. Marital Status:

Definition of the Model Minority Stereotype

By the “model minority stereotype,” I mean the notion that,

“Asian Americans achieve universal and unparalleled academic and occupational success. Some of the misconceptions associated with the model minority stereotype include that Asian Americans are all the same, Asian Americans are not really racial and ethnic minorities, Asian Americans do not encounter major challenges because of their race, Asian Americans do not seek or require resources and support, and that college degree completion is equivalent to success” (Museus & Kiang, 2009).

Interview Questions

1. Have you ever heard of the term *model minority* before? If so, how would you define it? If not, what do you think the term might mean?
2. As an Asian American, do you think your life has been influenced by the *model minority* stereotype?
 - a. When did you first recognize that this stereotype played a role in your life?
 - b. Tell me about what it is like for you when you experience *the model minority* stereotype. Are there particular times or situations when you notice the experience of the *model minority* stereotype more active in your life?
 - c. What sort of ideas/beliefs might have been around in your family, culture, race, gender, class, or sexuality that might support or oppose the *model minority* stereotype having the influence that it does in your life?
 - d. How do you think others perceive you in relationship to this stereotype?
 - e. Has it helped or hindered you? How so?
3. Can you think about a time in which the *model minority* stereotype has impacted you?
 - a. What might be some of the things that the *model minority* stereotype has been trying to tell you about yourself?
 - b. Does the *model minority* stereotype enforce a set of rules or code of conduct? What does this belief have you doing?
 - c. Does the *model minority* stereotype get in the way of connecting with the people in your life? What does it have you believing about yourself in relation to them? What does it have you believing about them?

- d. Has there ever been a time when you have wanted to or been able to resist the *model minority* stereotype? How were you able to do this?
 - e. When the *model minority* stereotype is most present in your life, what effect does it have on the hopes or intentions that you have for your life?
4. Overall, what are your thoughts about or position on the *model minority* stereotype? Do you view it as negative, positive, mixed, or something else? Why is it that you feel this way?
 5. If you could give a name to your experience as an Asian American in the U.S., what would it be? Why?
 6. How do you define mental health? How would you describe your own mental health wellness and needs?
 7. What are your ideas or beliefs about professional therapy or counseling?
 8. Have you or anyone in your family ever sought out professional therapy or counseling? Why or why not?
 - a. If yes: How did you decide to do that? What was that experience like? Would you say that experience was beneficial? Why or why not?
 - b. If no: How do you cope when you are experiencing difficult times? In what ways, if any, do you seek outside support (i.e. talking with friends or family, community resources, religion or spirituality, etc.)?
 - c. If no: Have you ever thought about seeing a therapist? What might go into the decision on whether or not you want to seek professional therapy or counseling?
 - i. What do you think therapy or counseling might be like for you?
 - ii. What fears or reservations might you have about going to therapy?
 - iii. What might you look for when seeking out a therapist?

iv. What might be some of your hopes for what you might find in therapy?