AN ABSTRACT OF THE DISSERTATION OF

Krupali Soni Michaels for the degree of Doctor of Philosophy in Counseling presented on March 8, 2023.

Title: Predicting Help-Seeking Attitudes and Intentions and Life Satisfaction of First-Generation South Asian Americans Based on Acculturation Levels, Select Demographics, and Forms of Racial Stereotyping

Abstract approved:

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The literature on first-generation South Asian American (SAA) mental health is limited despite the increased focus of studies on help-seeking behaviors and subjective well-being over the past decade. Therefore, we designed a web-based survey seeking to address two research questions. Research Question 1 informed Study 1 of this dissertation project: To what extent do education level, gender, years in the U.S., adherence to model minority myth, orientation to Asian culture (OAC), and orientation to Western culture (OWC) predict help-seeking attitudes and intentions of a sample of first-generation SAAs after controlling for social desirability? We recruited 289 SAAs to study factors affecting help-seeking attitudes and intentions. The cross-sectional, correlational results showed demographic factors, adherence to model minority myth, and both acculturation factors significantly predicted help-seeking attitudes. Gender, model minority myth, and OWC significantly predicted help-seeking intentions. Study 2 is formed by Research Question 2: To what extent do gender, OAC, OWC, model minority myth, and experiences of microaggressions predict life satisfaction in a sample of first-generation SAAs above and beyond

gender after controlling for social desirability? We recruited 341 SAAs to study the factors affecting life satisfaction through the COVID-19 pandemic. Hierarchical regression results show gender, model minority myth, and orientation to Western culture, and experiences with microaggressions were significant predictors of life satisfaction. Findings suggest that counselors could benefit from collecting acculturative and generational information during the assessment process to better understand the mental health needs of first-generation SAAs.

Keywords: South Asian American, Asian-Indian, first-generation, mental health, help-seeking, life satisfaction, subjective well-being

Predicting Help-Seeking Attitudes and Intentions and Life Satisfaction of First-Generation South Asian Americans Based on Acculturation Levels, Select Demographics, and Forms of Racial Stereotyping

by
Krupali Soni Michaels

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APPROVED:

Major Professor, representing Counseling

Dean of the College of Education

Dean of the Graduate School

I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

Krupali Soni Michaels, Author

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Chapter 1: Dissertation Overview

As outlined by the Oregon State University Ph.D. program in counselor education, the purpose of this dissertation is to demonstrate scholarly work through the dual manuscript format. This format includes four chapters and is organized as follows: Chapter 1 - Thematic Introduction, Chapter 2 - Manuscript 1 (*Predicting Help-Seeking Attitudes and Intentions of First-Generation South Asian Americans Based on Acculturation Levels and Select Demographics*), Chapter 3 - Manuscript 2 (*Predicting Life Satisfaction of First-Generation South Asian Americans During COVID-19 by Acculturation Levels, Select Demographics, and Forms of Racial Stereotyping*), and Chapter 4 - Conclusion and Summary of Findings. This chapter, Chapter 1, introduces the thematic connections between Chapters 2 and 3 and their significance to the counselor education field. This dissertation is focused on South Asian American (SAA) mental health, specifically factors associated with first-generation SAAs' mental health help-seeking intention and attitude and general life satisfaction. This dissertation contributes to the larger discourse on Asian Americans' lack of access to U.S. mental health agencies. Chapter 2 focuses on the help-seeking attitudes and intentions of SAAs. Chapter 3 focuses on the life satisfaction of SAAs during the COVID-19 pandemic. Finally, Chapter 4 will address findings from Studies (Manuscripts) 1 and 2 and summarize implications for the field.

Thematic Introduction

According to Pew Research data, SAAs were one of the fastest-growing Asian subgroups in the U.S. from 2010-2017 (*The Rise of Asian Americans*, 2012). There were approximately 5.4 million South Asian Americans living in the United States according to the 2019 South Asian American Leading Together (SAALT) report and the number continues to grow. Previous literature has provided insight into the mental health needs of the Asian immigrant populations, but data indicates that the mental health profession is under-prepared to serve the specific needs

of South Asian immigrants and their successive generations (Durvasula & Mylvaganam, 1994; Inman et al., 2014; Leung et al., 2011).

First-generation SAAs – offsprings of immigrant SAAs – have different mental health needs than the immigrant generation because of the differences in social locations. First-generation SAAs are considered bicultural because of the acculturation that takes place among two strong cultures (Lee et al., 2009; Sekhon & Szmigin, 2005). SAAs are expected to uphold South Asian traditions at home while following the dominant social norms and cultural values outside of the home, but both are often antagonistic in nature (Gupta, 2010). The increased presence of first-generation SAAs in the United States calls for culturally responsive services for this minority group (Inman et al., 2014). Hence, there is a need to understand the factors influencing the help-seeking decisions and wellbeing of this sub-population.

In Manuscript 1, I conduct a literature search that addresses this concern. The following search keywords were used in Google Scholar and Oregon State University's online library search page: South Asian American, first-generation, second-generation, mental health, and help-seeking. After initial attempts at finding relevant studies within a time parameter of seven years, I removed the time constraints. This search was conducted multiple times throughout the dissertation process from 2019-2022 to ensure the most updated information. The search revealed that few studies have examined the help-seeking behaviors of first-generation SAAs. The research in Manuscript 1 will address this gap in the literature.

One factor that has contributed to the decline in life satisfaction — a measure of psychological well-being (Berry & Hou, 2017) – and an increase in help-seeking attitudes and intentions has been the COVID-19 pandemic (Tambling et al., 2021). As the general public moves into a 'new normal' with vaccinations and decrease in mask use, we are studying the

psychological implications of the pandemic and related anti-Asian sentiment on first generation SAAs. Manuscript 2 looks at the factors associated with life satisfaction in SAAs within the context of the COVID-19 pandemic.

Asian Americans have been affected especially hard by this pandemic due to the growing anti-Asian sentiment across the world (Gover et al., 2020). First-generation SAAs consider the U.S. a home, but they have been foreignized for a number of reasons prior to the start of the pandemic, for example, a common microaggression toward first-generation SAAs is comments about how well they speak English, which indicates that English is not expected to be their first language because the individual does not look like the norm – White American. SAAs are othered because they are not considered American despite their birthplace (Gover et al., 2020; Han & Laughter, 2019). Now, it seems they, along with other Asian American groups, are even more ostracized due to the pandemic. This is largely because the xenophobia towards individuals of Chinese heritage as presumed COVID-19 carriers has generalized to all Asian Americans. Scholars have noted that this association has grown stronger through mainstream media and politicians (Gover et al., 2019).

Manuscript 1 and Manuscript 2 contribute to a larger focus on SAA mental health, but they are two different studies with two separate research questions. Manuscript 1 addresses two research questions: (a) What predicts the help-seeking attitudes among first-generation SAAs?, and (b) What predicts the help-seeking intentions among first-generation SAAs? Manuscript 2, addresses the question: What are the predictors of life satisfaction in first generation SAAs through the context of the COVID-19 pandemic? We collected data for both studies using a web-based survey on a sample of 289 SAAs for the first study and 341 SAAs for the second study. To

address the research questions in both studies, we used hierarchical linear multiple regression (HLMR).

HLMR is a form of multiple linear regression that looks at the effects of the independent variables on the dependent variable in cascading regression models. More variables are added to the regression models, or blocks, to see if there is any significant improvement in R^2, the effect size indicator for the models. The goal is model comparison to determine whether the predictor variables contribute to a statistically significant amount of variance in the outcome variable (Kim, 2016).

Chapter 2 - Manuscript 1

Previous literature published in the past few decades has looked at the influence of demographics and acculturation on help-seeking behaviors in general (e.g., Farvar et al., 2002; Kim & Lee, 2021; Masood et al., 2009). Chapter 2 reviews this literature to explore the topic of Asian American help-seeking behaviors in clinical mental health, revealing a gap in research dedicated to Asian American mental health. The study conducted in Chapter 2 addresses this gap.

This manuscript provides answers to the following research questions (RQ):

RQ1: To what extent do education level, gender, and years in the U.S. predict help-seeking attitudes of a sample of first-generation SAAs who were born in the U.S. after controlling for social desirability?

RQ2: To what extent do orientation to Asian culture, orientation to Western culture, and minority myth predict help-seeking attitudes in a sample of first-generation SAAs who were born in the U.S. above and beyond education level, gender, years in the U.S. after controlling for social desirability?

RQ3: To what extent do education level, gender, and years in the U.S. predict help-seeking intentions of a sample of first-generation SAAs who were born in the U.S. after controlling for social desirability?

RQ4: To what extent do orientation to Asian culture, orientation to Western culture, and minority myth predict help-seeking intentions in a sample of first-generation SAAs who were born in the U.S. above and beyond education level, gender, and years in the U.S., after controlling for social desirability?

It is the intention of this author to publish this study in order to contribute to the current body of knowledge on diversity topics in the counseling field. We hope the study will provide population specific information to help counseling practitioners and counseling trainers increase their understanding of first-generation SAA help-seeking attitudes and intentions. At the conclusion of the study, implications and suggestions for future research are noted.

Chapter 3 - Manuscript 2

Chapter 3 documents the second research study. While the first study looks at factors that are associated with SAAs' help-seeking attitudes and intentions, the second study looks at factors that potentially are associated with first-generation SAA quality of life in terms of general life satisfaction. Recent studies have found that education, socioeconomic status, marital status, gender, and acculturation are among the strongest predictors of life satisfaction (Berry & Hou, 2017; Hamermesh, 2020; Joshanloo & Jovanovic, 2020; Saroughi & Kitsantas, 2021).

A positive correlation has been demonstrated between education and life satisfaction; additionally, this is often tied to socioeconomic status – higher education often implies better job opportunities and therefore higher income, which many studies have shown to be positively associated with life satisfaction especially in developing countries (Ngoo et al., 2015). One study

specific to the COVID-19 pandemic has shown opposite results, indicating that higher education has contributed to increasing depression and decreasing life satisfaction (Wanberg et al., 2020).

The most common significant finding has been the gender differences in life satisfaction or well-being. While earlier studies showed mixed findings (Glaesmer et al., 2011; Goldbeck et al., 2007; Helliwell & Putnam, 2004), more recent studies have shown patterns of higher life satisfaction in women than men.

Acculturation, whether studied unidimensionally or multidimensionally, tends to have a strong impact on quality of life. Previous studies have addressed dimensions of acculturative stress, host acculturation, heritage acculturation, and Berry's acculturative types (Adam & Ward, 2016; Berry & Hou, 2017). Many studies have found that host acculturation is positively associated with life satisfaction (Berry & Hou, 2017; Choi & Chentsova-Dutton, 2017; Gunasekara et al., 2019; Sakamoto et al., 2016); however, some studies have noted the effect of the immigrant paradox and the positive correlation between heritage acculturation and life satisfaction (Bui, 2012; Marks et al., 2014).

Little is known about variables influencing life satisfaction among first generation SAAs. Studies on Asian American life satisfaction have found that acculturation, gender, and discrimination are significant in evaluating life satisfaction among a general cohort of Asian Americans (e.g., Berry & Hou, 2017; Ngoo et al., 2021; Yoo & Lee, 2005), but SAAs as a disaggregate group are not specifically addressed in these studies. Also, to our knowledge, specific studies on first-generation SAAs' life satisfaction in the context of the COVID-19 pandemic have not been reported in the literature. Given the rise in anti-Asian sentiment in relation to the pandemic, research on factors associated with first-generation SAAs' wellbeing

has the potential to inform mental health practitioners' work with this population. Hence, Study 2 was designed to answer to the following RQs:

RQ1: To what extent does gender predict life satisfaction of a sample of first-generation SAAs after controlling for social desirability?

RQ2: To what extent do orientation to Asian culture, orientation to Western culture, model minority myth, and experiences of microaggressions predict life satisfaction in a sample of first-generation SAAs above and beyond gender after controlling for social desirability?

Conclusion

Understanding the human condition is directly related to cultural competency. The leaders of the counseling field (American Counseling Association [ACA]; American Psychological/Psychiatric Associations [APA]; Association of Counselor Education and Supervision [ACES]; American Association of Marriage and Family Therapy [AAMFT]; National Association of Social Workers [NASW]; American School Counselor Association [ASCA]) champion continuing education related to diversity, social justice, and multicultural competency. However, counselors are vastly under trained to meet the mental health needs of first-generation SAAs. It is our hope that the two thematically related studies in this dissertation help shed light on the functioning and wellbeing of first-generation SAAs, a fast growing subpopulation of minority in this country.

Glossary of Terms

Asian Orientation Acculturation/Enculturation: Retention of the native culture or acquisition of the native/origin culture of U.S-born biological children of immigrants (Lee et al., 2006, p. 42-43). Borne as a critique of the unidimensional conceptualization of acculturation. Many social scientists have argued that individuals are capable of orienting to more than one culture; furthermore, research finds that individuals can function adequately in multiple environments (Lee et al., 2006).

First Generation: Children born in the U.S. with South Asian heritage (See SAA definition). Children of at least one parent born in a South Asian country with South Asian heritage who has immigrated to the U.S. (Georgiades et al., 2018).

Gender: Also known as Gender Identity. The innermost concept of self as male, female, a blend of both or neither. One's gender identity can be the same as or different from their sex assigned at birth (Human Rights Campaign, n.d.).

Immigrant Generation: Individuals of South Asian heritage who were born outside of the U.S. and immigrated to the U.S. (Georgiades et al., 2018).

Microaggression: Microaggressions are the brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial, gender, sexual-orientation, and religious slights and insults to the target person or group (Sue, Capodilupo, et al., 2007). Perpetrators are usually unaware that they have engaged in an exchange that demeans the recipient of the communication (Sue, 2010, p. 6). First coined by Chester M. Pierce, a Harvard University psychiatrist, upon observation of how non-Black individuals treated Black individuals with insults and dismissals (Sue, 2010).

Model Minority Myth: The educational and career successes of minority ethnic groups, specifically Asian American groups in the United States (Suzuki, 2002). Asian Americans are stereotyped as intelligent, studious, and compliant (Lee et al., 2009). Model minority myth is a form of stereotyping that includes psychological injuries for those that are targeted (Wong, 2015).

South Asian American (SAA): People originating from South Asian countries (India, Nepal, Pakistan, Bangladesh, Sri Lanka, Bhutan, and Maldives) who have either immigrated to or are born in the U.S. (SAADA, 2008).

Western Orientation Acculturation/Acculturation: Process by which individuals experience changes in their cultural values, behaviors, and cognitions when they come into continuous, firsthand contact with another cultural group, typically the dominant host culture (Lee et al., 2006, p. 42)

Years in the U.S.: The number of total years that the first-generation individual (child of the immigrant parents, born in the U.S.) has been in the U.S., excluding gaps where the individual lived outside of the U.S. for more than a year.

Chapter 2

Predicting Help-Seeking Attitudes and Intentions of First-Generation South Asian Americans Based on Acculturation Levels and Select Demographics

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Abstract

The literature on first-generation South Asian American (SAA) mental health is limited despite an increased research focus on help-seeking behaviors over the past decade. Therefore, we designed a web-based survey seeking to address the main research question: To what extent do education level, gender, years in the U.S., adherence to model minority myth, orientation to Asian culture (OAC), and orientation to Western culture (OWC) predict help-seeking attitudes and intentions of a sample of first-generation SAAs after controlling for social desirability? We recruited 289 SAAs to study factors affecting help-seeking attitudes and intentions. The cross-sectional, correlational results showed help-seeking attitudes were significantly predicted by demographic factors, adherence to model minority myth, and both acculturation factors in combination. On the other hand, help-seeking intentions were significantly predicted by gender, model minority myth, and OWC in combination. Findings suggest that counselors could benefit from collecting acculturative and generational information during the assessment process to better understand the mental health needs of first-generation SAAs.

Keywords: South Asian American, Asian-Indian, first-generation, mental health, help-seeking

Predicting Help-Seeking Attitudes and Intentions of First-Generation South Asian Americans Based on Acculturation Levels and Select Demographics

Of the individuals who need mental health help, only about 30% of them actually receive help. The low rate of help seeking is attributed to stigmatization of mental health services (Schnyder et al., 2017). Such stigmatization has been a large part of American culture. Understanding the help-seeking attitudes and intentions of counseling consumers can aid counselors to understand and help overcome this barrier to accessing counseling services (Schnyder et al., 2017).

Hammer et al. (2018) define help-seeking behaviors through attitudes and intentions as outlined in Ajzen's (1991) theory of planned behavior. *Help-seeking attitudes* are defined as a person's beliefs in seeking help from a health professional, while *help-seeking intentions* are defined as a person's future planning regarding their decision to seek treatment (Ajzen, 1991). Individuals' intentions and attitudes in seeking help are indicative of service use (Hammer & Spiker, 2018; ten Have et al., 2009). Attitude is a central phenomenon in help-seeking research. Previous research indicates that attitude is the strongest predictor of help-seeking intention (Andrykowski & Burris, 2010; Li et al., 2014). Further, in previous studies (e.g., Andrykowski & Burris, 2010) that controlled for the construct of intention in help-seeking behaviors, the variance in future help-seeking behaviors was accounted for by attitudes.

Although much is known about help-seeking behaviors in general (Xu et al., 2018), few studies have examined the help-seeking behaviors of South Asian Americans (SAAs). According to the United States (U.S.) Census data from 2010 to 2017, SAAs were the fastest growing subgroup of Asian Americans. The current study focused on first-generation SAAs. For this study, we defined SAAs who are born in the U.S to immigrant parents as "first-generation" and

SAAs who enter the U.S. after birth as "immigrant-generation" per the definition used by Georgiades et al. (2018). SAAs are people with a cultural heritage from one of the following countries: India, Bangladesh, Bhutan, Maldives, Nepal, Pakistan, and Sri Lanka (Demographics of Asian Americans, 2020).

The mental health needs of first-generation individuals look different from immigrant-generation South Asians due to differential social pressure they experience in relation to their social location differences. Living among two strong cultures qualifies first-generation individuals within a modified version of biculturalism (Lee et al., 2009; Sekhon & Szmigin, 2005). Specifically, compared to the immigrant generation, first-generation SAAs are taxed with balancing a cultural identity that requires them to uphold South Asian traditions at home while assimilating to the culture outside of the home (Gupta, 2010). Previous research has addressed the mental health needs of the immigrant generation, but it has not specifically addressed the needs of the first generation (e.g., Inman et al., 2014; Leung et al., 2011).

Theoretical Approach

In previous literature, help-seeking in the South Asian population is defined in four phases: self-address, advice-seeking, coping, and action (Gupta, 2010). For the purposes of this study, we will use Ajzen's (1991) theory of planned behavior to investigate help-seeking attitudes and intent of SAAs who are born in the U.S. The theory postulates that an individual's sociocultural background influences their behavioral beliefs, normative beliefs, and control beliefs (Ajzen, 1991), which in turn influence the individual's attitudes toward their help-seeking behavior, perceived norms, and perceived behavioral control, respectively. Ajzen defines sociocultural background as an individual's resources, opportunities, and previous experiences. These three factors then define a person's intention toward their help-seeking behavior, which

then leads to the actual behavior or leads to a prediction of that behavior in the future. Recent research by Hammer et al. (2018) and Hammer and Spiker (2018) led to the development of a tool using Ajzen's theory that focuses on attitudes and intentions of help seeking.

We compared Ajzen's (1991) model with Weaver's (1970) model of health-seeking behavior and found Ajzen's theory to be a better fit for the purposes of our study. The present study focuses on the nuances of the cognitive process behind making a decision about seeking mental health care, and Ajzen's theory of planned behavior focuses specifically on this process. In comparison, Weaver's (1970) model is broad and focuses on the external factors that lead to the utilization of mental health services.

Potential Predictors of Help-Seeking

Researchers have investigated myriads of predictors of help-seeking behavior (Cheng et al., 2018; Kim & Lee, 2022). We have selected to examine several of these predictors: education, years in the U.S., gender, acculturation levels (Western and Asian orientations), and the model minority myth. Previous literature on help-seeking behaviors of Asian Americans identifies these factors as significant to understanding Asian American mental health. The following provides rationale for their consideration in our study.

Education

Panganamala and Plummer (1998) argue that South Asians with higher levels of education have higher opinions of counseling. Higher education has been linked to higher acculturation to the host country and may link to the individual's motivation to seek out mental health services when in need (Farvar et al., 2002; Masood et al., 2009). Another study has found that patients and caregivers living in urban areas of India with intermediate to higher education have higher mental health literacy and would seek out psychiatrists, as opposed to no treatment,

faith healers, or primary care providers, as a first option to treatment (Sanghvi & Mehrotra, 2020).

Conversely, education has been identified as a commonly cited stressor for SAAs and appears to contribute to risk for depression, anxiety, and suicidality (Chandra et al., 2016; Tavkar et al., 2008). Relatedly, Tvakar et al. (2008) state that younger SAAs are more likely to report stress related to their inability to meet their family's high expectations regarding achievement in marriage, gender roles, academics, and occupations.

Gender

In general, research indicates that gender is associated with Asian Americans' help-seeking behavior. For example, Asian American women were found to hold more positive attitudes toward seeking professional mental health help than their male counterparts. Studies indicate that Asian American women are more likely to seek out mental health services than Asian American men (e.g., Han & Pong, 2015; Shea & Yeh, 2008). Wong et al. (2017) and Tummala-Narra et al. (2018) found that Asian American men tended to be socially conditioned to be more independent and have a higher sense of belonging and attachment to their ethnic group (as opposed to Asian American women), therefore, they had less favorable attitudes towards seeking mental health help.

From some South Asian cultural perspectives, females are seen as a curse at birth (Goyal et al., 2006). Furthermore, SAA females are more likely than SAA males to identify with their natal culture and are under social pressure to uphold their cultural-traditional role as a caregiver (e.g., preserving Indian cultural traditions; Farvar et al., 2002) in the U.S. while meeting financial needs through employment (Leung et al., 2011). These factors, combined with the historical-traditional roles for males in which they are afforded more independence, autonomy,

and educational opportunities (Farvar et al, 2002), could contribute to more mental health needs by SAA women in the U.S. Males are also seen as having a more integrated acculturation style (Farvar et al., 2002) which could contribute to less help-seeking attitudes and intentions.

SAA males may be in equal need of mental health support; however, previous studies have not shown such results. Some studies have reported no gender differences in help-seeking behaviors among Asian Americans (e.g., Atkinson & Gim, 1989; Ting & Hwang, 2009), but this is unclear in the case of first-generation SAAs.

Years in the United States

Years in the U.S. may provide insight into attitudes toward American culture and the mental health system (Chang et al., 2013). According to Inman et al. (2014), longer duration of residency in the U.S. and higher levels of English proficiency were associated with lower depressive symptoms. Likewise, Farvar et al. (2002) state that the parents' years of U.S. residence has significant effects on family social class and parents' and adolescents' religiosity scores. Therefore, years in the U.S. may be a demographic factor related to help-seeking attitudes and intentions of first-generation SAAs.

Acculturation

Higher acculturation may be associated with readiness in accepting the importance of mental health, for example, facilitation of help-seeking behaviors due to familial acceptance and/or lower stigmatization of mental health issues due to acculturation levels (Chung et al., 2013; Panganamala & Plummer, 1998). In previous studies, acculturation has been studied as a unidimensional construct, which implies that individuals can only orient to one culture at a time. However, recent studies have shown that the acculturation process also involves retaining native culture, also known as enculturation (Lee et al., 2006). As such, our study included two

acculturation variables in this study: *orientation to Asian culture* (OAC) and *orientation to Western culture* (OWC). OAC is the individual's adaptation to their heritage culture.

A limited number of studies have examined the effects of enculturation on help-seeking behaviors. Available research findings indicate an inverse relationship between help-seeking behaviors and enculturation (Kim, 2007; Kim & Omizo, 2003). Ruzek et al. (2011) further clarify that Asian Americans have more favorable attitudes toward mental health services as a result of a loss of Asian values rather than due to the adaptation of Western values.

OWC refers to an individual's adaptation or adjustment to U.S. cultural expectations (Lee et al., 2006). Studies indicate that orientation to Western culture is crucial to the survival and well-being of the individual in the U.S. (e.g., Yoon et al., 2013). However, acculturation is shown to have mixed results in psychological outcomes as it is positively associated with both positive and negative mental health factors (e.g., depression, anxiety, life satisfaction, and self-esteem; Wang et al., 2019).

Similarly, previous research has shown a mixed relationship between help-seeking attitudes and behaviors and acculturation in Asian-Americans. A common finding has been that the more acculturated an Asian American student is, the more likely they are to engage in help-seeking behaviors (Atkinson & Gim, 1989; Ruzek et al., 2011). However, some studies found that the more acculturated an Asian American student was, the less likely they were to seek help from mental health services (Gim et al., 1990). Interestingly, Yoon and colleagues (2013) found that external acculturation indicators, such as language and behavioral norms, more accurately predicted the state of mental health. Hence, more research is needed to help clarify the relationships between acculturation and mental health-related variables.

Model-minority Myth

Individual affiliation to model-minority myth exerts a pervasive influence on Asian Americans. Kim et al. (2021) write,

> This stereotype and myth depict Asian Americans as hard-working, succeeding without support from others, and establishing themselves as productive and strong contributors in their communities … it is important to note that this construct has been externally imposed on Asian Americans and signified that those who fell behind were due to their inferior culture and poor personal behavior. (p.2)

Asian Americans have been associated with this myth. For example, over 99% of Asian American adolescents in Thompson and Kiang's (2010) study reported being viewed as a model minority.

Cultural affiliation and model-minority myth have been common factors among previous literature studying mental health of South Asians (Chandra et al., 2016; Kim, et al., 2021; Lee et al., 2009). The model-minority myth has been shown to be a significant factor associated with higher levels of distress (Assalone & Fann, 2017; Tummala-Narra et al., 2018), minimization of psychological distress, and less favorable help-seeking attitudes in Asian Americans (Pattyn et al., 2014; Yi et al., 2022).

Limitations of Previous Studies

Previous studies have identified some limitations related to studying Asian populations. We attempted to address a few in our study. A common limitation has been the lack of generalizability due to the heterogeneous nature of Asian communities (Leung et al., 2011; Panganamala & Plummer, 1998; Gupta, 2010). There is a need to consider representation, identify group-specific patterns regarding utilization rates, and develop guidelines for

practitioners who plan and implement treatments as referrals increase (Durvasula & Mylvaganam, 1994; Panganamala & Plummer, 1998).

Another major limitation identified in previous studies relates to the need to study the mental health needs of first-generation populations - SAA children of immigrants born in the U.S. (Chandra et al., 2016; Farver et al., 2002; Masood et al., 2009). In many previous studies, the majority of the samples were individuals of Indian origin and who were Hindu and foreign born, and their findings may be less generalizable to SAAs who are non-Indian and non-Hindu and those born in the U.S. (Masood et al., 2009). Studies have discussed educating and publicizing psychological services to Asian Indian immigrants (Panganamala & Plummer, 1998; Durvasula & Mylvaganam, 1994); however, there is limited information as to how psychological services are perceived and approached by first-generation SAAs. Previous research has focused on three foundational values of SAA culture: pride, privacy, and prestige among immigrant generations (Panganamala & Plummer, 1998); however, there is a modified version of pride, privacy, and prestige among U.S.-born SAAs that needs to be studied (Chandra et al., 2016; Leung et al., 2011) as the values of the immigrant generations may not be generalized to first- or subsequent generation communities due to differential acculturation experience.

Finally, many studies have relied on small sample sizes, convenience sampling, and homogenous sampling (e.g., recruiting from California which is seen as a relatively multi-cultural area) as major limitations (Lee et al., 2009; Farvar et al., 2002). Our study recruited a larger sample from across the country to increase sample heterogeneity and statistical power.

Purpose of the Study

We designed the study based on Ajzen's (1991) theory of planned behavior to examine the help-seeking attitudes and intent in a sample of SAAs who are born in the U.S. We studied

the associations of six predictor variables with help-seeking behaviors. The six variables were gender, education, years in the U.S., level of acculturation (Asian orientation), level of acculturation (Western orientation), and adherence to model minority myth.

We included social desirability as a control variable. According to Ryan et al. (2020), individuals in South Asian countries are statistically more likely to value cooperativeness and be sensitive to social desirability. Measuring social desirability may help in combing through inauthentic cooperativeness and sensitivity to predict more accurate outcomes. We did not include other control variables at this time due to limited understanding of the effects of current independent variables on the dependent variable.

This study aimed to answer the following research questions (RQ) with help-seeking attitudes and help-seeking intentions as two separate outcome variables:

RQ1: To what extent do education level, gender, and years in the U.S. predict help-seeking **attitudes** of a sample of first-generation SAAs after controlling for social desirability?

RQ2: To what extent do orientation to Asian culture, orientation to Western culture, and model minority myth predict help-seeking **attitudes** in a sample of first-generation SAAs above and beyond education level, gender, and years in the U.S. after controlling for social desirability?

RQ3: To what extent do education level, gender, and years in the U.S. predict help-seeking **intentions** of a sample of first-generation SAAs after controlling for social desirability?

RQ4: To what extent do orientation to Asian culture, orientation to Western culture, and model minority myth predict help-seeking **intentions** in a sample of first-generation

SAAs above and beyond education level, gender, and years in the U.S. after controlling for social desirability?

Methodology

Participants and Recruitment Criteria

This cross-sectional study, which collected data nationally across the U.S., was conducted from August 1 to August 16, 2022. Our participation recruitment resulted in 498 response sets. However, only 289 response sets were retained for analyses because 209 contained incomplete data that rendered them unusable. Data sets from participants who did not meet research criteria (e.g., first-generation) were excluded. The study was approved by the Institutional Review Board of Oregon State University.

We captured participants' gender identity, age, nationality, education, years in the U.S, generation status, and area of residence in a demographic questionnaire at the beginning of the study. This information is also summarized in Table 2.1. The mean age of the participants was 29.02 years (SD = ± 5.66, range = 18-51). The average number of years having lived in the U.S. of the participants was 26.80 (SD ± 5.82, range = 18-50).

We included eight gender options, including an opt-out answer if participants did not want to share their gender identification; 43.6% of respondents identified as cisgender male (n = 126), 30.8% identified as cisgender female (n = 89), 11.4% identified as transgender male (n = 33), 9.7% identified as transgender female (n = 28), and the remaining 4.4% (n = 13) identified under the umbrella of multiple genders (n = 1), no gender indicated (n = 1), genderfluid (n = 3), or preferred not to identify themselves (n = 8). We grouped some gender identities together (e.g., multiple genders, no gender, genderfluid, and prefer not to say) because we did not receive enough responses under those categories to analyze data statistically; however, we were still

interested in examining the effects of various gender identities among SAAs on help-seeking attitudes and intentions, which is why we chose to group the gender identities together instead of eliminating the data altogether.

We found the most common ethnic identities among participants were Indian-American (38.4%, *n* = 111), Pakistani-American (16.3%, *n* = 47), and Bangladeshi-American (11.4%, *n* = 33). Participants came from across the country with 30.4% from the North Atlantic region, 29.4% Southern region, 23.9% North Central region, and fewer than 10% from Rocky Mountain region as well as Western region. Table 2.1 details other SAA identity information.

Educational make-up of our sample includes: 34.3% (*n* = 99) of participants who have attained a degree below bachelor's degree (e.g., high school diploma, associate's degree) or are currently in high school, 46.4% (*n* = 134) having attained a bachelor's degree, and 19.3% (*n* = 56) having attained a graduate (e.g. master's or doctorate) degree. The mean years of education in this sample was 14.84 (*SD* ± 2.74, range = 8-27).

Procedure

Criteria for recruitment included: ethnic identity tied to the subcontinent of India, Bangladesh, Bhutan, Maldives, Nepal, Pakistan, and/or Sri Lanka; born in the U.S.; and age at least 18 years and older. This was a web-based survey. Surveys included the demographic questionnaire, Mental Health Seeking Attitudes Scale (MHSAS), Mental Health Seeking Intentions Scale (MHSIS), Acculturation Rating Scale for Mexican-Americans II Asian and Western Orientation Scales (ARSMA-II AOS & WOS), Internalization of the Model Minority Myth Measure (IM-4), and Marlowe-Crowne Social Desirability Scale Short Form - A (MCSDSS-A).

Participants were recruited via social media posts, listserv announcements, and physical/digital flyers (see Appendix A). Recruitment locations were online and cultural/religious centers in the United States. The following information was provided to potential participants during recruitment efforts: study premise, rationale for study, inclusion criteria, and incentives for completion. Incentives included entering the participant's name in a drawing for 1 of 4 $100 gift cards if the participant agreed to participate in the drawing by providing their email at the end of the survey. The survey included a separate link at the end for de-identification purposes. The survey was scheduled to be available to participants online for 8-10 weeks. However, the survey was closed at the 2-week mark upon receipt of more than 300 responses. We utilized forced-choice response formatting in data collection to eliminate the possibility of incomplete research items.

Design

The present study was a cross-sectional correlational study. To address the four research questions, we used three hierarchical multiple linear regressions to examine the relationship between six predictor variables and the mental health help-seeking attitudes and intentions, respectively. We attempted to test a theoretical assumption about the influence of several predictors in a sequential manner (Petrocelli, 2003). Wampold and Freund (1987) describe hierarchical regression as being able to test this type of specific, theory-based hypothesis. According to Wampold and Freund and Cohen and Cohen (1983), hierarchical regression is set apart from other types of multiple regression in that the researcher chooses and enters variables either in the order of causality priority, based on structural aspects of the design, or based on previously established relationships to the dependent variable. We used the third process to choose the sequence of variables entered during analysis.

Regression analyzes the relationship between two or more variables, specifically the influence of the independent variable(s) on the dependent variable (Salkind, 2017). According to Gavin (2008), multiple linear regression is utilized "when we would like to explore linear relationships between the predictors and a continuous data criterion" (p. 226). Additionally, multiple regression, as opposed to other similar methodologies, does not manipulate the variable but rather takes into account the naturally occurring variability which is added to the study to aid in predictions (Gavin, 2008).

We chose hierarchical multiple regression for this study because exploration of multiple variables (education, years in the United States, adherence to the model minority myth, and acculturation) will help counselors and mental health workers understand the different reasons a person may have positive attitudes toward help-seeking and intent to seek treatment. We wanted to study relevant and significant predictors of these outcome variables while minimizing the potential influence of social desirability.

Instrumentation

Mental Health Seeking Attitudes Scale. The MHSAS (Hammer et al., 2018) was used to measure attitudes toward help-seeking behaviors. This 9-item questionnaire utilized a Likert scale answering process. Participants were asked to rate nine domains (e.g., usefulness, importance, health, etc.) in response to the question "If I had a mental health concern, seeking help from a mental health professional would be…" According to Hammer and colleagues (2018) the MHSAS has an FD of (0.97) and H index of 0.94, which is above the recommended threshold (FD > 0.90 and H > 0.80). The MHSAS has been administered to Asian populations; however, the sample sizes have been small, and therefore, reliability among Asian populations has not been properly studied (Hammer et al., 2018; Hammer & Spiker, 2018). Hammer and

colleagues (2018) found that the 9-item version had a good fit and an approximate test information function of 8.5. Finally, CFA showed good fit of unidimensional solution (scaled $\chi 2$ [27] = 54.02, p< .001, RMSEA = .052 [90% CI of .032, .072], CFI = .976, TLI = .969, SRMR = .025). All items loaded significantly on the help seeking attitudes factor (β's > .74, .86 < B's < 1.15, $p < .001$). For the current study, the internal consistency reliability for the MHSAS was 0.90.

Mental Health Seeking Intentions Scale. The MHSIS consists of three items that result in a single score, and it is designed as a unidimensional instrument. The internal consistency and convergent evidence of validity for the MHSIS showed significant positive associations between intention and attitudes and subjective norms associated with help-seeking behaviors (Hammer & Spiker, 2018). The MHSIS shows strong evidence of predictive validity with a correct classification rate of approximately 70% (Hammer & Spiker, 2018).

Variances of each item can be explained by a single factor, and the standardized factor loadings and residual variances of each item define the unidimensional model. The variances of each item are R^2 = 0.85, 0.83, and 0.84 respectively (Hammer & Spiker, 2018). The MHSIS demonstrated evidence of internal consistency with alpha = 0.94, Factor Determinacy = 0.97, and H-index (reliability/replicability) = 0.94, which exceeded the recommended minimum cutoff (Hammer & Spiker, 2018). For the current study, the internal consistency reliability for the MHSIS was 0.90.

Internalization of the Model Minority Myth Measure. The IM-4 is a 15-item self-report measure. It measures the beliefs about the idea that Asians and Asian-Americans are *the* most successful minority group in the U.S. and that hard-work and unrestricted upward mobility are contributors to this success (Yoo et al., 2015). The measure has two subscales: Model

Minority Myth of Achievement Orientation (MM–Achievement) and Model Minority Myth of Unrestricted Mobility (MM–Mobility). The MM-Achievement is a 10-item subscale which "refers to the myth of Asian Americans' greater success than other racial minority groups associated with their stronger work ethics, perseverance, and drive to succeed" (Yoo et al., 2015, p. 239). The MM-Mobility is a 5-item subscale that "refers to the myth of Asian Americans' greater success than other racial minority groups associated with their stronger belief in fairness of treatment and lack of perceived racism or barriers at school/work" (Yoo et al., 2015, p. 239). The internal consistency reliability for the MM-Achievement is $\alpha = .91$ and for the MM-Mobility is $\alpha = .77$, and the two scales are correlated with a small, but significant effect size ($r = .16$, $p < .05$) (Yoo et al., 2015). For the current study, the internal consistency reliability for the MM-Achievement was 0.93 and that for the MM-Mobility was 0.89.

Acculturation Rating Scale for Mexican-Americans II used with Asian Americans. This scale was used to measure orientation of the individual to their heritage culture and to western culture. Previous studies have shown that the longer an individual or family has been in the U.S., the higher their acculturation level (Chang et al., 2013; Masood et al., 2009). Cultural affiliation was measured with the ARSMA-II. This scale is made up of two subscales, the Asian Orientation Scale (AOS) and Western Orientation Scale (WOS). The construct validity and reliability were measured and adequate reliability and a medium correlation between Asian culture and Western culture across majority factors (e.g. language, social, and total) was found. Alpha coefficients for the total scale and each subscale yielded reliability score of $\alpha > .70$ (Nunnally & Bemstein, 1994). The Asian culture score reliabilities were as follows: AOS-Total $\alpha = .87$; AOS-Language $\alpha = .90$; AOS-Social $\alpha = .72$; the Western culture scores reliabilities were as follows: WOS-Total $\alpha = .75$; WOS-Language $\alpha = .71$; WOS-Social $\alpha = .79$ (Lee et al., 2006).

For the current study, the internal consistency reliability for the AOS was 0.93 and that for the WOS was 0.89.

Social Desirability Scale - Short. Social desirability bias refers to a participant's tendency to respond in a likable or socially desirable manner instead of in a way that reflects true feelings or thoughts. This bias is especially prominent in studies involving socially sensitive topics such as politics, religion, and state of one's mental health. The Marlowe-Crowne Social Desirability Scale (MCSDS; Reynolds, 1982) was utilized to discriminate socially desirable responses from authentic responses.

We used the short Form A in our study (MCSDSS - A; Reynolds, 1982). Form A consists of 11 items in which participants respond to questions with "True" or "False." Specifically for the MCSDSS-A, Loo and Thorpe (2000) reported a Cronbach Alpha of 0.59. The original version of the inventory has a Kuder-Richardson reliability of 0.74 and Pearson correlation of 0.91 (at $p < .001$; Reynolds, 1982). The MCSDS long form has been used effectively with Asian American populations in previous studies (e.g., Abe & Zane, 1990; Han, 2015; Shen et al., 2011). The Kuder-Richardson reliability index for the current study was 0.50.

Analysis of Data

Missing Values

Forced-choice response formatting was utilized to address concerns related to missing data. This type of formatting requires participants to answer questions on a survey prior to moving on to the next question. There are important advantages and disadvantages to this type of survey formatting. Advantages include: (a) eliminating uncertainty of how to process missing responses in data analysis, (b) quality responses due to nature of format (e.g., each question elicits deeper thinking because skipping questions is not an option), (c) higher consistency in

responses, and (d) clear differentiation of responses (Allen, 2017). Disadvantages to consider in this forced choice response survey include: (a) participants are forced to answer the question which can mask authentically neutral perspectives and decrease free will of responding and (b) higher acquiescence response bias (Allen, 2017).

Univariate Analysis

The distributions of the variables were examined prior to further analysis in order to ascertain if data conformed to assumptions of linearity and normality. Linearity was checked through scatter plots. Normality was checked through histograms and the Kilmogorov-Smirnov and Shapiro-Wilk goodness of fit tests.

Bivariate Analysis

Bivariate analysis was utilized to address for lack of control of factors, or zero-order correlation. Scatterplots were analyzed to study the intercorrelations of study variables.

Multivariate Analysis

The purpose of the study was to examine predictors of help-seeking attitudes and intentions of SAA individuals. Three nested regression blocks were utilized to analyze the data to address the four RQs. Data were analyzed through three steps once the data were collected: (a) analyzing correlation and directionality of data, (b) fitting the regression line or estimating the model, and (b) evaluating the validity and usefulness of the model (Heppner et al., 2008). We utilized the multiple regression nested blocks below as a reference:

Model 1: Help Seeking Attitudes/Intentions = Intercept + Social Desirability

Model 2: Help Seeking Attitudes/Intentions = Intercept + Social Desirability + Gender + Years in the United States + Education

Model 3: Help Seeking Attitudes/Intentions = Intercept + Social Desirability + Gender + Years in the United States + Education + Acculturation (WOS) + Acculturation (AOS) + Model Minority Myth

An alpha level of 0.05 was used to test for statistical significance and reduce Type II error (Cakmak et al., 2012). To appraise the strength of effect for each individual predictor variable to the dependent variable a standardized beta coefficient was used. The significance level (one-tailed) and effect sizes for each variable were computed in SPSS.

Multicollinearity was addressed in data analysis through correlation matrices. We did not find any variables with correlations above 0.80. Homoscedasticity was checked by plotting the predicted values and residuals on a scatter plot.

Results

Univariate Analysis

The Kolmogrov-Smirnov coefficients gave evidence that some predictor variables (e.g., acculturation and model minority myth) had a non-normal distribution ($p < .001$). However, after inspection of their Q-Q normality plots and histograms, we determined that any issues with normality were minimal and no transformations to the data were necessary. Furthermore, residual testing showed adequate homoscedasticity to move forward with the data without transformations or eliminations.

In determining attitudes toward help-seeking from a mental health professional and the intention to seek help, on average, participants scored "neutral." The means for MHSAS and MHSIS were 4.95 (± 1.18) and 5.24 (± 1.32), respectively. Participants' average orientation to Western culture ($M = 3.61$, $SD \pm 0.66$) was higher than the average orientation to Asian culture ($M = 2.89$, $SD \pm 0.74$). Participants' beliefs around the model minority myth averaged 4.45, an

attitude between neutral and "slightly agree [to model minority myth beliefs presented]," on the scale.

Bivariate analysis

The bivariate correlations are presented in Table 2.2. We observed weak to moderate relationships across predictor variables. Education and total years in the U.S. had a weak, but positive relationship ($r = .25$; $p < .01$). The Asian and Western orientations had similar weak, but positive correlations with adherence to model minority myth ($r = .34$ and $r = .28$; $p < .01$).

When analyzing correlations across outcome variables, we saw weak, but positive relationships between MHSAS and WOS and Total years in the U.S. ($r = .37$, $r = .27$; $p < .01$) and between MHSIS and model minority myth ($r = .28$; $p < .01$). We found a moderate, positive relationship between MHSIS and WOS ($r = .46$; $p < .01$).

As discussed in previous literature (e.g., Hammer et al., 2018; Hammer & Spiker, 2018), MHSAS and MHSIS had a moderate relationship ($r = .48$), indicating that they are connected in predicting help-seeking behaviors but are separate enough in that they do not overlap.

Hierarchical Regression Analysis

Help-seeking Attitudes

To test RQs 1 and 2, which focused on examining the extent to which the predictors explain help-seeking attitudes, we used hierarchical multiple regression analyses (see Table 2.3a). In Step 1, we entered social desirability to control for possible confounding factors per previous literature. In Step 2, we regressed our outcome variable onto three demographic variables: years in the U.S., education, and gender. In Step 3, we entered model minority myth, WOS, and AOS as predictor variables.

Results in Step 2 (RQ 1) showed that years in the U.S., education, transgender female identity, and transgender male identity significantly explained 17% of the variance in help-seeking attitudes after controlling for social desirability ($\Delta R^2 = 0.169$, $F(7,281) = 8.83$, $p < .05$; Table 2.3a). Higher levels of education and greater number of years in the U.S. were significantly associated with more favorable attitudes towards help-seeking from a mental health professional.

The Step 3 model showed that model minority myth, AOS, and WOS contributed statistically significantly to the variance in help-seeking attitude alongside years in the U.S. and being a transgender female. The linear combination of all three additional predictors (Step 3; Table 2.3a) significantly accounted for 12% of the variance in help-seeking attitudes ($\Delta R^2 = 0.122$, $F(10,278) = 12.06$, $p < .05$). Higher levels of WOS and model minority myth adherence and lower levels of AOS were significantly associated with more favorable attitudes towards help-seeking.

Results for RQs 1 and 2 showed that years in the U.S., education, gender, model minority myth, and WOS were significantly positively associated with help-seeking attitudes while AOS was negatively associated with help-seeking attitudes in the study sample. In Step 2, identification as transgender male *and* transgender female were negatively significantly associated with help-seeking attitudes, while total years in the U.S. was positively, significantly associated with help-seeking attitudes. Identification as transgender female and total years in the U.S. remained a significant factor in predicting help-seeking attitudes in combination with minority myth and acculturation (WOS and AOS) (Step 3). All predictor variable effect sizes were small (Cohen, 1988; see Table 2.3a).

Though not significantly associated with help-seeking attitudes at zero order, social desirability was a significant contributor to its variance in both Steps 1 and 2. The presence of other study variables strengthened the effects of social desirability on help-seeking attitudes, indicating the associations between social desirability and the other predictor variables (i.e., years in the U.S. and WOS; see Table 2.3a and 2.3b).

Help-seeking Intentions

To test RQs 3 and 4, which focused on examining the extent to which the predictors explain help-seeking intentions, we, again, used hierarchical multiple regression (see Table 2.3b). Similar to the steps in testing RQs 1 and 2, we entered social desirability in Step 1 to address confounding variables related to help-seeking intentions. We entered years in the U.S., education, and gender in Step 2, and entered model minority myth, AOS, and WOS in Step 3.

The linear combination of predictors entered in the Step 2 model significantly accounted for 6.6% of the variance in help-seeking intentions (Table 2.3b). The addition of education, years in the U.S., and gender accounted for 5.8% of the variance ($\triangle R^2 = .058$, $F(7, 281) = 2.83$, $p < .05$). However, only identification as transgender female uniquely contributed to the variance in help-seeking intention. Identification as transgender female and help-seeking intentions had a negative relationship.

The linear combination of predictors entered in Step 3 significantly accounted for 28.7% of the variance in help-seeking intentions (Table 2.3b). The addition of model minority myth, AOS, and WOS accounted for 22.1% of the variance ($\triangle R^2 = 0.221$, $F(10,278) = 11.19$, $p < .05$). However, only WOS, model minority myth, and cisgender male identity uniquely and significantly contributed to the variance in help-seeking intentions. The effects of being

cisgender male on help-seeking intentions was enhanced because of its relationship with other predictors.

Similar to the results for help-seeking attitudes, a higher orientation to Western culture and greater adherence to model minority myth beliefs were associated with more favorable intentions in seeking help from mental health professionals. However, years in the U.S. and orientation to Asian culture were not significant predictors for help-seeking intentions. All predictor variable effect sizes were small, except for orientation to Western culture, which had a medium effect size (Cohen, 1988; see Table 2.3b).

Discussion

The purpose of this study was to investigate factors associated with help-seeking attitudes and intentions of first-generation SAAs. We discuss the results and their implications in the following paragraphs separately for help-seeking attitudes and help-seeking intentions.

Help-seeking Attitudes

Findings that years of education received and years living in the U.S. were significantly and positively correlated with help-seeking attitudes fall in line with previous research findings (e.g., Chang et al., 2013; Masood et al, 2009; Sanghvi & Mehrotra, 2020). Higher education levels and greater number of years living in the U.S. are associated with more favorable help-seeking attitudes. Longer duration in the U.S. potentially indicates higher adjustment to language, values, and norms of Western culture, which could include the belief that professional mental health services are often a primary resource when experiencing mental health distress. Likewise, low barriers, such as language proficiency (i.e. English as primary language) could help first-generation SAAs navigate mental health systems more easily, which could help create more favorable attitudes toward professional services. Higher education can indicate higher

health literacy (i.e., understanding how the medical field and specialties work; Sanghvi & Mehrotra, 2020), which could potentially explain favorable attitudes toward working with professional mental health providers in times of distress. The average education years and degrees obtained among the sample in the present study indicate that they have been exposed to some form of higher education (e.g., post high school), which could explain the positive relationship between education and attitudes toward help-seeking. Likewise, higher levels of education have been linked to better adjustment to host culture (e.g., acculturation; Masood et al., 2009). Our sample, on average, seems to be more adjusted to Western culture than their South Asian cultural heritage (see remainder of section for an in-depth explanation of this relationship).

The significant positive association between WOS and help-seeking attitudes found in this study substantiates several findings in previous studies (e.g., Chang et al., 2013; Inman et al, 2014). The more acculturated - greater levels of WOS - individuals are to the Western host culture, the more likely they will attach to host culture values, norms, and beliefs. In the U.S., this includes an open attitude toward seeking help from mental health professionals in times of emotional distress. Although stigma toward mental health continues to exist in the U.S., beliefs about mental health being helpful seem to be relatively more accepted within the U.S than within Asian cultures (Chiang et al., 2022). Likewise, the negative association between AOS and help-seeking attitudes also supports several findings from previous studies (e.g., Ruzek et al., 2011). In previous studies, belief in seeking support from mental health professionals is stigmatized among various Asian American groups; our finding supports the idea that the more oriented a first-generation SAA individual is to their South Asian culture, the less likely they are to have a positive attitude toward seeking help from a professional.

The results concerning gender and model minority myth are unique to this study. Previous studies on help-seeking behaviors tended to focus on binary cisgender identification. Our findings, which reflect the significant effects of transgender male and transgender female identifications, are new to this line of study. In Steps 2 and 3, we see negative relationships between identification as transgender (female and male) and help-seeking attitudes. This indicates that individuals who identify as transgender are less likely to have favorable beliefs toward seeking mental health services from a professional when experiencing distress in comparison with members of other genders. This could be due to the additional distress gender nonconforming individuals may experience when working with professionals whose field is made up of primarily cisgender providers (Zippia, 2022). This finding may indicate a belief among transgender first-generation SAAs that their needs may not be adequately understood or met when working with a mental health provider. Coupled with the lack of training and preparedness among service providers to assist the transgender population, negative attitude toward help-seeking among transgender individuals may further deter them from seeking mental health services. Future studies should expand upon the current study to examine the extent to which the spectrum of gender identities among Asian American groups plays a part in help-seeking attitudes.

Most literature on model minority myth shows a negative correlation with help-seeking behaviors (e.g., Kim et al., 2021; Yi et al., 2022). However, the present study shows a positive, significant relationship with help-seeking attitudes. This indicates that attitudes toward seeking help from professional mental health service providers were more favorable as belief in model minority myths became stronger. Tummala-Narra and colleagues (2018) found similar results among Asian Americans in general, however, we have not found studies with similar results

among first-generation SAAs specifically. Generation status may be an important moderator factor, and ethnic identity as SAA may have unique cultural implications when looking at the relationship between help-seeking attitudes and model minority myth. As such, future research concerning moderators such as generation status and ethnic identity could provide more insight into the relationship between help-seeking attitudes and model minority myth.

Model minority myth was found to have a positive correlation with both AOS and WOS. Among first generation SAAs, higher adjustment to both South Asian and Western cultures seem to correlate with stronger belief in model minority stereotypes. This may be an indicator of the process of balancing a bicultural identity among first-generation SAAs. When striving for balance among two strong cultures (e.g., American and South Asian), beliefs become intertwined; therefore, the Westernized view of Asians as a model minority and South Asian beliefs about achievement may strengthen one another throughout identity development of first-generation SAAs.

The belief that Asian Americans are a model minority in the U.S. and hierarchically placed above other minority groups may serve as a positive influence among first-generation SAA. There may be a belief that as a 'model minority' it is an expected responsibility of the first-generation SAA to model Western norms, beliefs, and values to increase belongingness within the Western culture. Often, first-generation SAAs are seen as "not Asian enough" to other Asian generational groups or "too Asian" to non-Asian groups (Koba, 2021); therefore, it is plausible that there is a motivation to maintain the model minority status. Modeling Westernized behavior of seeking help from mental health professionals may be a way to maintain the model minority status through the root motivation of belonging. As a side observation, the average score on the IM-4 among the sample of participants in the current study was "neutral to slightly

agree." These results suggest that there may be some internalized model minority beliefs among first-generation SAAs, and these beliefs may be used as a coping mechanism (Yi et al, 2022). Additional studies are needed to verify such findings in the present study and also investigate whether similar relationships are also found among other Asian first-generation groups.

Help-seeking Intentions

Similar to findings related to help-seeking attitudes, we found a positive, significant relationship between WOS and help-seeking intentions. These results are significant and support findings of previous studies (e.g., Chang et al., 2013; Inman et al., 2014). These results suggest that the more adjusted an individual is to the host culture values, norms, and beliefs, the more likely they will intend to seek mental health help from professional resources.

The significant findings related to gender are unprecedented. In the present study, help-seeking intentions had a positive relationship with cisgender male identification and a negative relationship with transgender female identification. Previous research has found the opposite effects among cisgender males and help-seeking behaviors (e.g., Tummala-Narra et al., 2018; Wong et al., 2017). These results suggest that first-generation SAA cisgender males have more favorable intentions toward seeking help when gender is considered alongside with model minority myth and western orientation. Traditionally in the U.S., emotional expression and seeking mental health services among men of all ethnicities have been stigmatized; however, we have seen an increase in campaigns for men's mental health awareness in the past few years (HHS Office of Minority Health, n.d.). This could contribute to a degree of acceptance towards seeking professional mental health services among first-generation SAA cisgender men. Likewise, previous research has shown Asian American men, including SAA men, to have a more integrative acculturation style (when compared to Asian American women; Farvar et al.,

2002). This integrative acculturation could also potentially contribute to positive intentions as it may be a way for first-generation SAA cisgender males to adapt to Western culture.

The finding that identification as transgender female indicates a significant negative relationship with help-seeking intentions in comparison with other gender groups follows logic from results of help-seeking attitudes, but it is also a unique variable relationship because previous studies have focused on cisgender identifications. These findings indicate that first-generation SAA transgender females do not typically intend to seek professional mental health services when the need arises. Intention to follow-through with a behavior (e.g., help-seeking) is a step after developing attitudes toward that behavior, and it is also the final step before engaging in the identified behavior (Ajzen, 1991); therefore, following logic from the findings on help-seeking attitudes, a negative attitude will lead to negative intentions and eventual non-engagement in the identified behavior. Furthermore, subjective norms and perceived behavioral control have influences between attitudes and intentions (Ajzen, 1991). There may be social pressure in the form of stigma within the social groups of first-generation SAA transgender females that enhances barriers between forming the attitude and having the intention to engage in mental health services. Likewise, there may be a perception of minimal behavioral control in seeking mental health services, which could stem from previous or word-of-mouth experiences with mental health systems. For example, the belief that mental health providers are underprepared to help transgender and/or SAA populations may create an unfavorable attitude toward professional providers, so minimal to no effort is put into readying oneself to engage in services.

The present study shows a positive significant relationship between model minority myth and help-seeking intentions, which indicates that the intention to seek help increases with the

adherence to model minority beliefs. This finding diverges from previous studies that have found that adherence to model minority myth beliefs often deters or lowers help-seeking behaviors (e.g., Kim et al., 2021; Yi et al., 2022). In the present study, we have found similar positive associations between help-seeking attitudes and model minority myth, and following logic from our theoretical foundation, positive attitudes tend to lead to positive intentions (Ajzen, 1991); therefore, positive beliefs toward help-seeking could have led to positive intentions (or readiness) to seek help. First generation SAAs may be embracing (as a resilience factor) or internalizing (as a lack of awareness) the stereotypes and using them to model intentional help-seeking behavior as a 'model minority,' which in turn could reinforce the American identity of first-generation SAAs. Likewise, first-generation SAAs could also be adequately aware of the model minority beliefs imposed externally and internally, which can be an underlying root of emotional distress that contributes to their intentions to seek help from professional sources since they are highly acculturated to Western culture, per findings of the present study. Future research is encouraged to continue exploring the relationship between model minority myth and help-seeking intentions among SAA groups.

Limitations and Recommendations

The present study had several limitations. First, this study was focused on a specific population; therefore, results cannot be generalized to the broader U.S. population or other subgroups of Asian Americans (e.g., non-SAAs, non-first-generation). Likewise, our sample consisted of a larger representation of first-generation SAAs with Indian heritage (38.4%) in comparison to other SAA ethnicities. We also recruited our sample from cultural organizations, culturally specific social media platforms, and word-of-mouth which indicates a level of cultural awareness and involvement among the SAA sample of this study. There are first-generation

SAAs who struggle with their heritage or cultural identities, who may not be adequately represented in our sample. The results of this study also cannot be generalized to SAAs who do not have a post-high school degree as well as those who have not been in the U.S. for at least 18 years or have been in the U.S. for over 50 years (e.g., below and above the range of our average years in the U.S.). Finally, in regard to generalizability, our sample (which was recruited nationally) consisted of approximately 20% transgender identifying SAAs, which is far above the national average for the adults in the U.S. (0.52%; Herman et al., 2022). We are not able to fully identify the reason for this overrepresentation of transgender populations in our study as we did not directly recruit from LGBTQIA+ centers. Furthermore, our study was not focused on understanding the nuances of gender identities in the context of help-seeking attitudes and intentions, therefore, we cannot generalize our findings to the larger transgender population in the U.S. We recommend that future research continue looking at the relationship between nonconforming gender identities and help-seeking behaviors among first-generation SAAs.

Second, the correlational, cross-sectional design is a limitation of this study. We cannot assume causality of help-seeking attitudes and intentions among first-generation SAAs. Per our results, certain variables significantly predicted or contributed to the attitudes and intentions; however, they did not produce the attitudes and intentions (e.g., WOS was significant in predicting attitudes and intentions; however, being oriented to Western culture does not automatically predict help-seeking attitudes and intentions). Replicating the studies on the mental health of first-generation SAAs can help validate findings in the current study.

Third, while this study tried to encompass a specific subgroup of Asian Americans, we still covered a diverse set of experiences among the various groups of SAAs. Results of this study found some important implications for practice; however, it is important to keep in mind

that individual experiences need to be taken into account (Yi et al., 2022). Results from this study can be juxtaposed against the information gathering stages of counseling when needed.

The Kuder-Richardson reliability we found for our control variable measure (e.g., MCSDSS – A; *KR20* = 0.50) is considered low and does not meet internal consistency criteria, which is recommended to be $\alpha \geq 0.70$ (Tan et al., 2022). This is a major limitation and researchers did consider removing the scale from the study; however, we also considered the utilization of the short form A in comparison to other versions as well as previous literature findings on relationships between social desirability, age, gender, ethnicity, and education. Very few analysis studies have used this short version of the form (as opposed to the seven other versions of MCSDSS) and have found an appropriate internal consistency (e.g., $\alpha \geq 0.70$; Reynolds, 1982). A more recent analysis found an alpha of 0.60 for short form A (Tan et al., 2022). Furthermore, research has shown that social desirability is influenced by age (Holtbrugge et al., 2015), gender (Booth-Kewley et al., 2007), ethnicity (Kim & Kim, 2016), and education (Heerwig & McCabe, 2009). Our sample meets many of these traits in which the consistency of the measure may be affected (e.g., younger, higher male representation, SAA, etc.). Overall, the norms of the social desirability among SAAs may look different due to the cultural differences (e.g., age, ethnicity, gender, education), which could contribute to the low Kuder-Richardson reliability. Future research on SAA populations is encouraged to use the Marlowe-Crowne Social Desirability Short form Scales with caution due to low internal consistency.

Despite these limitations, this study contributes to the growing field of studies on help-seeking behaviors and cultural competence. The findings seem to imply that first-generation SAAs may be more accepting of mental health help compared to previous generations (e.g., Leung et al., 2011; Panganamala & Plummer, 1998); however, we still see a gap in results

between attitudes and intentions. Therefore, it is recommended that counselors, supervisors, and educators focus their efforts on the inception processes of counseling.

From an educational standpoint, educators and supervisors should emphasize the importance of ecological assessment as a culturally competent practice. Early intervention community education on counseling processes within the university setting, as the average age of the current study would suggest (e.g., 29 years), could provide benefits to young first-generation SAAs. This particular group of SAAs may be struggling to overcome barriers, such as acculturative confusion (e.g., making sense of their bicultural identity) and model minority stereotyping, as they gain independence within the university setting (Basri et al., 2022). Centering the education around reducing barriers to attending counseling sessions could provide first-generation SAAs a context they can relate to.

From a clinical perspective, assessing the acculturative experiences, including relationship to model minority myth, early in the treatment process can help clinicians better understand their first-generation SAA clients. Likewise, the findings specific to gender are important to consider during the assessment and treatment process in order to accurately understand how the intersectionality of these two identities shapes specific mental health needs.

Further qualitative and quantitative research is needed to further shed light on the intersectionality of non-cisgender, non-binary first-generation SAAs' help-seeking behaviors. Likewise, there is a need for specific research on assessment tools that could be utilized effectively while meeting state/funding agency guidelines in gathering acculturative factors and discriminatory/stereotyping experiences during the *main* assessment process (as opposed to supplemental scales like the CFI).

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Table 2.1

The descriptive statistics of study participants

Characteristic	Total participants (*n* =289)
Age, years (*M, SD*, range)	29.02 ± 5.66 (range: 18-51)
Gender, *n* (%)	
Cisgender female	89 (30.8%)
Cisgender male	126 (43.6%)
Transgender female	28 (9.7%)
Transgender male	33 (11.4%)
Genderfluid	3 (1.0%)
Multiple genders	1 (<0.1%)
No gender	1 (<0.1%)
Prefer not to say	8 (2.8%)
Ethnicity, *n* (%)	
Indian-American	111 (38.4%)
Pakistani-American	47 (16.3%)
Bangladeshi-American	33 (11.4%)
Nepali-American	22 (7.6%)
Sri Lankan-American	20 (6.9%)
Bhutanese-American	13 (4.5%)
Maldivian-American	8 (2.8%)
Mixed ethnicity/other	35 (12.1%)
Geographic Region, *n* (%)	
North Atlantic	88 (30.4%)
North Central	69 (23.9%)
Rocky Mountain	19 (6.6%)
South	85 (29.4%)
West	28 (9.7%)
Education level, *n* (%)	

High school	35 (12.1%)
Associate's degree	62 (21.5%)
Bachelor's degree	134 (46.4%)
Master's degree	40 (13.8%)
Doctorate	16 (5.5%)
Education years (*M, SD*)	14.84 ± 2.74 (range: 8-27)
Total years in the U.S. (*M, SD*)	26.80 ± 5.82 (range: 18-50)

M mean, *SD* standard deviation

Table 2.2
Means, standard deviation, and intercorrelations of quantitative variables

Variable	*M*	*SD*	α	2	3	4	5	6	7	8
1. Education Years	14.84	2.74		.25**	-.03	.15*	.15*	.24**	.03	.08
2. Total years in U.S.	26.80	5.82			-.16**	.16**	.05	.27**	.05	-.22**
3. AOS	2.89	.74	.93			-.21**	.34**	-.18**	-.05	.09
4. WOS	3.61	.66	.89				.28**	.37**	.46**	-.16**
5. MM	4.45	.89	.89					.26**	.28**	.05
6. MHSAS	4.95	1.18	.90						.48**	.11
7. MHSIS	5.24	1.32	.90							.09
8. MCSD	7.38	2.11	.50							

Note: n=289. *M*=mean, *SD*=standard deviation, α=Cronbach's alpha, AOS=Asian Orientation Scale, WOS=Western Orientation Scale, MM=Model Minority Myth Scale, MHSAS=Mental Help-Seeking Attitudes Scale, MHSIS=Mental Help-Seeking Intentions Scale, MCSD=Marlowe-Crowne Social Desirability Scale. * $p < .05$, ** $p < .01$

Table 2.3a

Summary of hierarchical regression analyses for MHSAS (n=289)

	Step 1			Step 2			Step 3		
	MCSD			MCSD + Education + Years in U.S. + Gender[a]			MCSD + Education + Years in U.S. + Gender[a] + MM + WOS + AOS		
	B	SE	β	***B***	SE	β	***B***	SE	β
MCSD	.06	.03	.11	.11	.03	.20***	.12	.03	.22***
Education				.07	.02	.16**	.05	.02	.11
Cisgender Male				-.03	.15	-.01	.01	.14	.00
Transgender female				-.77	.24	-.19**	-.46	.23	-.12*
Transgender male				-.59	.23	-.16**	-.31	.21	-.08
Other gender				.31	.33	.06	.41	.30	.07
Total years in the U.S.				.05	.01	.25***	.04	.01	.21***
MM							.25	.08	.19**
AOS							-.27	.09	-.17**
WOS							.42	.10	.24***
Model R^2	.012			.180			.302		
ΔR^2	-			.169***			.122***		
F	3.41 *df*(1, 287)			8.83*** *df*(7, 281)			12.06*** *df*(10, 278)		

Note: * $p < .05$, ** $p < .01$, *** $p < .001$. [a]Cisgender female is the reference group for the gender variable.

B=Standardized beta, SE=Standard Error, β=Unstandardized beta, MCSD=Marlowe-Crowne Social Desirability Scale, MM=Model Minority Myth Scale, AOS=Asian Orientation Scale, WOS=Western Orientation Scale

Table 2.3b

Summary of hierarchical regression analyses for MHSIS (n=289)

	Step 1			Step 2			Step 3		
	MCSD			MCSD + Education + Years in U.S. + Gender[a]			MCSD + Education + Years in U.S. + Gender[a] + MM + WOS + AOS		
	B	SE	*β*	***B***	SE	*β*	***B***	SE	*β*
MCSD	.06	.04	.09	.09	.04	.14*	.11	.03	.18**
Education				.00	.03	.00	-.04	.03	-.08
Cisgender Male				.32	.18	.12	.41	.16	.15*
Transgender female				-.66	.28	-.15*	-.15	.25	-.03
Transgender male				-.23	.27	-.06	.14	.24	.03
Other gender				.31	.39	.05	.47	.34	.07
Total years in the U.S.				.02	.01	.09	.01	.01	.04
MM							.24	.09	.16**
AOS							-.04	.10	-.02
WOS							.85	.12	.43***
Model R^2	.008			.066			.287		
ΔR^2	-			.058**			.221***		
F	2.26 *df*(1, 287)			2.83** *df*(7, 281)			11.19*** *df*(10, 278)		

Note: * $p < .05$, ** $p < .01$, *** $p < .001$. [a]Cisgender female is the reference group for the gender variable.

B=Standardized beta, SE=Standard Error, *β*=Unstandardized beta, MCSD=Marlowe-Crowne Social Desirability Scale, MM=Model Minority Myth Scale, AOS=Asian Orientation Scale, WOS=Western Orientation Scale

Chapter 3

Predicting Life Satisfaction of First-Generation South Asian Americans During COVID-19 by Acculturation Levels, Select Demographics, and Forms of Racial Stereotyping

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Abstract

The literature on first-generation South Asian American (SAA) mental health is limited despite an increased focus of studies on subjective well-being across populations. This web-based survey addressed two research questions about the contribution gender, orientation to Asian culture (OAC), orientation to Western culture (OWC), adherence to model minority myth, and experiences with microaggressions make to life satisfaction of a sample of first-generation SAAs after controlling for social desirability. We recruited 341 SAAs to study the factors affecting life satisfaction through the COVID-19 pandemic. Hierarchical regression results showed gender, orientation to Western culture, and experiences with microaggressions were significant predictors of life satisfaction. Findings suggest that counselors could benefit from collecting acculturative information, including experiences with microaggressions, during the assessment process to better understand the mental health needs of first-generation SAAs.

Keywords: South Asian American, Asian-Indian, first-generation, mental health, help-seeking, life satisfaction, subjective well-being

Predicting Life Satisfaction of First-Generation South Asian Americans During COVID-19 by Acculturation Levels, Select Demographics, and Forms of Racial Stereotyping

Subjective well-being (SWB) refers to the global cognitive and affective self-evaluation of one's quality of life (Diener et al., 1999; Pavot & Diener, 1993). The study of SWB (and life satisfaction) falls under positive psychology that seeks to minimize pathological mindsets to create a more positive outlook toward life (Seligman & Csikszentmihalyi, 2000). From a clinical perspective, positive psychology focuses on "the good life" by addressing an individual's strengths and areas of gratitude (Seligman, 2002). The hope of positive psychology theorists is that the individual will be more satisfied within their ecological systems (e.g., family, sense of purpose, healthy generational development; Hess & Schultz, 2008) which will lead to effortless optimal functioning within those same systems (Duckworth et al., 2005; Seligman & Csikszentmihalyi, 2000).

Studies on well-being have found that education, socioeconomic status, marital status, gender, and acculturation are among the strongest predictors of life satisfaction (Berry & Hou, 2017; Hamermesh, 2020; Joshanloo & Jovanovic, 2020; Saroughi & Kitsantas, 2021).While there are limited studies of life satisfaction in relation to COVID-19 in the United States, many such studies on non-U.S. samples have since been published, broadly indicating that age, academic stressors, protective factors, chronic health issues, and physical activity predicted life satisfaction at the start of the pandemic (e.g., Bidzan-Bluma et al., 2020; Karatas & Tagay, 2021; Rogowska et al., 2020; Zhang et al., 2020). The unprecedented outcomes of COVID-19 have deeply impacted psychological well-being for everyone, but the weight of these impacts has hit harder for Asian American groups (*Anti-Asian Hate Crime*, 2020).

The United States saw its first laboratory confirmed COVID-19 case on January 20, 2020 (Litam & Oh, 2021). Scholars have noted that as the pandemic grew, mainstream media and politicians utilized public fear to blame this virus on people of Chinese descent (Gover et al., 2020). This fear has generalized to all Asian Americans through the pandemic as evidenced by an increase in hate incidents against Asian Americans (*Anti-Asian Hate Crime*, 2020), anti-Asian rhetoric, and discrimination. Within the context of the rise in Anti-Asian sentiment, it is crucial to examine quality of life in Asian Americans through the pandemic.

Previous mental health-related research has heavily focused on South Asian American (SAA) immigrant generations (e.g., SAAs who have immigrated to the United States), whereas first generation SAAs – offspring of immigrants – have been largely invisible in mental health research (Inman et al., 2014). Compared to the immigrant generation, first-generation SAAs tend to be more integrated into the larger American society. With the increase in anti-Asian sentiment attached to the COVID-19 pandemic, we believe it will be helpful to understand the factors that are associated with first-generation SAAs' quality of life and well-being in order to provide current and contextual data to inform clinical practice.

In the present study, we looked at the relationship between life satisfaction and five correlates among a sample of first-generation SAAs: (a) gender, (b) level of acculturation (Asian Orientation), (c) level of acculturation (Western Orientation), (d) adherence to the model minority myth, and (e) experience with microaggressions.

Review of Literature

Gender

Previous research has found that gender contributes to life satisfaction. More recent studies have identified women as experiencing higher life satisfaction than men across domains

such as employment, income, and education despite various societal inequities (e.g., sexism, gendered ageism, less access to power positions in employment; Joshanloo & Jovanović, 2020; Jovanovic, 2019; Tay et al., 2014). Women are more likely to seek help from both informal (e.g., friends, families, peer groups, faith, etc.) or formal (e.g., mental health agencies) sources during times of distress and tend to be the socio-emotional leaders of family well-being, which are strong contributors to individual life satisfaction (Doherty & Kartalova-O'Doherty, 2010; Sousa Leão et al., 2011).

Despite the existence of research broadly examining the association between gender and life satisfaction, such research appears limited among SAA populations. Furthermore, the few life satisfaction studies among SAAs have focused only on the gender binary of male and female, which excludes a whole spectrum of gender identifications. The few studies that do examine this type of relationship in SAAs show mixed results and most are related to gender inequities. For example, some studies have found that Pakistani, Bangladeshi, and Nepali women have lower life satisfaction than men from the same geographical areas due to higher rates of discrimination experienced by females (Ngoo et al., 2021; Tummala-Narra et al., 2012). An exception to this finding was that more empowered women showed higher levels of life satisfaction because they tend to be less affected by discriminatory behaviors (Ngoo et al., 2021). However, other studies have found no differences in well-being among the gender binary (e.g., Kaduvettoor-Davidson & Inman, 2013; Yoshihama et al., 2010).

Acculturation (Western and Asian Orientations)

Previous research has focused on dimensions of acculturation as a significant factor in life satisfaction among immigrants. The most common finding has been that acculturation to the host culture, or *Orientation to Western Culture (OWC)*, seems to be positively associated with

life satisfaction (Berry & Hou, 2017). Studies have found that adjusting to the host country's norms, mores, beliefs, and values decreases a source of social stress, which contributes to higher life satisfaction. Relatedly, one study found acculturative stress was negatively associated with life satisfaction (Choi & Chentsova-Dutton, 2017).

Recent studies have identified a concept unique to immigrant populations known as the immigrant paradox (John et al., 2012). This phenomenon refers to the finding that less assimilated individuals who have higher levels of *Orientation to Asian Culture* (OAC) outperform their highly acculturated counterparts – those with higher levels of OWC – in social contexts, academia, and the workplace (García Coll & Marks, 2012). Marks and colleagues (2014) found that the immigrant generation fare better academically and behaviorally than their U.S. born counterparts due to their motivation and self-selection to immigrate. The immigrant paradox is largely mediated by ecosystems. The microsystem largely influences development of attitudes and affect toward school, work, and social situations; for example, positive attitudes of immigrant youth toward school were strongly correlated with positive performance at school (John et al., 2012). Individual characteristics, such as cognitive abilities associated with bilingualism, were also positively associated with performance of immigrant youth (Marks et al., 2014).

Limited research exists on the relationship between the immigrant paradox and life satisfaction, and even less information is available on the relationship between these two factors in the United States among SAAs. We found a New Zealand study that examined the relationship between the immigrant paradox and mental well-being (Spijkers, 2011). This study found one instance in which results showed first- and second-generation Pacific Islanders who were less

acculturated to the host country (e.g., culture of New Zealand) and highly enculturated (e.g., acculturation to their heritage culture) had higher levels of well-being (Spijkers, 2011).

While there are consistent findings regarding the role of acculturation in life satisfaction among Asian Americans, the presence of the immigrant paradox and the onset of the COVID-19 pandemic creates a different context in which life satisfaction needs to be researched. The current study investigated acculturation from a bidimensional perspective (e.g. OAC and OWC).

Model Minority Myth

According to Yi and Museus (2015), the model minority myth implies that all Asian Americans "achieve universal and unparalleled academic and occupational success" (p. 1). This belief places Asian Americans at the top of the hierarchical structure among other minority groups in the U.S. largely created by the Immigration Act of 1965 (Blakemore, 2021; Keely, 1971).

Previous research has studied how the model minority myth has affected mental well-being among Asian Americans; however, these studies have not focused specifically on SAAs. Among Asian Americans in general, findings indicate that the model minority myth contributes to low subjective well-being (Hsin & Xie, 2014; Sakamoto et al., 2016). While perceiving Asian American as more successful may seem like a contributor to a successful life and therefore high life satisfaction, researchers have found that the model minority myth puts excessive pressure from family and self to succeed. When the individual is unable to meet the high academic, financial, or social expectations, there are many mental health consequences as a result. These consequences include lower psychological adjustment, dysfunctional social relationships, and conflicted familial dynamics (Hsin & Xie, 2014).

Model minority stereotyping affects the ecological systems of Asian American groups. It results in Asian Americans being treated as a homogenous group that is vastly invisible from public policies, healthcare considerations, and educational decisions because of the idea that they are successful and already possess what they need physically and psychologically (Yi et al., 2022). These types of generalizations mask the inequities suffered by this diverse group (Jin, 2021; Yi & Museus, 2015).

Microaggressions

Kevin Nadal, a prominent researcher in the field of microaggressions, defines microaggression as "the everyday, subtle, intentional — and oftentimes unintentional — interactions or behaviors that communicate some sort of bias toward historically marginalized groups," (NPR, 2020). He delineates microaggressions from discrimination, or macroaggressions, based on the awareness level of the individual in committing the discrimination (Limbong, 2020). Among studies on Asian Americans' life satisfaction, discrimination has been a prominent predictor variable, but specific consideration of microaggressions and life satisfaction among SAAs is absent from research.

Previous literature has found that discrimination is linked to low subjective well-being (Yoo & Lee, 2005). Kaduvettoor-Davidson and Inman (2013) found that mediators such as stress and moderators such as generation status did not seem to have a significant effect on the life satisfaction of Asian Americans. However, one study did find that generation status was a significant predictor of perceived prejudice in Asian Indians. Results showed that first generation Asian Americans reported lower perceived prejudice while immigrant generations reported higher perceived prejudice (Roysircar et al., 2010).

Previous research has noted negative effects of discrimination on life satisfaction among Asian Americans, such as higher risks of depression, greater reactivity, feelings of rejection, and dysfunction in social interactions (Yoo & Lee, 2005). Furthermore, it has been found that Asian Americans with strong ethnic identity may be able to overcome occasional events of discrimination through use of coping mechanisms; however, individuals are left psychologically drained, hopeless, and fearful of future rejection when the racial discrimination is stable and pervasive (Yoo & Lee, 2005) as in the case of microaggressions. This linkage is important in working with SAA counseling clients through the context of the COVID-19 pandemic and effects of anti-Asian violence. We hope our study on the association between microaggressions in first-generation SAAs will contribute to the discourse with greater population specificity.

Purpose of the Study

Based on the above-mentioned research gaps and clinical significance, we designed the present study to examine the associations between select variables and life satisfaction in a sample of first-generation SAAs born in the U.S. We examined life satisfaction as an outcome variable using a measure grounded in Hedonic theory of well-being (Kahneman et al., 1999). The five select predictor variables were gender, level of acculturation (OAC), level of acculturation (OWC), adherence to model minority myth, and experience of microaggressions. Because previous research indicated that South Asian countries are sensitive toward cooperation (Ryan et al., 2020), we controlled for social desirability in an attempt to account for possible inauthentic responses based on tendency toward social desirability. This study aimed to answer the following research questions (RQ):

RQ1: To what extent does gender predict life satisfaction of a sample of first-generation SAAs after controlling for social desirability?

RQ2: To what extent do orientation to Asian culture, orientation to Western culture, model minority myth, and experiences of microaggressions predict life satisfaction in a sample of first-generation SAAs above and beyond gender after controlling for social desirability?

Findings of significant correlates of life satisfaction may help practitioners understand factors related to psychological functioning of SAAs in the United States. The information may help guide practitioners to provide research-based, culturally informed services to help increase life satisfaction from the SAA perspective. Furthermore, the results can help counseling practitioners contextualize SAA perspectives in relation to the pandemic and rise in anti-Asian violence, possibly leading to more culturally informed services and better treatment outcomes.

Methodology

Design

The proposed study was a cross-sectional, correlational design that used hierarchical multiple regression to examine the relationships between five predictor variables and life satisfaction on the study sample. We chose variables based on previous research findings and contextual variables of interest pertinent to SAAs as an ethnic minority in this country. We tested these blocks of variables in a specific order (Wampold & Freund, 1987; Cohen & Cohen, 1983). By testing variables in a sequential order, we hoped to learn how much of the variance in the dependent variable was accounted for by multiple categories of predictor variables.

Participants and Recruitment

The sample was drawn nationally across the U.S. We recruited participants from SAA cultural organizations, social media forums, and listservs. The data were collected between August 1 - August 16, 2022. A total of 498 participants responded to the survey and we were

able to use 341 responses. The 341 participants met criteria for inclusion: first-generation SAAs with immigrant parents and 18 years of age or older. After participants completed an informed consent, they were given a web-based survey. The survey included a demographic questionnaire that collected information specific to gender identity, age, nationality, education, years in the U.S, generation status, and area of residence.

Gender distribution among our sample was as follows: 41.1% (*n* = 140) cisgender male, 30.5% (*n* = 104) cisgender female, 12.9% (*n* = 44) transgender female, 11.1% (*n* = 38) transgender male, and the remaining 4.4% (*n* = 15) identified as other (e.g., genderfluid, no gender, multiple genders, or preferred not to say). We grouped genderfluid, no gender, multiple genders, and prefer not to say together because we did not receive enough responses to statistically analyze the information if they remained as standalone data. Our intention was to understand the influence of as many gender identities among SAAs as possible on life satisfaction; therefore, we chose to retain the information via grouping them together instead of eliminating the data.

Participants identified specific South Asian ethnic background as part of the demographics questionnaire, and the four most common ethnicities were Indian-American (39%, *n* = 133), Pakistani-American (16.7%, *n* = 57), Bangladeshi-American (10.3%, *n* = 35), and mixed SAA heritage with one parent being at least 100% South Asian (10.3%, *n* = 35). See Table 3.1 for complete participant demographics.

The results indicated representation across different areas of the U.S. (as defined by ACES online, 2021). The Southern region had a slightly higher response rate at 31.7% (*n* = 108), then the North Atlantic region at 30.5% (*n* = 104), and North Central had the third highest

representation at 22.3% (n = 76). The Rocky Mountain and West regions made up 6.7% (n = 23) and 8.8% (n = 30) of the responses.

Instrumentation

Participants were asked to complete a demographic survey and four other study measures. These measures operationalized the study variables.

Internalization of the Model Minority Myth Measure (IM-4). The IM-4 (Yoo et al., 2015) is divided into two subscales. One subscale is the Model Minority Myth of Achievement Orientation (MM-Achievement), which is a 10-item subscale that measures the beliefs toward the myth that Asian Americans have greater success than other racial minority groups due to their work ethic, focus, and drive (Yoo et al., 2015). The other subscale is a 5-item measure, the Model Minority Myth of Unrestricted Mobility (MM-Mobility), which addresses Asian American successes tied to fairness of treatment and lack of barriers (Yoo et al., 2015). Overall, the two subscales make up the IM-4, a 15-item self-report measure. The reported internal consistency reliability for the MM-Achievement was $\alpha = .91$ and for the MM-Mobility was $\alpha = .77$, and the two scales were correlated with a small, but significant magnitude ($r = .16$, $p < .05$) (Yoo et al., 2015). For the current study, the internal consistency reliability for the MM-Achievement was 0.93 and that for the MM-Mobility was 0.87.

Acculturation Rating Scale for Mexican-Americans II used with Asian Americans. The ARSMA-II measures cultural affiliation among Asian Americans. It was adapted from the original version aimed at Mexican-American populations because it addressed the bidimensional nature of acculturation and enculturation across multiple life domains, which was missing from many acculturation scales designed for Asian American populations (e.g., SL-ASIA; Lee et al., 2006). The ARSMA-II consists of 30 items in two scales: the Asian Orientation Scale (AOS) and

the Western Orientation Scale (WOS). The reported alpha coefficients for the total scale and subscales were $\alpha > .70$ (Lee et al., 2006). Lee et al. (2006) reported a medium correlation between Asian culture and Western culture across majority factors (e.g. language, social, and total). For the current study, the internal consistency reliability for the AOS was 0.93 and that for the WOS was 0.89 and their correlation was -.20.

Satisfaction with Life Scale. The SWLS is a 5-item measure that assesses the global cognitions associated with life satisfaction (Diener et al., 1985). According to Kobau and colleagues (2010), the SWLS had an internal consistency of $\alpha = 0.88$ and had adequate convergent and discriminant validity when looking at the correlation coefficients between the SWLS and six other scales measuring life satisfaction. For example, SWLS had a strong positive correlation with global life satisfaction ($r = 0.75$), global happiness ($r = 0.62$), and a moderate negative correlation with negative affect ($r = -0.39$).

This scale has been normed with various groups, and results indicate that women tend to score higher on the SWLS as do younger participants (Kobau et al., 2010). This scale has been used with SAA women and Asian Indians specifically in previous studies. Results showed adequate internal consistency and cross-cultural reliability for SAAs (Arrindell et al., 1991). For example, Liang et al. (2010) reported a Cronbach's alpha of 0.89 in their study on the well-being of SAA women. For the current study, the internal consistency reliability for the SWLS was 0.87.

The Revised 28-Item Racial and Ethnic Microaggressions Scale (R28REMS). The R28REMS is the revised version of the original 45-item Racial and Ethnic Microaggressions Scale with six subscales developed by Kevin Nadal (2011). This revised scale is a 28-item measure with five subscales (Forrest-Banks & colleagues, 2015). Nadal's (2011) 45-item scale

had an internal consistency reliability of $\alpha \geq 0.85$ for the six subscales and an $\alpha > 0.90$ for each racial group (e.g., Black, Latino/Hispanic, and Asian).

The 28-item version came from an additional factor analytic study that resulted in the retention of 5 of the original 6 subscales: (a) second-class citizen and assumptions of criminality, (b) assumptions of inferiority, (c) assumptions of similarity, (d) microinvalidations, and (e) media microaggressions (Forrest-Banks et al., 2015). Nadal's last subscale, workplace and school microaggressions, was eliminated due to low factor loadings (i.e., below 0.60), except for the item *I was ignored at school or work because of my race*, which was integrated into the new scale.

The overall internal consistency for the revised 28-item version was $\alpha = 0.88$ and each subscale fell within the range of 0.80 to 0.91. For the Asian sample specifically, the internal consistency was $\alpha = 0.87$ and each subscale fell within the range of $\alpha = 0.81$ to 0.85 (Forrest-Banks et al., 2015). The internal consistency of the R28REMS in the present study was 0.97.

Social Desirability Scale - Short (MCSDSS). Social desirability bias refers to masking authentic feelings or thoughts by responding in a socially desirable manner. In studies involving socially sensitive topics such as politics, mental health, and religion, this bias is especially prominent. The Marlowe-Crowne Social Desirability Scale (Reynolds, 1982) was utilized to differentiate socially desirable responses from authentic responses.

We used the short Form A in our study (MCSDSS - A; Reynolds, 1982). Form A consists of 11 items in which participants respond to questions with "True" or "False." Specifically, for the MCSDSS-A, Loo and Thorpe (2000) reported a Cronbach Alpha of 0.59. The original version of the inventory had a Kuder-Richardson reliability of 0.74 and Pearson correlation of

0.91 (at $p < .001$; Reynolds, 1982). The Kuder-Richardson reliability index for the current study was 0.52.

Analysis of Data

Univariate and Bivariate Analyses

Forced-choice format was utilized to execute the study survey. This data collection process eliminated concerns related to missing values.

We examined the study variables for linearity and normality assumptions. After running the Kolmogrov-Smirnov tests on each variable, coefficients showed non-normal distributions ($p < .001$). Appropriate model fit was found after investigating Q-Q normality plots, histograms, and residual plots. Therefore, we were able to move forward with the data collected without transformations or eliminations. We conducted bivariate analyses of the study variables to examine the zero-order correlations among the variables.

Multivariate Analysis

The purpose of the study was to examine the predictors of life satisfaction of SAA individuals. Hierarchical multiple regression was utilized to analyze the data. We analyzed correlation and directionality of data, fit of the regression line, and validity and usefulness of the model (Heppner et al., 2008). The following regression blocks were used in this study:

Model 1: Life Satisfaction = Intercept + Social Desirability

Model 2: Life Satisfaction = Intercept + Social Desirability + Gender

Model 3 : Life Satisfaction = Intercept + Social Desirability + Gender + Microaggressions + Acculturation (WOS) + Acculturation (AOS) + Model Minority Myth

A standardized beta coefficient was used to evaluate the strength of the predictor variables individually. To reduce Type II error and determine statistical significance, we used an

alpha level of 0.05 (Cakmak et al., 2012). A sample size of $n = 85$ was recommended for an effect size of 0.15, power of 0.80, alpha level of 0.05, and five predictors (Soper, n.d.). Our final sample of 341 far exceeded the recommended *n*. Multicollinearity and homoscedasticity were examined prior to running the hierarchical multiple regression.

Results

Univariate Analysis

In this study, the mean level of education was 14.56 ($SD \pm 2.80$) years. The average orientation to Asian culture was 2.90 ($SD \pm 0.73$) and average orientation to Western culture was higher at 3.58 (±0.66). The mean score on adherence to model minority myth was 4.41 and on the experiences of microaggression was 1.79 ($SD \pm 0.97$), which indicates that on average, participants were in between neutral and slight agreement in their adherence to the model minority myth and experienced an average of below two events of microaggressions in the past six months. See Table 3.1 for more detailed information regarding demographic and univariate statistics.

Bivariate Analysis

Overall, correlations showed an absence of problematic multicollinearity as evidenced by all variable associations being below $r = 0.80$. Correlational analyses indicated weak relationships among predictor variables. WOS and AOS had positive, significant associations with model minority myth, the relationship being stronger with the latter ($r = .29$ and $r = .37$). Likewise, AOS had mildly significant relationships with WOS ($r = -.20$) and experiences with microaggressions ($r = .18$).

Among the correlations between predictor and outcome variables, we saw weak relationships. SWLS and experience with microaggressions had a significant, negative

relationship (r = -.24), while a significant, positive relationship was present between SWLS and WOS (r = .16).

Hierarchical Regression Analyses

To test RQs 1 and 2, which focused on determining the extent to which the predictors explain life satisfaction, we used hierarchical multiple regression analyses (see Table 3.3). We entered social desirability in Step 1 to examine the effects of confounding factors. Gender was entered in Step 2. Finally, acculturation types (AOS and WOS), model minority myth, and experiences with microaggressions were entered in Step 3. All Steps were statistically significant ($p < .001$) (see Table 3.3).

Step 1 contributed to approximately 5% of the variance in life satisfaction ($\Delta R^2 = 0.053$, $F(1,339) = 18.79$, $p < .05$). With the addition of gender, in Step 2, we saw a 1% additional explained variance in life satisfaction among first-generation SAAs ($\Delta R^2 = 0.013$, $F(5,335) = 4.73$, $p < .05$). Finally, results showed an 11% variance in life satisfaction accounted for ($\Delta R^2 = 0.113$, $F(9,331) = 7.99$, $p < .05$) with the addition of AOS, WOS, model minority myth, and experiences with microaggressions.

RQ 1 and RQ 2 were partially supported. Identification as transgender male, WOS, and experiences with microaggressions had significant, positive effects in predicting life satisfaction ($p < .05$; Table 3.3). Identification as transgender male and higher adjustment to Western culture predicted greater life satisfaction. Life satisfaction and experiences with microaggressions had an inverse relationship. Higher life satisfaction was associated with fewer encounters of microaggressions. All predictor variable effect sizes were small (Cohen, 1988; see Table 3.3).

The control variable, social desirability, was a significant contributor to the variance in life satisfaction in all three Steps in addition to the significant, positive correlation found

between the two variables. There was a slight increase in variance from Step 1 to Step 2 (ΔR^2 = .01) with the addition of study variables to the control variable. A significant change in variance occurred between Step 2 and Step 3 (ΔR^2 = .11), with the addition of remaining study variables. In Steps 2 and 3, other study variables strengthened the effect of social desirability on life satisfaction (i.e., WOS and experiences with microaggressions, see Table 3.3).

Discussion

The purpose of this study was to investigate factors associated with life satisfaction of first-generation SAAs. We found that WOS and life satisfaction have a significant, positive relationship, which corroborates findings in many studies (e.g., Berry & Hou, 2017; Wang et al., 2019). Better adjustment to host culture, or Western culture in this context, may indicate that the individuals are experiencing lower stress levels associated with acculturating (e.g., proficiency in written and oral language). Given the current study results that first-generation SAAs had higher proclivity to Western culture than to their South Asian culture, these lower stress levels may contribute to higher life satisfaction as shown in previous studies.

An interesting correlational relationship in this study was the positive relationship between model minority myth and both AOS and WOS, which indicates that belief in model minority stereotypes become stronger with higher adjustment to Asian culture and Western cultures. This relationship may speak to the process of managing a bicultural identity (e.g., South Asian and American) among first-generation SAAs. The Western culture belief around Asians as a model minority combined with South Asian cultural beliefs around achievement may become integrated to strengthen beliefs in the model minority myth.

We found a negative, significant relationship between experiences with microaggressions and life satisfaction. This supports findings in previous studies that address discrimination (e.g.,

Roysircar et al., 2010; Yoo & Lee, 2005). These results suggest that when first-generation SAAs encounter few to no events of microaggression, they tend to measure life in a more satisfactory way. The consistent, intentional or unintentional, insults experienced by minority groups contribute to high levels of mental distress (Limbong, 2020); therefore, an absence of or minimal encounter with microaggressions can lower distress levels, contributing to life satisfaction. Future research is encouraged to study moderators of life satisfaction and microaggressions to better understand this relationship. Our finding that our sample experienced on average fewer than two microaggressions in a 6-month period also brings up the need to further understand participants' experiences. A qualitative study on microaggressions and life satisfaction among first-generation SAAs could help supplement findings from the present study.

Finally, we found that transgender males tended to report higher levels of life satisfaction in comparison to other gender groups. This is a unique finding because previous studies have primarily focused on cisgender demographics. A potential explanation for this finding is that the awareness involved in identifying as transgender male (e.g., socially recognizing identity at some ecological level) may inherently contribute to life satisfaction (Greatheart, 2010). This level of awareness is often thrust upon those with marginalized identities (e.g., non-cisgender and non-White) when there is a realization that their identity does not match that of the majority. Likewise, there could have been a level of identity and self-growth work being done among first-generation SAA transgender males as a result of medical needs (e.g., hormones, surgery), which could result in higher rating of life satisfaction. Future research is encouraged to further explore life satisfaction factors among SAAs identifying as transgender, as well as relationships between life satisfaction and identity development and coming out processes among SAAs.

We expected model minority myth to have a significant effect on life satisfaction based on past studies, but it did not have significant correlational relationships or contributions to the outcome variable in the present study. Previous research has shown that model minority myth contributes to low satisfaction among Asian Americans (e.g., Hsin & Xie, 2014; Sakamoto et al., 2016). A possible explanation for the absence of significance between model minority myth and life satisfaction is that our sample measured participants' experiences with model minority stereotypes as "neither agree nor disagree" to "slightly agree" on average (M = 4.41, SD ± 0.92). This has a few implications. First, our sample of first-generation SAAs may not have been frequently exposed to model minority stereotypes. Second, they may also have also learned to cope with these types of stereotypes due to being more acclimated to stereotypes toward their generational group (Padgett et al., 2020). On the other hand, as a third potential explanation, model minority stereotyping may be deeply internalized among some first-generation SAAs and thus not recognized as a hierarchical inequity. Future mixed methods studies could help clarify this relationship further through qualitative and quantitative means.

Limitations and Recommendations

Several limitations need to be kept in mind when interpreting the findings of the present study. First, generalizability of findings is limited. The present study looked at a specific Asian subpopulation (i.e., first-generation SAAs), and therefore, results cannot be generalized to all first-generation Asian groups or other Asian generational groups. However, replicating these findings through future studies will build validity of results for first-generation SAAs. We also cannot generalize our findings to the larger transgender population in the U.S. despite the fact that our study consisted of a sample of transgender identifying populations that were far above the national average (0.52%; Herman et al., 2022). This overrepresentation of transgender

identifying SAAs is difficult to pinpoint as we did not directly recruit from LGBTQIA+ centers. Future research is encouraged to study the relationship between nonconforming gender identities and life satisfaction among first-generation SAAs.

Furthermore, while we focused on a specific subpopulation of Asian Americans, the label of "SAA" still covers diverse population groups with a diverse set of experiences due to diverse cultural beliefs. It is important to keep in mind that individual stories of first-generation SAAs should be collected primarily, and these stories can be looked at in light of study findings as needed. Future studies should consider a mixed methods approach to gather qualitative and quantitative data to better understand life satisfaction factors of first-generation SAAs.

Second, the correlational, cross-sectional design of this study is a limitation because causality cannot be assumed. Specifically, the predictor variables with significant effect contribute to the outcome variable, but we cannot assume they cause the outcome variable. Future studies could address this limitation by replicating studies on the life satisfaction of first-generation SAAs to help validate current study findings.

Third, our sample was recruited from cultural centers across the U.S. and social media platforms (e.g., Facebook, Reddit, and Instagram). This involvement in cultural centers and social media conversation indicates that our sample may have a higher level of cultural awareness of their South Asian heritage than the norm for an average first-generation SAA. Cultural identity development could be a potential moderator of life satisfaction, but we did not test for this. To better understand life satisfaction of first-generation SAAs, future research is encouraged to gather data from a more randomized sample (e.g., SAAs outside of cultural centers and cultural social media pages).

A major limitation we encountered was the low Kuder-Richardson reliability for our control variable (e.g., MCSDSS – A; *KR20* = 0.52). For good internal consistency the alpha must be equal to or greater than 0.70 (Tan et al., 2022). The short form A version has been rarely utilized (as opposed to the seven other versions of MCSDSS), and recent analyses of the MCSDSS suggest utilizing the versions with caution (Tan et al., 2022). Researchers chose to utilize the MCSDSS – A due to the literature on influences of gender and ethnicity on social desirability. Previous research has shown that females tend to engage in more socially desirable behaviors than males (Booth-Kewley et al., 2007); furthermore, these results are assumed to be cisgender specific, which does not account for the nonconforming gender identities we included in our study. Likewise, Asian American groups tend to define social desirability differently than Western cultures and tend to engage in more socially desirable behaviors than other groups (Kim & Kim, 2016). The norms of social desirability may look different due to cultural differences (gender and ethnicity) among first-generation SAAs, which could contribute to the lower Kuder-Richardson reliability. We recommend that future research on first-generation SAAs utilize the full 33-item Marlowe-Crowne Social Desirability Scale if social desirability is a factor in the study.

Despite these limitations, these findings have notable implications for counselors, educators, and supervisors. Mental health professionals working with first-generation SAAs should consider the potential impacts of acculturation, microaggressions, and intersectionality of cultural and gender identity on life satisfaction. First-generation SAAs may find it beneficial to understand the effects of these factors on their quality of life. It may be helpful for educators and supervisors to consider the findings related to acculturation, microaggressions, and gender identity on life satisfaction for safety and retention of first-generation SAA students and

employees. Overall, this study contributes to the fields of subjective well-being and cultural competence for first-generation SAAs.

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Table 3.1 The descriptive statistics of study participants

Characteristic	Total participants (*n*=341)
Age, years (*M, SD*, range)	28.90 ± 5.41 (range: 18-51)
Gender, *n* (%)	
Cisgender female	104 (30.5%)
Cisgender male	140 (41.1%)
Transgender female	44 (12.9%)
Transgender male	38 (11.1%)
Genderfluid	3 (0.9%)
Multiple genders	1 (0.3%)
No gender	2 (0.6%)
Prefer not to say	9 (2.6%)
Ethnicity, *n* (%)	
Indian-American	133 (39.0%)
Pakistani-American	57 (16.7%)
Bangladeshi-American	35 (10.3%)
Nepali-American	25 (7.3%)
Sri Lankan-American	24 (7.0%)
Bhutanese-American	15 (4.4%)
Maldivian-American	9 (2.6%)
Mixed ethnicity/other	43 (12.6%)
Geographic Region, *n* (%)	
North Atlantic	104 (30.5%)
North Central	76 (22.3%)
Rocky Mountain	23 (6.7%)
South	108 (31.7%)
West	30 (8.8%)

M mean, *SD* standard deviation

Table 3.2 Means, standard deviation, and intercorrelations of quantitative variables

Variable	*M*	*SD*	α	2	3	4	5	6
1. AOS	2.90	0.73	.93	-.20**	.37**	.18**	.05	-.10
2. WOS	3.58	0.66	.89		.29**	-.06	-.15**	.16**
3. MM	4.41	0.92	.90			-.03	-.04	.08
4. R28REMS	1.79	0.78	.97				.07	-.24**
5. MCSD	7.47	2.14	.52					.23**
6. SWLS	24.69	5.92	.87					

* $p < .05$, ** $p < .01$

Note: n=341. *M*=mean, *SD*=standard deviation, α=Cronbach's alpha, AOS=Asian Orientation Scale, WOS=Western Orientation Scale, MM=Model Minority Myth Scale, R28REMS=Revised Experiences with Microaggressions Scale, MCSD=Marlow-Crowne Social Desirability Scale, SWLS=Satisfaction with Life Scale

Table 3.3 Summary of hierarchical regression analyses for SWLS (*n*=341)

	Step 1			Step 2			Step 3		
	MCSD			MCSD + Gender[a]			MCSD + Gender[a] + MM + WOS + AOS + R28REMS		
	B	SE	β	***B***	SE	β	***B***	SE	β
MCSD	.64	.15	.23***	.64	.15	.23***	.73	.14	.26***
Cisgender Male				-.04	.75	-.00	.50	.71	.04
Transgender female				-1.37	1.06	-.08	-.32	1.03	-.02
Transgender male				.38	1.10	.02	2.61	1.09	.14*
Other gender				-2.52	1.60	-.09	-2.22	1.52	-.08
MM							-.39	.38	.06
AOS							-.55	.48	-.07
WOS							1.43	.51	.16**
R28REMS							-2.07	.40	-.27***
Model R^2	.053			.066			.179		
ΔR^2	-			.013			.113***		
F	18.79*** *df*(1, 339)			4.73*** *df*(5, 335)			8.00*** *df*(9, 331)		

* $p < .05$, ** $p < .01$, *** $p < .001$. [a]Cisgender female is the reference group for the gender variable.

Note: ***B***=Standardized Beta, SE=Standard Error, β=unstandardized Beta, AOS=Asian Orientation Scale, WOS=Western Orientation Scale, MM=Model Minority Myth Scale, R28REMS=Revised Experiences

with Microaggressions Scale, MCSD=Marlowe-Crowne Social Desirability Scale, SWLS=Satisfaction with Life Scale

Chapter 4: General Conclusions

This chapter summarizes the findings and implications of our two dissertation studies that looked at the mental health needs of first-generation South Asian Americans (SAAs). These studies used hierarchical regression analyses to identify the factors associated with life satisfaction (Study 2) and help-seeking attitudes and intentions (Study 1) in first-generation SAAs. Participants were recruited nationally from social media and organizational postings and word-of-mouth. Our recruitment efforts resulted in a usable dataset of 289 for Study 1 and 341 for Study 2. Recommendations and implications will be discussed at the end of this chapter.

Summary of Manuscript I

The first manuscript examined whether education, years in the U.S., gender, acculturation levels (Asian and Western orientation), and adherence to model minority myth predicted help-seeking attitudes and intentions of first-generation SAAs. After posting on social media platforms and sending post requests to SAA organizations, we received 498 total responses on the web-based survey. We were able to use 289 of those responses as they met all four criteria for the study. The four research questions for this study were:

RQ1: To what extent do education level, gender, and years in the U.S. predict help-seeking **attitudes** of a sample of first-generation SAAs after controlling for social desirability?

RQ2: To what extent do orientation to Asian culture, orientation to Western culture, and model minority myth predict help-seeking **attitudes** in a sample of first-generation SAAs above and beyond education level, gender, years in the U.S. after controlling for social desirability?

RQ3: To what extent do education level, gender, and years in the U.S. predict help-seeking **intentions** of a sample of first-generation SAAs after controlling for social desirability?

RQ4: To what extent do orientation to Asian culture, orientation to Western culture, and model minority myth predict help-seeking **intentions** in a sample of first-generation SAAs above and beyond education level, gender, years in the U.S. after controlling for social desirability?

The bivariate results showed overall weak relationships; however, we saw a moderately significant relationship between Western orientation (WOS) and help-seeking intentions ($r = .45$, $p < .01$). Adherence to model minority myth also had a positive significant relationship with help-seeking intentions ($r = 0.28$, $p < .01$). Help-seeking attitudes had positive, significant correlations across all predictor variables ($p < .01$), except for Asian Orientation (AOS), which had a negative significant relationship with help-seeking attitudes. Education had positive significant relationships with total years in the U.S ($r = 0.25$, $p < .01$) and model minority myth ($r = 0.15$, $p < .01$), and WOS ($r = 0.15$, $p < .01$). Total years in the U.S. had a significant negative relationship with AOS ($r = -0.16$, $p < .01$) but a positive significant relationship with WOS ($r = 0.16$, $p < .01$).

We conducted hierarchical linear regression and utilized three nested models to analyze the predictor variables on the outcome variables (attitudes and intentions) separately after controlling for social desirability. In each test, we regressed a specific outcome variable on the following predictor variables:

- Model 1: Social desirability
- Model 2: Social desirability, Gender, Education, and Years in the U.S.

- Model 3: Social desirability, Gender, Education, and Years in the U.S., Asian orientation acculturation (AOS), Western orientation acculturation (WOS), and Model minority myth

Results indicated that Models 2 and 3 were significant in predicting help-seeking attitudes *and* intentions, respectively. After controlling for social desirability, 16.9% variance in help-seeking attitudes (Model 2; $\triangle R^2 = 0.169$, $F(7,281) = 8.83$, $p < .05$) and 5.8% variance in help-seeking intentions (Model 2; $\triangle R^2 = .058$, $F(7, 281) = 2.83$, $p < .05$) was predicted by gender, education, and years in the U.S. With the addition of AOS, WOS, and model minority myth, the predictor variables accounted for 12.2% variance in help-seeking attitudes (Model 3; $\triangle R^2 = 0.122$, $F(10,278) = 12.06$, $p < .05$) and 22% variance in help-seeking intentions (Model 3; $\triangle R^2 = 0.221$, $F(10,278) = 11.19$, $p < .05$).

Among the predictors, total number of years in the U.S. ($p < .001$), education ($p = .004$), AOS ($p = .004$), WOS ($p < .001$), model minority myth ($p = .001$), and gender identification as transgender female ($p = .001$ & $p = .04$) and transgender male ($p = .009$) significantly contributed to help-seeking attitudes. These results suggest that beliefs toward seeking mental health help from a professional are significantly predicted by acculturation levels, belief in model minority stereotypes, education, and the length of time the individual has been exposed to norms, values, and beliefs of the U.S. Likewise, it appears the results are also indicating that a person's identification as transgender male or female in comparison to other gender groups affect their beliefs about professional mental health help.

Pertaining to help-seeking intentions, WOS ($p < .001$), model minority myth ($p = .006$), and gender identifications as cisgender male ($p = .01$) and transgender female ($p = .02$) were significant predictors. Interestingly, identification as transgender female was a significant

contributing predictor in Model 2 but not in Model 3. These results indicate that acculturation to Western culture and belief in model minority stereotypes predict the readiness to get help for mental health concerns from a mental health professional among first-generation SAAs. Just as with help-seeking attitudes, gender identification, specifically as cisgender male or transgender female had significant predicting power in whether one will pursue professional mental health help when needed.

We were surprised to see that education and years in the U.S. were not significant to help-seeking intentions, especially because both predictor variables were significant contributors to help-seeking attitudes. These results seem to indicate that, while education level and years in the U.S. have significant predictive power in beliefs toward help-seeking (e.g., favorable or unfavorable), these beliefs do not extend to the readiness in engaging in services with professional mental health providers (Ajzen, 1991). First-generation SAAs who have higher levels of education and have been in the U.S. longer seem to have more favorable attitudes toward seeking help from mental health professionals; however, there may be barriers that contribute to acting on these beliefs (e.g., intending to engage in services), such as the physical or mental capacity to prepare to engage (i.e., scheduling, priorities, stigma, etc.).

Summary of Manuscript II

The second manuscript evaluated the factors affecting the life satisfaction of first-generation SAAs within the COVID-19 pandemic context. We looked at five predictor variables after controlling for social desirability: Gender, Acculturation levels (AOS and WOS), adherence to model minority myth, and experiences with microaggressions. In this cross-sectional correlational study, participants were recruited through social media and organizational posts and

word-of-mouth. Data for 341 participants (of the 498 collected) met the four criteria for the study. The second study had two research questions:

RQ1: To what extent does gender predict life satisfaction of a sample of first-generation SAAs after controlling for social desirability?

RQ2: To what extent do orientation to Asian culture, orientation to Western culture, model minority myth, and experiences of microaggressions predict life satisfaction in a sample of first-generation SAAs above and beyond gender after controlling for social desirability?

We performed bivariate and hierarchical regression analyses in this study. Bivariate analyses showed weak to moderate correlations between predictor and outcome variables. Two variables, WOS ($r = 0.16$, $p < .01$) and experiences with microaggressions ($r = 0.24$, $p < .01$) showed significant correlations with life satisfaction.

Hierarchical regression results showed that all three models were significant in predicting life satisfaction among first-generation SAAs. Model 1 consisted of life satisfaction being regressed onto social desirability as a covariate. In Model 2, we added gender to the regression process. Finally, in Model 3, we added acculturation (AOS and WOS), model minority myth, and experiences with microaggressions. Results showed acculturation, model minority myth, and experiences with microaggressions accounted for 11.3% of the variance in life satisfaction after controlling for social desirability ($\triangle R^2 = 0.113$, $F(9,331) = 7.99$, $p < .05$). We found that WOS ($p = .005$), experiences with microaggression ($p < .001$), and identification as a transgender male ($p = .017$) uniquely contributed significantly to the variance in life satisfaction.

These regression analyses suggest that the adjustment level to Western culture and minimal or low exposure to microaggressions in the past 6 months from the time the survey was

conducted (summer 2022) significantly contributed to life satisfaction among first-generation SAAs. Likewise, identifying as a transgender male significantly predicted life satisfaction.

Limitations

A primary limitation for both studies was the sampling technique. We used snowball convenience sampling as well as posted survey announcements across religious and cultural centers, which likely recruited motivated participants with some degree of cultural and spiritual insight. This technique was used as a result of previous literature recommendations in recruiting SAA participants (Farvar et al., 2002; Lee et al., 2009). This is known as the situation effect on external validity (Bhandari, 2022).

Due to the nature of the study, generalizability beyond first-generation SAAs is low because we were studying a sample of first-generation SAAs specifically. Hence, the results of these studies cannot easily generalize to other Asian groups. This is a form of selection bias (Bhandari, 2022).

Another key limitation in both studies was that we chose predictors based on previous literature with some predictor variables of interest. However, we did not pick *all* of the predictors mentioned in previous studies that were connected to help-seeking behaviors and life satisfaction. In the context of Study 1, literature has found that help-seeking behaviors are mediated by English proficiency, religiosity scores, and family social class when looking at parents' years in the U.S (e.g., Farvar, 2002). Likewise, in Study 2, we were looking at global life satisfaction and well-being; however, there are specific categories of life satisfaction mentioned in previous literature, such as financial life satisfaction (Hsin & Xie, 2014). While financial life satisfaction is implied within global life satisfaction, it should be noted that research is needed to investigate specific domains of life satisfaction and subjective well-being.

The studies employed self-report measures to assess the study variables. Self-report measures are inherently biased due to human introspective limitations and social acceptance needs. This is a type of response bias that often occurs in self-report measures (Rosenman et al., 2011).

Finally, when we began the dissertation process, the COVID-19 pandemic had not yet begun; however, as we started research for Study 2, we were well into the COVID-19 pandemic. Likewise, some important political events have occurred as we conducted the literature review for the study. The 2020 election and the shooting of George Floyd and the BLM movements across the nation were two important and relevant events as we studied the effects of microaggressions on life satisfaction. The presidential election occurred after a period of high racial prejudice and discrimination, and the nation as a whole has become more aware of systematic racism. These might have posed a historical threat to internal and external validity (Bhandari, 2022). It is also important to keep in mind that the COVID-19 pandemic brought on opportunities of telehealth, which could potentially impact the accessibility to mental health services among groups that may not be typically interested or ready to engage in services (e.g., first-generation SAA transgender males). This access could potentially help facilitate utilization of services; however, our first study was primarily focused on the help-seeking attitudes and intentions and cannot speak to accessibility and utilization. Future studies are encouraged to study the impacts of COVID-19 pandemic on the access and utilization of services among first-generation SAAs.

Implications and Recommendations

Findings in both studies suggest that collecting generational and acculturative data during the assessment process could help counselors better understand the needs of first-generation

SAAs. Results also show that experiences with microaggressions contribute significantly to life satisfaction; therefore, approaching the assessment and counseling process from a systemic perspective could help facilitate therapeutic work with first generation SAAs.

In Study 1, we saw education, total years in the U.S., both acculturative factors (AOS and WOS), model minority myth, and specific gender identifications significantly predicting help-seeking attitudes. According to Ajzen's theory of planned behavior (1991), attitude towards a specific experience is weighted in the accessible beliefs and outcomes of similar experiences. Study 1 results plausibly imply that accessible beliefs and previous outcomes of experiences related to education; number of years exposed to the values, beliefs, and norms of the U.S. and specific South Asian culture; model minority myth stereotypes from self, family, and peers; and specific gender identity development are significant contributors to the behavioral beliefs first-generation SAAs hold about professional mental health help. For clinicians, this implies focusing initial rapport-building efforts in understanding some of these life experiences could help in retaining first-generation SAA clients; likewise, for educators, this signifies teaching counselor trainees to focus their efforts on gathering unorthodox information (e.g., life experiences related to acculturation/enculturation and model minority myth) alongside orthodox clinical information (e.g., education, gender identification, years in the U.S.) early in treatment.

Likewise, the readiness to engage, or intentionality, in professional mental health services is weighted in the exposure to Western culture norms, values, and beliefs; model minority stereotypes; and specific gender development. When first-generation SAAs show interest in or positive attitude toward seeking mental health services, it could be beneficial for intake teams (assessors, intake specialists, screeners, etc.) to address these specific experiences in order to retain interest and motivation in continuing the behavior (e.g., engaging in treatment with a

professional provider). Some of these areas of data may be logical to collect during the assessment (gender identification, acculturative experiences, and impact of model minority myth).

Interestingly, model minority myth was found to have direct correlational relationships with both help-seeking attitudes and intentions. Tummala-Narra and colleagues (2018) found similar results; however, previous literature studying the relationship between help-seeking behaviors and model minority myth have mostly found an inverse relationship, and this seems to be the dominant finding across studies (e.g., Kim et al., 2021; Yi et al., 2022). Therefore, while many studies indicate the inverse relationship, our study provides a counternarrative to general findings. For clinicians and educators, this implies that we cannot assume the commonly accepted idea that the model minority myth is a barrier at the individual level, and more information should be gathered to adequately address experiences with this type of stereotyping to retain client engagement.

The results of Study 2 in light of the hedonic theory of well-being (Kahneman et al., 1999) suggest that acculturation, experiences with microaggressions, and identification as transgender male contribute to increasing pleasure and decreasing pain to define life satisfaction for first-generation SAAs. Based on the zero-order relationships and beta coefficients, increased adjustment to Western culture, identification as transgender male, and decreased experiences with microaggressions may contribute to this relationship of increased pleasure and decreased pain. Specifically, acculturation to Western norms, values, and beliefs could help remove basic barriers related to inclusion within Western culture. Decreased or minimal experiences with microaggressions can result in feelings of acceptance and belongingness. Finally, the act of socially and openly identifying as a transgender male, especially a marginalized identity that has

often been discriminated against, may be empowering (Greatheart, 2010). These factors – decreased barriers, feelings of acceptance and belongingness, and empowerment – could easily contribute to increased pleasure and decreased pain among first-generation SAAs. Once first-generation SAAs are engaged in mental health treatment, it may be helpful to focus on well-being as part of treatment, and based on results from this study, addressing well-being from the perspective of acculturation or fitting in with Western culture could provide deeper insight. Since well-being involves factors that decrease pain (e.g., hedonic theory; Kahneman et al., 1999), exploring encounters with microaggressions could help validate experiences and work through systemic influences. Finally, being proactive in gathering information about gender identity, especially for first-generation SAAs who are questioning, could contribute positively to the conversation on life satisfaction.

One common finding is the positive significant relationship WOS has with outcome variables in both studies. This finding indicates the vital role that acculturation has in the mental health adjustment of first-generation SAAs. Training new counselors in the academic or supervisory settings to look at this factor when working with first-generation SAAs could help shape culturally appropriate practices with this specific population. First-generation SAAs who are less acculturated may have difficulty adjusting to mental health services due to less favorable beliefs and low intentions to seek help; therefore, clinicians may find it helpful in understanding the roots of these unfavorable attitudes (e.g., metacommunication) to potentially help overcome barriers related to misguided beliefs about mental health services. Clinicians could help less acculturated first-generation SAAs engaged in services (e.g., beyond help-seeking) contextualize their level of well-being in terms of strengths and barriers in adjusting to Western culture.

Another shared finding has been the contributing factor of transgender identification to help-seeking attitudes and intentions and life satisfaction. Although we see dynamic relationships (e.g., positive and negative), there are implications for gathering gender identity and preference as a culturally aware practice among counselors. As a field, we are seeing slow shifts in community mental health agencies collecting gender and pronoun information, but it is not a common practice at this time (U.S. Department of Health and Human Services, 2016). Results from the present study indicate that transgender females and males will most likely *not* engage in professional services, therefore, clinicians may need to put extra effort in engaging transgender first-generation SAAs. This could mean ongoing training around the needs of transgender populations and gathering safe local resources (i.e., advocacy centers, medical professionals who are safe and knowledgeable about transgender health, etc.). We found that transgender males rated life satisfaction higher than other genders, which could indicate that once clinicians are able to engage first-generation SAA transgender males in services, clients may be able to readily identify needs and factors related to life satisfaction; therefore, clinicians need to utilize most of their resources in engagement when working with first-generation transgender SAAs. First-generation SAA cisgender males are more likely to intend to engage in services but may or may not hold favorable attitudes toward seeking help, which implies that clinicians may be able to jump into the therapeutic work with this population.

Finally, our findings have implications for reviewing the efficacy of mental health assessments. Currently, standard biopsychosocial assessments capture minimal information specific to acculturative and gender preferences, and most are based on information that is self-reported or initiated by the client. Having proactive assessments in cultural information gathering (e.g., separate boxes for information on acculturative processes and gender information), as

opposed to optional, appendix cultural interviews, could help engage and retain first-generation SAA clients.

Conclusion

Our study contributes to the research on the mental health of first-generation SAAs. It is important to keep in mind that by 2050, 82% of the U.S. population is predicted to be made up of new immigrants and their descendants, 53% of which is projected to be made up of non-white Hispanic, Black, and Asian populations (Passel & Cohn, 2020). This suggests that we should be reviewing policies, procedures, assessment and treatment planning forms, and the overall practice of mental health as we see a shift in generations and majority populations within the U.S. We looked at the mental health needs of first-generation SAAs to address the projected growth in Asian populations within the U.S and understand factors contributing to the unique needs of this bicultural population to engage in services when necessary (Lee et al., 2009; Sekhon & Szmigin, 2005). Many studies have treated Asian American groups as a homogenous population (e.g., Gupta, 2010; Leung et al., 2011; Panganamala & Plummer, 1998), which have led to stereotyping mental health needs across all Asian groups; furthermore, we see a lack of Asian American presence in mental health services. Our studies contributed to the cultural competency work in understanding the barriers and facilitators to seeking and engaging in services among first-generation SAAs.

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Appendix A – IRB Approval Documents

Oregon State University
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Human Research Protection Program
& Institutional Review Board
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Date of Notification	July 31, 2022		
Notification Type	Determination of Exemption		
Submission Type	Initial Application	Study Number	IRB-2022-1501
Principal Investigator	Kok-Mun Ng		
Study Team Members	Michaels, Krupali S; Ng, Kok-Mun		
Study Title	Predictors of Life Satisfaction and Help-Seeking Attitudes and Intentions of First-Generation South Asian Americans by Acculturation Levels, Select Demographics, and Forms of Racial Stereotyping		
Review Level	Exempt		
	Category 2: Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: i. The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects; ii. Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or iii. The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by .111(a)(7).		
Waiver(s)	N/A -- Exempt		
Risk Level for Adults	Minimal Risk		
Risk Level for Children	Study does not involve children		
Funding Source	None	Cayuse Number	N/A

DATE ACKNOWLEDGED: 07/31/2022 **EXPIRATION DATE:** 07/30/2027

The above referenced study was acknowledged by the OSU Human Research Protections Program. The HRPP has determined that the activities qualify under the exempt category noted above. The Principal Investigator is responsible for ensuring compliance with any additional applicable laws, University or site-specific policies, and sponsor requirements.

Oregon State University
Research Office

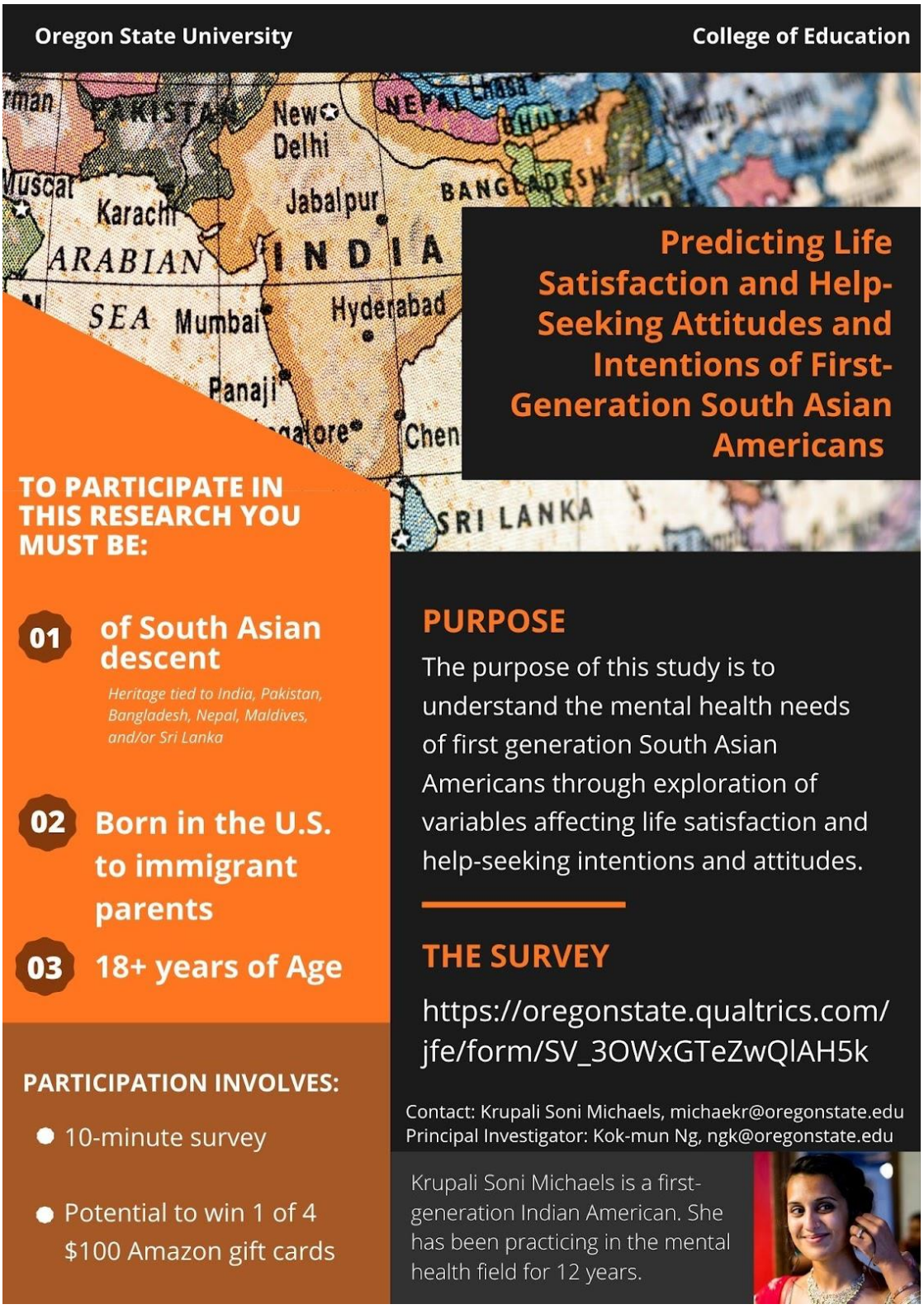
Human Research Protection Program
& Institutional Review Board
B308 Kerr Administration Bldg, Corvallis OR 97331
(541) 737-8008
IRB@oregonstate.edu
http://research.oregonstate.edu/irb

The recruitment, consent, parental permission, and/or assent process and associated materials, if submitted with this application, were not reviewed as part of the determination that this study is exempt. If submitted, these documents were marked as "void" in the system, but this does not mean you cannot use them.

Principal Investigator responsibilities:

- Researchers should ensure participants are well informed about the study and that effective, voluntary consent is obtained, when applicable. While exempt projects are not held to the regulatory requirements, researchers are expected to uphold the ethical principles of Respect for Persons (Autonomy), Beneficence, and Justice from the Belmont Report .
- Keep study team members informed of the status of the research.
- Submit project revisions prior to implementing changes to the protocol. Refer to the HRPP website (Project Revision Guidance) for a list of revisions to exempt studies that do not require prior review.
- Report all unanticipated problems involving risks to participants or others within three calendar days.

Study Flyer


Oregon State University
College of Education
New Delhi
Jabalpur
Karachi
ARABIAN SEA
INDIA
Mumbai
Hyderabad
Panaji
SRI LANKA
Predicting Life Satisfaction and Help-Seeking Attitudes and Intentions of First-Generation South Asian Americans
TO PARTICIPATE IN THIS RESEARCH YOU MUST BE:
01 of South Asian descent
Heritage tied to India, Pakistan, Bangladesh, Nepal, Maldives, and/or Sri Lanka
02 Born in the U.S. to immigrant parents
03 18+ years of Age
PARTICIPATION INVOLVES:
10-minute survey
Potential to win 1 of 4 $100 Amazon gift cards
PURPOSE
The purpose of this study is to understand the mental health needs of first generation South Asian Americans through exploration of variables affecting life satisfaction and help-seeking intentions and attitudes.
THE SURVEY
https://oregonstate.qualtrics.com/jfe/form/SV_3OWxGTeZwQlAH5k
Contact: Krupali Soni Michaels, michaekr@oregonstate.edu
Principal Investigator: Kok-mun Ng, ngk@oregonstate.edu
Krupali Soni Michaels is a first-generation Indian American. She has been practicing in the mental health field for 12 years.

Informed Consent

Study Title: Predictors of Help-Seeking Attitudes and Intentions and Predictors of Life Satisfaction of First-Generation South Asian Americans
Principal Investigator: Dr. Kok-Mun Ng
Student Investigator: Krupali Michaels
Purpose: This study is about predictors of mental health and wellbeing of **first-generation** South Asian Americans. The study aims to examine background and psychological factors associated with these two aspects of functioning. First, we are looking at the overall help-seeking attitudes and intentions when there is a mental health need present. Second, we are looking at factors that influence life satisfaction in the context of the COVID-19 pandemic. This study will provide **first-generation** South Asian American-specific data to inform culturally sensitive mental health and wellness research and practices.

We are specifically inviting individuals who meet the following criteria to take part in this study:

- 18 years or older
- South Asian descent (e.g., have heritage ties to India, Pakistan, Nepal, Bangladesh, Sri Lanka, Bhutan, and/or the Maldives)
- Born in the United States to parents who are South Asian immigrants, and
- Currently, residing in the United States.

Please do not participate in this study if you are under 18 years old, not of South Asian descent, and not born in the United States.

Voluntary: Being in this study is voluntary. If you decide to proceed with the study, you are free to stop at any time without penalty. If you are an OSU student, your decision to take part or not take part in this study will not affect your grades, your relationship with your professors, or your standing in the University. If you are a participant with a preexisting relationship with the researchers, your decision to take part or not take part in this study will not affect your relationship with the researchers.

Activities: The study activities include completing an informed consent, demographics questionnaire, and a series of scaled questions pertaining to different measures associated with the study variables.

Time: Your participation in this study will last about 10 minutes.

Risks: The possible risks or discomforts associated with being in the study include discomfort associated with mental health needs such as questions about microaggressions, stereotyping, and familial conflict.

Benefit: We do not know if you will benefit from being in this study. However, we hope to better understand the mental health and wellbeing needs of first-generation South Asian Americans so that clinicians, supervisors, and educators are able to practice from a more culturally informed place when working with first-generation South Asian Americans.

Confidentiality: Your participation in this study is anonymous. You will not be asked to provide identifying information in the study.

Payment: You will not be paid for being in this research study. However, at the end of this study you will have a chance to enter a drawing for one of four $100 gift cards. To enter the drawing, participants will need to provide names and email addresses. But, all information for the drawing will be confidential. It will be de-identified and disconnected from your survey responses.

Study contacts: We welcome you to ask us questions about the study if you need clarification. You can email us at michaekr@oregonstate.edu (Krupali Michaels) and/or ngk@oregonstate.edu (Kok-Mun Ng). You can also contact the Human Research Protection Program with any concerns that you have about your rights or welfare as a study participant. This office can be reached at (541) 737-8008 or by email at IRB@oregonstate.edu.

If you agree to this information, please select "I consent," and you will be guided to the demographics survey. If you do not agree to this information, please select "I do not consent," and this will end the study for you. Thank you.

Appendix B – Demographics Questionnaire for Studies 1 & 2

Q1. Age

Q2. Ethnicity

- Indian-American (India)
- Pakistani-American (Pakistan)
- Nepali-American (Nepal)
- Bangladeshi-American (Bangladesh)
- Sri Lankan-American (Sri Lanka)
- Bhutanese-American (Bhutan)
- Maldivian-American (Maldives)
- Mixed
- Other

Q3. Generation

- First-Generation
- Immigrant-Generation

Q4. Self-Identified Gender

- Cisgender Female
- Cisgender Male
- Transgender Female
- Transgender Male
- Genderfluid
- No Gender (Non-binary, third-gender, genderqueer, agender)
- Multiple Genders (bigender, third-gender, two-spirit, pangender)
- Prefer not to say

Q5. Where do you currently reside?

- North Central
- North Atlantic
- South
- Rocky Mountain
- West

Q6. Years of Education

Q7. Highest Education Achieved

- High School
- Associates Degree
- Bachelors Degree
- Masters Degree
- Doctorate Degree

Q8. Years in the U.S.

Q8a. Gap(s) in years in the U.S. (defined as one or more years outside of U.S. excluding vacations and tourist excursions)

Appendix C – Mental Help-Seeking Attitudes Scale (MHSAS) and Mental Help-Seeking Intentions Scale (MHSIS) for Study 1

MHSAS Directions: For the purposes of the survey, "mental health professionals" include psychologists, psychiatrists, clinical social workers, and counselors. Likewise, "mental health concerns" include issues ranging from personal difficulties (e.g., loss of a loved one) to mental illness (e.g., anxiety and depression). Please mark the circle that best represents your opinion. For example, if you feel that your seeking help would be extremely useless, you would mark the circle closest to "useless." If you are undecided, you would mark the "0" circle. If you feel that your seeking help would be slightly useful, you would mark the "1" circle that is closer to "useful."

If I had a mental health concern, seeking help from a mental health professional would be...

	3	2	1	0	1	2	3	
Useless	○	○	○	○	○*	○	○	Useful
Important	○	○	○	○	○	○	○	Unimportant
Unhealthy	○	○	○	○	○	○	○	Healthy
Ineffective	○	○	○	○	○	○	○	Effective
Good	○	○	○	○	○	○	○	Bad
Healing	○	○	○	○	○	○	○	Hurting
Disempowering	○	○	○	○	○	○	○	Empowering
Satisfying	○	○	○	○	○	○	○	Unsatisfying
Desirable	○	○	○	○	○	○	○	Undesirable

MHSIS Instructions: Please mark the box that best represent your opinion.

Q1. If I had a mental health concern, I would intend to seek help from a mental health professional.

1(Extremely Unlikely) : 2 : 3 : 4 : 5 : 6 : 7 (Extremely Likely)

Q2. If I had a mental health concern, I would try to seek help from a mental health professional.

1(Definitely False) : 2 : 3 : 4 : 5 : 6 : 7(Definitely True)

Q3. If I had a mental health concern, I would plan to seek help from a mental health professional.

1(Strongly Disagree) : 2 : 3 : 4 : 5 : 6 : 7(Strongly Agree)

Appendix D – Internalization of Model Minority Myth Scale (IM-4) for Studies 1 & 2

Instructions: On a likert scale of 1(strongly disagree) to 7 (strongly agree), rate the following questions							
	1(Strongly Disagree)	2 (Disagree)	3 (Slightly Disagree)	4 (Neither Agree nor Disagree)	5 (Slightly Agree)	6 (Agree)	7 (Strongly Agree)
1. Asian Americans have stronger work ethics	1	2	3	4	5	6	7
2. Asian Americans are harder workers	1	2	3	4	5	6	7
3. Despite experiences with racism, Asian Americans are more likely to achieve academic and economic success	1	2	3	4	5	6	7
4. Asian Americans are more motivated to be successful	1	2	3	4	5	6	7
5. Asian Americans generally have higher grade point averages in school because academic success is more important	1	2	3	4	5	6	7
6. Asian Americans get better grades in school because they study harder	1	2	3	4	5	6	7
7. Asian Americans generally perform better on	1	2	3	4	5	6	7

standardized exams (i.e. SAT) because of their values in academic achievement6							
78. Asian A7mericans make more money because they work harder	1	2	3	4	5	6	7
9. Asian Americans are more likely to be good at math and science	1	2	3	4	5	6	7
10. Asian Americans are more likely to persist through tough situations	1	2	3	4	5	6	7
11. Asian Americans are less likely to face barriers at work	1	2	3	4	5	6	7
12. Asian Americans are less likely to encounter racial prejudice and discrimination	1	2	3	4	5	6	7
13. Asian Americans are less likely to experience racism in the U.S.	1	2	3	4	5	6	7
14. Asian American are more likely to be treated as equals to European Americans	1	2	3	4	5	6	7
15. It is easier for Asian Americans to climb the corporate ladder	1	2	3	4	5	6	7

Appendix E - Acculturation Rating Scale for Mexican-Americans II Asian Orientation Scale (ARSMA-II AOS) and Western Orientation Scale (ARSMA-II WOS) for Studies 1 & 2

AOS Instructions: On a Likert scale of 1(not at all) to 5 (extremely often or almost always), rate the following					
	1 (Not at all)	2 (Very little or not)	3 (Moderately)	4 (More or very o4ften)	5 (Extremely often or almost always)
1. I enjoy Asian language TV	1	2	3	4	5
2. I enjoy reading in an Asian language (e.g. books)	1	2	3	4	5
3. I enjoy listening to Asian language music	1	2	3	4	5
4. My thinking is done in an Asian language	1	2	3	4	5
5. I write in an Asian language (e.g. letters)	1	2	3	4	5
6. I enjoy Asian language movies	1	2	3	4	5
7. I speak an Asian language	1	2	3	4	5
8. I enjoy speaking an Asian language	1	2	3	4	5

9. My contact with an Asian country has been _____	1	2	3	4	5
10. My friends, while I was growing up, were of Asian descent	1	2	3	4	5
11. I like to identify myself as Asian American	1	2	3	4	5
12. My mother identifies or identified herself as "Asian"	1	2	3	4	5
13. My father identifies or identified himself as "Asian"	1	2	3	4	5
14. I associate with Asians and/or Asian Americans	1	2	3	4	5
15. I like to identify as Asian	1	2	3	4	5
16. My family cooks Asian foods	1	2	3	4	5
17. My friends now are of Asian descent	1	2	3	4	5

WOS Instructions: On a Likert scale of 1(not at all) to 5 (extremely often or almost always), rate the following					
	1 (Not at all)	2 (Very little or not)	3 (Moderately)	4 (More or very often)	5 (Extremely often or almost always)
1. I speak English	1	2	3	4	5
2. My thinking is done in the English language	1	2	3	4	5
3. I enjoy reading in the English Language (e.g., books)	1	2	3	4	5
4. I write in the English language (e.g. letters)	1	2	3	4	5
5. My contact with the United States has been _____	1	2	3	4	5
6. I enjoy English language movies	1	2	3	4	5
7. I enjoy listening to English language music	1	2	3	4	5
8. I enjoy English language TV	1	2	3	4	5
9. I like to identify myself as an American.	1	2	3	4	5
10. My friends are of Caucasian/European descent	1	2	3	4	5
11. I associate with Caucasians	1	2	3	4	5
12. My friends, while I was growing up, were of Caucasian/European descent	1	2	3	4	5
13. I like to identify myself as Caucasian	1	2	3	4	5

Appendix F – Revised 28-items Racial and Ethnic Microaggressions Scale (R28REMS) for Study 2

Instructions: The following set of statements will ask you about your experiences with microaggressions as a South Asian American. Please keep in mind that the timeframe for these questions is within the **past 6 months**.						
In the past six months…	0 (I did not experience this event)	1 (I experienced this event 1 time in the past 6 months)	2 (I experienced this event 2 times in the past 6 months)	3 (I experienced this event 3 times in the past 6 months)	4 (I experienced this event 4 times in the past 6 months)	5 (I experienced this event 5 or more times in the past 6 months)
1. I was ignored at school or at work because of my race.	0	1	2	3	4	5
2. Someone's body language showed they were scared of me, because of my race.	0	1	2	3	4	5
3. Someone assumed that I spoke a language other than English.	0	1	2	3	4	5
4. I was told that I should not complain about race.	0	1	2	3	4	5
5. Someone avoided walking near me on the street	0	1	2	3	4	5

because of my race.						
6. Someone told me that she or he was colorblind.	0	1	2	3	4	5
7. Someone avoided sitting next to me in a public space (e.g., restaurants, movie theaters, subways, and buses) because of my race.	0	1	2	3	4	5
8. Someone assumed that I would not be intelligent because of my race.	0	1	2	3	4	5
9. I was told that I complain about race too much.	0	1	2	3	4	5
10. Someone acted surprised at my scholastic or professional success because of my race.	0	1	2	3	4	5
11. I observed people of my race	0	1	2	3	4	5

portrayed positively on television.						
12. Someone assumed that I would not be educated because of my race.	0	1	2	3	4	5
13. Someone told me that I was "articulate" after she/he assumed I wouldn't be.	0	1	2	3	4	5
14. I observed people of my race portrayed positively in magazines.	0	1	2	3	4	5
15. Someone told me that they "don't see color."	0	1	2	3	4	5
16. I read popular books or magazines in which a majority of contributions featured people from my racial group.	0	1	2	3	4	5
17. Someone asked me to	0	1	2	3	4	5

teach them words in my "native language."						
18. Someone told me that they do not see race.	0	1	2	3	4	5
19. Someone clenched her/his purse or wallet upon seeing me because of my race.	0	1	2	3	4	5
20. Someone assumed that I would have a lower education because of my race.	0	1	2	3	4	5
21. Someone assumed that I ate foods associated with my race/culture every day.	0	1	2	3	4	5
22. Someone assumed that I held a lower paying job because of my race.	0	1	2	3	4	5
23. I observed	0	1	2	3	4	5

people of my race portrayed positively in movies.						
24. Someone assumed that I was poor because of my race.	0	1	2	3	4	5
25. Someone told me that people should not think about race anymore.	0	1	2	3	4	5
26. Someone avoided eye contact with me because of my race.	0	1	2	3	4	5
27. Someone told me that all people in my racial group look alike.	0	1	2	3	4	5
28. Someone assumed that I speak similar languages to other people in my race	0	1	2	3	4	5

Appendix G – Satisfaction with Life Scale for Study 2

Instructions: Below are five statements that you may agree or disagree with. Indicate your agreement with each item by tapping the appropriate dial, from strongly agree to strongly disagree. Consider the **past six (6) months** when answering questions. Please be open and honest in your responding.							
	7 (Strongly agree)	6 (Agree)	5 (Slightly agree)	4 (Neither Agree nor Disagree)	3 (Slightly Disagree)	2 (Disagree)	1 (Strongly Disagree)
1. In most ways my life is close to my ideal.	7	6	5	4	3	2	1
2. The conditions of my life are excellent.	7	6	5	4	3	2	1
3. I am satisfied with my life.	7	6	5	4	3	2	1
4. So far I have gotten the important things I want in life.	7	6	5	4	3	2	1
5. If I could live my life over, I would change almost nothing.	7	6	5	4	3	2	1

Appendix H – Marlowe-Crowne Social Desirability Scale Short Form – A (MCSD) for Studies 1 & 2

Instructions: Please answer the following eleven (11) True/False questions as honestly as possible.		
	True	False
1. It is sometimes hard for me to go on with my work if I am not encouraged	True	False
2. I sometimes feel resentful when I don't get my way	True	False
3. No matter who I'm talking to, I'm always a good listener	True	False
4. There have been occasions when I took advantage of someone	True	False
5. I'm always willing to admit it when I make a mistake	True	False
6. I sometimes try to to get even rather than forgive and forget	True	False
7. I am always courteous, even to people who are disagreeable	True	False
8. I have never been irked when people expressed ideas very different from my own	True	False
9. There have been times when I was quite jealous of the good fortune of others	True	False
10. I am sometimes irritated by people who ask favors of me	True	False
11. I have never deliberately said something that hurt someone's feelings	True	False