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Racial Microaggressions and Asian Americans: An Exploratory Study on Within-Group Differences and Mental Health

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Racial microaggressions are subtle forms of discrimination that have been found to have negative effects on the mental health of people of color. Due to the dearth of quantitative research that has examined the influence of racial microaggressions on Asian Americans, we recruited an Asian American sample ($N = 157$) for the current study to investigate the relationship between racial microaggressions with depression and other mental health symptoms. Recruited from both community and college populations, the sample consisted of 107 Asian American women and 50 men, with varying educational backgrounds, immigration statuses, and geographic locations in the U.S. Using the Racial and Ethnic Microaggressions Scales (REMS; Nadal, 2011b) and the Mental Health Inventory (MHI; McHorney, Ware, Rogers, Raczek, & Lu, 1992), there were 2 major findings. First, after controlling for education, hierarchical regression analyses indicated that racial microaggressions predicted general mental health problems: $F(2, 91) = 11.37$, $p < .00$, with the model explaining approximately 20% of the variance ($R^2 = .20$, adjusted $R^2 = .09$). Second, although comparative t tests did not yield significant differences based on gender or immigration status, t tests did reveal that Asian Americans experience various types of microaggression, based on geographic location, education, and age. Research implications for Asian American psychology and recommendations for clinical practice will be discussed.

Keywords: microaggressions, Asian Americans, discrimination, depression

Despite the many documented experiences of the discrimination of Asian Americans in U.S. history, it has been often generalized that Asian Americans encounter little to no racism in their everyday lives (Alvarez, Juang, & Liang, 2006; Sue, Bucceri, Lin, Nadal, & Torino, 2009). Contrary to this misconception, Asian Americans have been the targets of all sorts of racial discrimination throughout the history of the U.S. They have been banned from or deported out of the country (Young & Takeuchi, 1998), they have been prohibited from marrying outside of their race (Menchaca, 2008), and they were forbidden from living in certain areas and neighborhoods (Menchaca, 2008). Specific Asian American ethnic groups have also experienced historical discrimination, including the Japanese Americans who were forcefully displaced in camps during World War II (Nagata, & Takeshita, 1998) and the Filipino Americans who were lynched and brutally assaulted during the Watsonville Riots in 1930 (Nadal, 2011a).

Furthermore, perhaps Asian Americans are presumed not to experience racial discrimination in the U.S. because of the notion that racial discrimination no longer manifests in the same ways

that it had in the past. Although cross burnings and hate crimes may have been more common 20 years ago, racial discrimination may take on more subtle forms, otherwise known as racial microaggressions (Sue, Capodilupo, et al., 2009). Microaggressions are “brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group” (Sue et al., 2007, p. 271). One example of a microaggression is an instance in which an Asian American is presumed to not speak English or assumed to be an immigrant. In cases like these, Asian Americans are assumed to be perpetual foreigners, regardless of how long their families have actually been in the U.S. (Cheryan & Monin, 2005; Devos & Banaji, 2005; Sue, Bucceri, et al., 2009). Microaggressions are problematic because such incidents are often quick and innocuous, making it difficult for a victim to react or to have time to identify whether someone’s behavior was discriminatory at all. Thus, those who have suffered subtle discrimination do not even have the possibility to label their psychological distress (DeJesus-Torres, 2000; Foster, 2005).

Previous studies examining racial microaggressions have highlighted experiences of people of color in general (e.g., Nadal, 2011b; Sue, Lin, Torino, Capodilupo, & Rivera, 2009), Asian Americans (Nadal, Escobar, Prado, David, & Haynes, 2012; Sue, Bucceri, et al., 2007), African Americans (Pierce, Carew, Pierce-Gonzalez, & Willis, 1978; Sue, Nadal, et al., 2008; Watkins, LaBarrie, & Appio, 2010), Latina/os (Nadal, Mazzula, Rivera, & Fujii-Doe, 2014; Rivera, Forquer, & Rangel, 2010; Yosso, Smith, Ceja, & Solorzano, 2009), and multiracial people (Nadal, Wong, Griffin, et al., 2011). These studies support the notion that microaggressions indeed exist in the lives of people of color and have a

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negative impact on mental health, self-esteem, and other psychological outcomes (see Nadal, Griffin, Wong, Hamit, & Rasmus, 2014, for a review).

Two qualitative studies that focused on Asian Americans' experiences with microaggressions include a panethnic sample of participants from various Asian American ethnic groups (Sue et al., 2007) and an all-Filipino American sample (Nadal et al., 2012). Many similar themes emerged in both studies. An example includes *exoticization*, which described instances in which women were assumed to be subservient, trophies, or "Madame Butterfly" types for White American men. *Ascription of intelligence* involved instances in which Asian Americans were assumed to be smart or good at math and sciences, simply because of race and the model-minority myth. *Invalidation of interethnic differences* consisted of experiences in which others dismissed ethnic differences between various Asian American groups (e.g., being told that all Asians are the same). *Pathologizing of cultural values/communication styles* involved ways that Asian Americans were mocked for cultural practices (e.g., eating with chopsticks) or communication styles (e.g., immigrant students who were graded harshly on class participation).

There are few known studies that quantitatively measure racial microaggressions. The Asian American Race-Related Stress Inventory (AARRSI) was first created to measure race-related stress among Asian Americans (Liang, Li, & Kim, 2004). More recently, the AARRSI was conducted with a large sample size ($N = 1,273$) and was found to be a reliable and valid measure of discrimination for various Asian American ethnic groups and generational statuses (Miller, Kim, Chen, & Alvarez, 2012). Through the use of factor analyses, the authors revealed a new subscale, which they labeled "Daily, Racial Microaggressions;" the subscale consists of six items from the original AARRSI that describe everyday types of microaggressions (e.g., "A student you do not know asks you for help in math;" "Someone asks if you can teach him or her karate."). The subscale is helpful in understanding the types of microaggressions that Asian Americans may experience, but it is limited in that it only provides six examples. Thus, using a more extensive measure of racial microaggressions can be helpful in understanding the impact of microaggressions on Asian Americans' lives.

Asian Americans and Discrimination

Findings regarding racial discrimination have been consistent in revealing how experiences with discrimination may contribute to myriad mental health problems for Asian Americans (Alegria, Takeuchi, Canino, Duan, & Shrout, 2004; Alvarez et al., 2006; Gee, Ro, Shariff-Marco, & Chae, 2009; Gee, Spencer, Chen, Yip, & Takeuchi, 2007; Jang, Chiriboga, Kim, & Rhew, 2010; Lee & Ahn, 2011; Tran, Lee, & Burgess, 2010). For instance, in a study addressing the perceived discrimination and acculturative stress among ethnic South Asians, it was found that perceived discrimination was positively associated with depression, and the only moderating factor between perceived discrimination and depression was familial support (Tummala-Narra, Alegria, & Chen, 2012). In another study examining Filipino, Chinese, and Vietnamese adults, it was reported that perceived discrimination was positively associated with psychological distress (Syed & Juan, 2011), and a third study found that psychological distress mediated the effects of discrimination on self-reported physical health for

Chinese, Filipino, and Vietnamese American participants (Mereish, Liu, & Helms, 2012). It was further discovered that ethnic density (i.e., the number of members in a particular racial or ethnic group in one area or region) and social cohesion (i.e., the amount of trust and cohesion felt in one's neighborhood) moderated the association between psychological distress and discrimination (Syed & Juan, 2011). Ethnic identity has been shown to be a buffer between the association of discrimination and mental health for older U.S.-born Asian Americans (Yip, Gee, & Takeuchi, 2008). Furthermore, Asian Americans who have experienced more discrimination, particularly in being assumed not to be American, have been found to be at higher risk for tobacco use, alcohol use, and substance use (Yoo, Gee, Lowthorp, & Robertson, 2010).

The literature focusing on Asian Americans' immigration statuses and perceptions of discrimination has varied. Earlier research looking at discrimination and mental health concerns has found that Asian Americans born in the U.S. report a greater number of experiences with racial and ethnic discrimination than those born outside of the U.S. (Kuo, 1995). Contrarily, another study found that recent Asian American immigrants reported a greater number of depressive symptoms, which was hypothesized to be due to an increase of acculturative stress and discrimination (Salgado de Snyder, 1987). More recent research has found that language and racial discrimination in seeking health care was associated with chronic health conditions and was stronger for Asian immigrants living in the U.S. for 10 years or more, compared with more recent immigrants (Yoo, Gee, & Takeuchi, 2009). On the other hand, although ethnic identity has been found to be a protective factor in dealing with experiences of discrimination, one study found that this trend was much more salient for U.S.-born Asian Americans than for their immigrant counterparts (Yoo & Lee, 2009).

There has been some research that has examined how various Asian American ethnic groups may experience or perceive racial discrimination differently. For instance, in a sample of college students ($N = 254$), some researchers found that (a) Filipino Americans reported higher frequencies of vicarious racism (i.e., hearing or learning about racism through the experiences of family or friends) than Chinese Americans and (b) Filipino Americans experienced a significant higher score of racial microaggressions (as operationalized by the Daily Life Experiences scale) than Chinese Americans (Alvarez, Juang, & Liang, 2006). In another study that measured the effects of discrimination and physical health with Chinese Americans, Filipino Americans, and Vietnamese Americans ($N = 1,550$), it was reported that Filipino Americans reported more discrimination than Chinese and Vietnamese Americans and that Chinese Americans reported more discrimination than Vietnamese Americans (Mereish, Liu, & Helms, 2012). On the contrary, the same study also reported that Chinese Americans reported more psychological distress than both Filipino Americans and Vietnamese Americans, but that there were no significant differences regarding somatic symptoms (Mereish, Liu, & Helms, 2012). Given these findings, it is crucial that ethnic differences are investigated not only to understand how groups are experiencing discrimination, but how these experiences may impact their mental and physical health.

In terms of gender, Liang, Alvarez, Juang, and Liang (2009) found that Asian American men and women cope with discrimination differently; when men experienced racism, they were more likely to use support-seeking and emotion-ventilation coping styles

(i.e., emotion-focused styles of coping), and women used more active coping strategies (i.e., more problem-focused styles of coping). Hahm, Ozonoff, Gaumond, and Sue (2010) also found gender differences between Asian American women and men; whereas Asian American women and men both experienced negative mental health outcomes when they experienced higher levels of discrimination, women who were exposed to a lower threshold of discrimination reported more negative mental and physical outcomes, suggesting the negative impact of the dual discrimination (i.e., the combination of racism and sexism) that Asian American women face.

Furthermore, because many studies focus on regional samples instead of national samples (Gee et al., 2007), there is limited information about how Asian Americans' experiences with discrimination may vary by region. As a result, studies with regional samples are often generalized to apply to the national Asian American population, when in fact there may be significant regional differences that are not being studied. For instance, Bergano and Bergano-Kinney (1997) used a sample of high school and college Filipino American students ($N = 150$) to investigate differences in experiences with identity and discrimination based on gender, age, and geographic region (i.e., whether one resided in the West Coast vs. East Coast). One of the major findings was that the interaction of gender and geographic region was most salient in participants' experiences with racism, in that the male participants in the West Coast reported encountering racial discrimination most frequently, and the female participants on the East Coast reported the least amount of discrimination. Given this finding from this Filipino American sample, it is necessary for national or multiregional samples to be collected to understand whether these regional differences exist across other Asian American ethnic groups as well.

Finally, although there has been some research with African American samples that has suggested that education level may influence one's experiences and perceptions of discrimination (e.g., Dailey, Kasl, Holford, Lewis, & Jones, 2010; Watson, Scarinci, Klesges, Slawson, & Beech, 2002), there are no known studies that examine how education level may influence Asian Americans' perceptions of racial discrimination.

Purpose of the Current Study

The purpose of the current study was twofold. First, although previous researchers have studied similar concepts like "everyday racism" and "race-related stress" (e.g., Landrine & Klonoff, 1996; Utsey, 1999; Utsey & Ponterotto, 1996), there is still a dearth of literature that has examined discrimination through the lens of racial microaggressions. As a result, the first aim of this study was to examine Asian Americans' experiences with racial microaggressions, using a measure that outlines a spectrum of racial microaggressions that people encounter. Second, because there has been some initial support for how experienced discrimination among Asian American subgroups may differ based on immigration status (e.g., Yoo et al., 2009; Yoo & Lee, 2009), ethnicity (e.g., Alvarez et al., 2006; Mereish, Liu, & Helms, 2012), gender (e.g., Hahm et al., 2010; Liang et al., 2009), and region (Bergano & Bergano-Kinney, 1997), the second aim of this study was to examine how different Asian American subgroups experience racial microaggressions and how it may affect their mental health.

Method

Participants

The current study was derived from a previous data set ($N = 506$) that examined the relationship between various racial microaggressions and mental health for various racial groups (Nadal et al., 2014). For the current study, 157 Asian American participants in the sample were extracted. Women made up 68.2% of the sample ($N = 107$) and the remaining 31.8% identified as male ($N = 50$). Participants ranged in age from 17 to 60 years old, with a mean age of 27.10 years ($SD = 9.61$). The majority of participants identified as being Filipino (54.1%); however, there were also Japanese (8.3%), Chinese (7.6%), Asian Indians (3.8%), Koreans (2.5%), and an array of other ethnicities. It is unclear why there was an oversampling of Filipino Americans; however, this will be discussed in the Limitations section.

The most frequent religion participants reported was Catholic (39.5%), but 18.5% reported no religion, 15.9% identified as Protestant, and the remaining identified as Buddhist, Hindu, Muslim or other. Of the participants, 136 (86.6%) reported being heterosexual, and seven (4.5%) identified as lesbian, gay, or bisexual. The majority of participants either had a bachelor's degree (34.4%) or a high school diploma (33.8%), 22.3% had earned a graduate degree, and 8.9% had earned an associate's degree. Participants resided primarily in the Northeast (36.3%), on the West Coast (33.1%), and in the Midwest (20.4%), and the remaining were from the Southwest, Southeast, or Hawai'i. A total of 101 (64.3%) participants reported having been born in the U.S.; 53 (33.8%) were born outside the U.S. For the 53 participants who were born outside of the U.S., the number of years they had spent in the U.S. varied considerably, with a range of 0–38 years ($M = 16.16$, $SD = 9.38$).

Participants were recruited through online community list-serves and websites ($N = 131$) and from a psychology undergraduate pool ($N = 26$). Undergraduate students were given research credit as part of their Psychology 101 class requirement at a large public college in the Northeast. Online recruitment consisted of sending an email to community organizations and list-serves such as college student groups and organizations like the Asian American Psychology Association or the Filipino Intercollegiate Networking Dialogue; these participants did not receive any compensation. Through online recruitment, a snowball sampling method was employed; participants were asked to forward the recruitment email to other individuals, groups or organizations who met the criteria of the study. Because the sample used in this study was from a previous data set, a post hoc power analysis was conducted using G*Power 3 (Faul, Erdfelder, Lang, & Buchner, 2007) with an alpha level of .05, a sample size of 157, 16 predictors, and a large effect size, .35. Achieved power for the study was .999, with a critical F of 1.82.

Measures

Demographic questionnaire. Participants were asked to fill out an open-ended demographic questionnaire. Participants were asked to report their age, gender, race, ethnicity, sexual orientation, religion, education level, where they were born, where they currently reside, and years spent in the U.S. This coding system was

employed because of previous literature that has cited that forcing individuals to choose preset boxes could be viewed as a microaggression in itself (Nadal, 2011b). Researchers coded the data from the open-ended demographic sheet. Most answers regarding gender, religion, and age were easily coded. However, there were some responses that required interrater reliability. For example, some participants confused race and ethnicity, so the team of coders consensually agreed on which category participants under question would be placed in (e.g., if someone wrote "Korean" for race, they would be placed in the Asian category). When there was doubt, the coders discussed each case (using context clues like place of birth and ethnicity) until they consensually agreed on choosing a category; if consensus was not reached, participants were placed under "Other."

Racial and Ethnic Microaggressions Scale (REMS)–Checklist. The REMS is a 45 item self-report survey that measures the extent to which individuals experience racial and ethnic microaggressions in their daily lives (Nadal, 2011b). For each item, participants were presented with a checklist (0 = *I did not experience this in the last 6 months*; 1 = *I did experience this in the last 6 months*). The REMS is reported to have a Cronbach's alpha of 0.928 and has been positively correlated with both the Racism and Life Experience Scale–Brief Version, $r = .464$, $N = 376$, $p < .001$ and the Daily Life Experiences Frequency Scale ($r = .746$, $N = 253$, $p < .001$; Nadal, 2011b). The REMS is made up of six subscales: Assumptions of Inferiority (eight items), Second-Class Citizen and Assumptions of Criminality (seven items), Microinvalidations (nine items), Exoticization/Assumptions of Similarity (nine items), Environmental Microaggressions (seven items), and Workplace/School Microaggressions (five items). For the current study, the REMS-Total produced a Cronbach's alpha of .90, with REMS subscales' alphas ranging from .73 to .84.

Mental Health Inventory-18. The Mental Health Inventory-18 (McHorney, Ware, Rogers, Raczek, & Lu, 1992) is a shorter version of the Mental Health Inventory (Veit & Ware, 1983) and is used to assess one's mental health and well-being. The MHI-18 consists for four subscales: Anxiety (five items), Depression (five items), Behavioral Control (four items), and Positive Affect (four items). Items were worded both positively and negatively and consisted of Likert-type responses ranging from 1 = *all of the time* to 6 = *none of the time*. Positively worded items were reverse scored so that higher scores signified better overall mental health. An example of an item that falls under the Depression subscale was "Have you been in low or very low spirits?" And an example for Behavioral Control was "Have you been in firm control of your behavior, thoughts, emotions, feelings?" For the current study, the MHI-18 yielded a Cronbach's alpha of .91, with subscale alphas ranging from .73 to .83.

Procedure

Following the approval from the institutional review board at the principal investigator's institution, we used the website SurveyMonkey (www.surveymonkey.com) to distribute the measures. Participants from both the online sample and the undergraduate pool were directed to the survey link online. They were then presented with an informed consent form, which indicated that their participation was voluntary and highlighted the potential benefits and risks of participating in the study. The demographic

questionnaire was next, followed by the REMS and MHI-18. At the end of the research session, which lasted 30–45 min, participants were presented with a debriefing statement that explained the purpose of the study and provided contact information for the principal investigator.

Results

We first conducted a multivariate analysis of variance (MANOVA) to examine if demographic characteristics (i.e., gender, ethnicity, educational background, or regional background) determined mental health above and beyond experiences with microaggression. Results indicated that education was the only significant predictor of mental health $F(1, 97) = 4.85$, $p = .003$. Those who did not have a college degree reported poorer mental health scores ($M = 4.14$, $SD = .78$) than those with bachelor's degrees or higher ($M = 4.49$, $SD = .72$), $t = -2.33$, $p = .02$.

Next, to answer our exploratory research questions, we conducted a MANOVA to examine if demographic variables (i.e., age, gender, education level, ethnic background, and place of birth) influenced the cumulative number of microaggressions that individuals experienced. (i.e., REMS total score). None of the demographic variables were found to be significant. We then ran a MANOVA to explore the effects of demographic characteristics on the effects on the different types of microaggressions that individuals experienced (i.e., REMS subscales). The analyses yielded several findings. First, we found that age was a predictor of Workplace and School Microaggressions, $F(3, 106) = 4.04$, $p = .01$, in that older participants reported more microaggressions in the workplace or in school settings than younger participants. We also found that education was a predictor of Environmental Microaggressions, $F(3, 106) = 1.93$, $p = .04$, and Workplace and School Microaggressions, $F(3, 106) = 11.09$, $p = .02$.

A series of independent-samples t tests was then conducted to further examine if there were significant differences between various subgroups. When Levine's test for equality of variance indicated that the variances for the two groups were unequal, the t value at which equal variances were not assumed was reported. Regarding the three largest educational categories (i.e., high school diploma, bachelor's degree, graduate degree), there were no significant differences between groups. Because there were many individuals with associate's degrees who were not included in this comparison, we created an aggregate group of those without bachelor's degrees and compared them to those with bachelor's degrees (e.g., individuals with bachelor's or graduate degrees). Results indicated that participants without bachelor's degrees were more likely to experience higher scores on the REMS Exoticization and Assumptions of Similarity subscale ($M = 1.830$) than participants with bachelor's degrees ($M = 1.478$). Although the effect size was small to medium ($d = .409$), an independent t test showed that the difference between groups was significant ($t = 2.398$, $df = 134$, $p = .018$, two-tailed). Individuals with bachelor's degrees ($M = 1.645$) were more likely to experience higher levels of Microinvalidations than participants without bachelor's degrees ($M = 1.411$). Again, the effect size was small ($d = .335$), but t tests indicated significance ($t = -1.149$, $df = 132.72$, $p = .53$, two-tailed). Finally, participants with bachelor's degrees were more likely to experience higher levels of Workplace and School microaggressions ($M = 1.476$) than participants without those degrees ($M = 1.282$). T tests suggested signifi-

cance ($t = -1.952$, $df = 133.96$, $p = .53$, two-tailed), although effect sizes were small ($d = .335$).

T tests also indicated that there were not any differences between women and men, between immigrants and nonimmigrants, or between Catholics, Protestants, or Agnostic/Atheists. However, there were some significant findings regarding regional differences. Northeast participants ($M = 2.01$) were more likely to experience higher levels of microaggressions (overall REMS scores) than West Coast participants ($M = 1.81$). The effect size was small to medium ($d = .42$), and an independent *t* test showed that the difference between groups was significant ($t = -2.03$, $df = 96$, $p = .04$, two-tailed). Northeast participants ($M = 1.45$) were more likely to experience higher levels of Assumptions of Inferiority microaggressions than West Coast participants ($M = 1.21$). *T* tests showed significance ($t = -2.22$, $df = 95$, $p = .029$, two-tailed), and the effect size was medium ($d = .47$). Northeast participants ($M = 1.83$) were more likely to experience higher levels of Exoticization and Assumptions of Similarity microaggressions than West Coast participants ($M = 1.47$). The effect size was small to medium ($d = .41$), and independent *t* tests indicated significant differences ($t = -1.96$, $df = 95$, $p = .05$, two-tailed). Results also indicated that Midwest participants ($M = 2.05$) were more likely to experience higher levels of microaggressions (overall REMS average score) than West Coast participants ($M = 1.81$). The effect size was medium ($d = .55$), and an independent *t* test showed that the difference between groups was significant ($t = -2.27$, $df = 70$, $p = .03$, two-tailed). Midwest participants ($M = 1.61$) were more likely to experience higher levels of Assumptions of Inferiority microaggressions than West Coast participants ($M = 1.21$). The effect size was medium ($d = .66$), and an independent *t* test showed that the difference between groups was significant ($t = -2.44$, $df = 36.18$, $p = .02$, two-tailed). There were no differences between Northeast and Midwest participants.

To examine the relationship between racial microaggressions and general mental health problems, hierarchical regressions were used to examine preliminary relationships between racial microaggressions and mental health. First, because our preliminary results revealed that education was a significant predictor of mental health scores for this sample, we controlled for education in the first step of the model. Results indicated that REMS is a predictor of general mental health problems: $F(2, 91) = 11.37$, $p < .00$, with the model explaining approximately 20% of the variance ($R^2 = .20$, adjusted $R^2 = .09$). To ensure that multicollinearity did not affect our results, we conducted collinearity diagnostic tests with our independent variables. Results indicated that in all cases, tolerance was greater than .20 and the variance inflation factor (VIF) ranged from 1.0–2.0, which indicated an absence of multicollinearity.

To explore whether specific types of microaggression (e.g., being treated as an inferior, being exoticized, etc.) predicted general mental health problems, we entered all six REMS subscales as the independent variables and MHI as the dependent variable, again controlling for education and testing for multicollinearity. A significant model emerged, $F(7, 83) = 5.84$, $p < .000$, accounting for approximately 33% of the variance in MHI scores ($R^2 = .330$, adjusted $R^2 = .273$). Analysis of the beta weights indicated that Microinvalidations was the only significant predictor in the model, $t = -3.30$, $p = .001$.

Discussion

The findings of the current study support the hypothesis that when Asian Americans experience racial microaggressions, they are likely to also exhibit negative mental health symptoms. So although previous literature has indicated that overt discrimination has a negative influence on one's mental health, our study has demonstrated that racial microaggressions, or subtle forms of racial discrimination, also predict negative mental health symptoms. This finding is particularly meaningful because many individuals may believe that microaggressions are harmless. For example, experiencing a microinvalidation (e.g., "I was told that I complain about race too much" or "I was told that people of color do not experience racism anymore") may be deemed to be insignificant, compared with overt racist acts like hate crimes or racial slurs. However, our results suggest that, for Asian Americans, microinvalidations were the most significant predictor of negative mental health, compared with other types of microaggressions. So whereas Asian Americans are often viewed as model minorities who do not experience blatant racism (Alvarez et al., 2006; Sue et al., 2009), our study has revealed that Asian Americans do experience microaggressions, particularly instances in which others invalidate their realities with racial discrimination, which then has a negative impact on their psychological well-being.

We also found that there were some differences between a few Asian American subgroups. First, results indicate that education was a predictor of experiencing environmental microaggressions and encountering workplace and school microaggressions. *T* tests, although some with small to medium effect sizes, showed that Asian Americans with more or less education may experience different types of microaggression. Individuals without a bachelor's degree were more likely to be exoticized or assumed to be similar to everyone in their group; however, individuals with a bachelor's degree or a graduate degree were more likely to encounter microinvalidations or workplace or school microaggressions. Perhaps those who do not have a bachelor's degree are working in certain career fields in which they are stereotyped to be like all other Asian Americans. For example, two items on the REMS Exoticization subscale include "Someone assumed that I spoke a language other than English" and "Someone told me that all people in my racial group look alike." Perhaps these are two types of microaggressions that may potentially occur more for people without Bachelor's degrees (e.g., college students, someone working in retail) than would be experienced by someone with a bachelor's or graduate degree (e.g., someone working in a corporation or hospital setting). For example, in the study by Sue and colleagues (2009), one Chinese American female participant shared how she was working in a restaurant and a White male customer attempted to speak with her in Japanese. She perceived that he assumed she was less educated and foreign, thus felt more comfortable in committing such a microaggression. Perhaps, if she were the principal of a high school or a CEO of a corporation, he would have felt less inclined to engage in this conversation.

Meanwhile, it was found that Asian Americans with bachelor's or graduate degrees experience more microinvalidations and encounter more microaggressions in the workplace. Perhaps the types of microaggressions experienced are also influenced by one's education. For example, two of the items in REMS Microinvalidations subscale are "My opinion was overlooked in a group

discussion because of my race” and “Someone assumed that my work would be inferior to people of other racial groups.” Perhaps some individuals are the only Asian Americans in their workplaces, which may allow for them to be overlooked in discussions or for others to view their work as inferior. For example, in the study by Nadal and colleagues (2012), one participant talked about how he was the only Filipino American in his law school class and how his classmates stereotyped him to be inferior. Moreover, perhaps individuals with more education are likely to engage in dialogues in which they are invalidated because of their race. For instance, one study found that graduate students of color often engage in “difficult dialogues” (i.e., intense conversations about multicultural issues) in classroom settings, which often result in a spectrum of microaggressions and negatively impact their mental health (Sue, Lin, et al., 2009). Finally, this finding that Asian Americans with higher educational attainment perceive microaggressions matches previous studies that have reported that African Americans with higher levels of education are more likely to report experiences with discrimination than those with lower education levels (e.g., Dailey et al., 2010; Watson et al., 2002). Previous authors posited that African Americans with higher levels of education perceived more discrimination because they had more contacts with Whites, because they had keener racial awareness, or both. Further researchers may examine this trend and whether or not it is similar with Asian Americans.

Regional differences were also found to be significant, particularly between (a) West Coast and Northeast participants and (b) West Coast and Midwest participants. Results indicated that participants on the West Coast were less likely to report overall microaggressions than their Northeast and Midwest counterparts. In terms of specific types of microaggressions, Northeastern participants were more likely to be viewed as inferior or exoticized than their West Coast counterparts; Midwest participants were more likely to be viewed as inferior to their West Coast counterparts. Since the West Coast has a much larger population, as well as a longer history of Asian Americans (see Nadal, 2011a), it is possible that the “contact hypothesis” explains this finding. The contact hypothesis states that under certain conditions, contact can foster positive relationships, but that contact alone may increase intergroup hostilities (Goto, Gee, & Takeuchi, 2002). Asian Americans in the Midwest and the Northeast (in which there are smaller numbers than the West Coast) may experience more microaggressions because non-Asians may have less contact with them overall, or because non-Asians may only have limited contact (and an absence of other positive intergroup relations). As a result, it is quite possible that Asian Americans in the Northeast and Midwest are stereotyped more than those in the West Coast, which may influence the types of microaggression they experience.

Implications for Asian American Psychology

The findings of the current study yield several implications for the field of Asian American psychology. First, in terms of research and scholarship, the study speaks to the heterogeneity in the Asian American community and the need to examine within-group differences when examining Asian Americans’ experiences. Although many studies may generate findings related to Asian American identity and experiences, biased sample sizes may influence

the results. For example, although there has been some literature that investigates how discrimination may manifest differently for various Asian American ethnic groups (e.g., Alvarez et al., 2006; Mereish et al., 2012; Nadal et al., 2012), this study results indicate that it is crucial to examine other differences such as geographic location, educational background, and age. Findings show that convenient Asian American samples (e.g., Asian Americans on the West Coast, Chinese American college students) may not yield generalizable results to the entire Asian American population.

Furthermore, results from the current study indicate the need to look at other demographic identities when examining Asian American experiences. Because the current study provides preliminary support that Asian Americans encounter different types of microaggression based on their age, educational attainment, and geographic location, it is possible that other types of intersectional identities (e.g., phenotype, social class, and physical stature) also influence the spectrum of microaggressions that people experience. For example, it can be hypothesized that the types of microaggressions that a second-generation Vietnamese American male encounters differ from the microaggressions experienced by an immigrant Indian American female. Skin color, accent, perceived social class, and other factors may also further compound the types of microaggressions they experience, as well as the ways that they react to such microaggressions. Future studies may look at interaction effects for these various demographic variables to further understand how intersectional identities affect Asian Americans’ mental health. It may also be important to recognize the types of environments in which Asian Americans would be likely to experience microaggressions, which may be more salient than demographic variables themselves. For instance, perhaps people of various educational statuses experience certain types of microaggressions in some contexts more than others because of the environments in which they spend their time (e.g., workplaces, school settings). As a result, it might be that one’s ability to recognize microaggressions is not due to educational status, but rather to the environment in which they dwell. Finally, future studies should also investigate a number of other moderating or mediating variables that affect the relationship between microaggressions and mental health. Perhaps certain coping styles protect the development of negative mental health symptoms. It can be hypothesized that Asian Americans who are racially socialized are better equipped to deal with microaggressions, although it is possible that internalized racism serves as a risk factor.

In terms of clinical work with Asian American clients, the current study suggests that various types of microaggressions predict various mental health problems. Results from the current study suggest that Asian Americans who are invalidated tend to exhibit a greater amount of negative mental health symptoms. Thus, when clients report some of these incidents, psychotherapists and other mental health practitioners must address these microaggressions accordingly. For instance, if an Asian American female client describes an incident in which a coworker tells her she complains about race too much, it might be easy for a clinician to dismiss such an event as being innocuous or harmless. However, because results from the current study suggest that the cumulative nature of experiences such as these do, in fact, have an injurious impact on an

individual's mental health, it becomes important for clinicians to ensure that their clients are coping with such experiences in healthy and effective ways. Perhaps this would include clinicians providing some psychoeducation about microaggression (e.g., definitions, examples, research), as well as offering guidance on appropriate ways of addressing microaggressions when they occur. Finally, it is important for clinicians to be aware of the invisibility of microaggressions, particularly microaggressions that cannot be "proven" by a client. For instance, one study found that Asian Americans are less likely to be hired into positions that require social skills and are less likely to be promoted than White candidates into such positions (Lai & Babcock, 2013); so although Asian Americans are not blatantly told they are not getting hired or getting a promotion because of their race, they are still being discriminated against. Thus, when working with clients who describe microaggressions that are difficult to substantiate, clinicians must be mindful not to commit microaggressions in the therapy contexts themselves. If a client is told that she or he is being "too sensitive" or "paranoid," it would likely not only have an impact on her or his mental health, but it would also damage the therapeutic alliance.

Limitations

There are a few limitations that might have influenced the results of this study. First, our study found that racial microaggressions predicted negative mental health symptoms, but only 20% of the variance was explained. Thus, there are likely to be a number of other variables that mediate the relationship between microaggressions and mental health. For example, we found that education predicted mental health in this sample, above and beyond microaggressions; perhaps further studying the stressors caused by education levels would be helpful in understanding Asian American mental health. Second, because this was an exploratory study, we did not control for Type I error and kept the significance levels at .05. Despite this, in reporting actual *p* values, we hope that studies with larger sample sizes can further investigate these variables. Third, because the REMS and MHI are self-report measures, results might not accurately reflect the true lived experiences of participants, because they might underreport encounters with discrimination. And fourth, results may not be generalizable to all Asian Americans because the sample was mostly female, Filipino American, and college-educated. The original data set targeted people of all ethnic backgrounds, so it is unclear why there was an oversampling of Filipino Americans. Perhaps it is due to excessive advertising on Filipino American list-serves or to the snowball sampling method. Regardless, similar to other Asian American studies that draw from primarily East Asian samples, it is necessary to recognize that results of the current study may not generalize to the entire Asian American population. Finally, given that the REMS was created for a more general population of ethnic minorities, perhaps a measure like the AARRSI could be used in addition to the REMS to capture microaggressions that are experienced mainly by Asian Americans. Despite these limitations, the current study has provided an overview of Asian Americans' experiences with racial microaggression. It is hoped that future studies can assist in

further understanding this phenomenon, which can then result in the prevention of microaggressions and the promotion of culturally appropriate services for Asian Americans and other marginalized groups.

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