Out of sight, out of mind: Exploring the mental health of Asian American lesbians

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ABSTRACT

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Lesbians of color exemplify persons with multiple, marginalized identities. Scholars theorize that they are susceptible to racist, heterosexist, and sexist discrimination. Given the multiple pathways of discrimination, scholars postulate that lesbians of color are susceptible to adverse mental health outcomes, such as depression, anxiety, posttraumatic stress disorders, and decreased life satisfaction (Williams & Williams-Morris, 2000). However, most literature on lesbians of color and mental health is primarily theoretical or conceptual while empirical evidence is limited. Further, the scant literature on lesbians of color that exists primarily explore Black and/or Latina lesbians, while very little is know about the mental health of Asian American and Native American lesbians.

The purpose of my research study was to explore how Asian American lesbians' mental health is affected by the convergence of multiple societal oppressions such as racism, heterosexism, and sexism (*N=167*). Additionally, I explored how both enculturation and unsupportive social interactions among Asian American lesbians moderates the relationship between mental health and perceived experiences with racism, heterosexism, sexism. Perceived experiences with racist, heterosexist, and sexist events were each measured by Asian American Racism-Related Stress Inventory (AARRSI; Liang, Li, & Kim, 2004), Heterosexist Harassment, Rejection, and Discrimination Scale (HHRD; Szymanski, 2006), and Schedule of Sexist Events (SSE; Klonoff & Landrine, 1995), respectively. To measure each moderator, level of enculturation and unsupportive social interactions, the study utilized Asian Values Scale (AVS;

Kim et al., 1999) and Unsupportive Social Interactions Inventory (USII; Ingram, Betz, et al., 2001), respectively. Lastly, mental health outcomes were measured by Mental Health Inventory (MHI; Veit & Ware, 1983). Correlation analysis and multiple regression analyses evaluated the relationship among these variables. Results indicated that heterosexist events uniquely predicted mental health, unsupportive social interactions were predictive of mental health, and unsupportive social interactions significantly moderated the relationship between perceived experiences with racism and mental health. Limitations and implications future research and clinical practice are discussed.

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ACKNOWLEDGEMENTS

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To my basketball coaches throughout the years, thank you for providing the structure, guidance, and discipline that helped me develop into the person I am today. One day I hope to model the level of professionalism that all of you have generously demonstrated.

To my advisor, Dr. Marie Miville, thank you for your mentorship throughout the years. I am appreciative of your constant encouragement as I stumbled throughout this long and arduous academic journey.

DEDICATION

This work is dedicated to my sister, Jewel R. Corpus, and other organ donors who have selflessly saved lives. Without your gift of life, this would not be possible. I am eternally grateful.

Chapter I

INTRODUCTION

Myriad research studies suggest that personal experiences with social oppression (e.g., experiences with prejudice, harassment, rejection, invisibility, violence, and discrimination) lead to adverse mental health outcomes (Brown, 1994; Szymanski, 2005a; Szymanksi, Kashubeck-West, & Meyer, 2008; Worell & Remer, 2003). For example, empirical findings illustrate experiences with racism leads to stress, depression, and anger for many people of color (Chakraborty & McKenzie, 2002; Kim, 2002). Extant research also indicates that experiences with heterosexism engender increased anxiety, depression, posttraumatic stress, anger, and alcohol and drug abuse among gay and lesbian individuals (Decamps, Rothblum, Bradford, & Ryan, 2000; Herek, Gillis, & Cogan, 1999; Otis & Skinner, 1996; Szymanski, 2005b). Furthermore, research studies reveal that experiences with sexism increase depression, anxiety, and somatization among women (McGrath, Strick, Keita, & Russo, 1990).

Although these empirical findings are significant contributions to mental health literature, there have been striking limitations. Researchers have conceptualized racism, heterosexism, and sexism from a primary or unitary oppression perspective (Szymanski & Gupta, 2009). That is, the assumption that one type of oppression experienced by a person with multiple oppressed identities (e.g., a person who has racial, sexual, and gender minority statuses) is examined as the most important, and often only, source of oppression (Moradi & Subich, 2003). For example, a researcher may consider racism as the primary source of oppression for a Black woman who identifies as lesbian despite having multiple oppressed identities.

When reviewing the literature, scholars have endorsed the primary oppression perspective throughout most research. In the findings on racial minorities, studies largely

examined the mental health effects of racism, disregarding a lesbian, gay, and bisexual (LGB) person of color's experiences with heterosexism that may also occur within one's own ethnic or racial group (Cochran et al, 2007). Additionally, mental health literature on heterosexism primarily pertains to White LGB persons (Greene, 1994). It fails to address the psychological and physical effects of racism on LGB Persons of Color that occur within the predominately White LGB community and society at large (Greene, 1994). Similarly, the preponderance of mental health research on sexism mainly focuses on the experiences of White women, neglecting the additional oppression of Women of Color (e.g., racism or classism) (Moradi & Subich, 2002).

In sum, the mental health literature oftentimes does not address the cumulative mental health effects of multiple oppressions. Moreover, much of the literature on persons with multiple minority statuses has been theoretical in nature (Szymanksi & Gupta, 2009). Thus, it is imperative to contribute more empirically-based mental health research that explores the interplay of being a racial, sexual, and gender minority individual (Miville & Ferguson, 2006). An empirical investigation also may help increase mental health practitioners' awareness concerning the unique psychotherapy needs of this population.

Extant mental health literature on multiple oppressions

In the United States, lesbian women of color exemplify people with multiple oppressions. They are individuals who face injustices related to their racial, sexual, and gender identities. Despite the variability among lesbian women of color (e.g., personality traits, cultural background, and resources), they all reside in a society that maintains racism, heterosexism, and sexism (Bridges et al., 2003). There is some empirical data that suggest that individuals who experience these multiple oppressions are susceptible to poorer mental health outcomes (e.g.,

depression, anxiety, posttraumatic stress disorders, and decreased life satisfaction) (Williams & Williams-Morris, 2000).

For example, Szymanski and Meyer's (2008) study indicated that racist events, heterosexist events and internalized heterosexism were significantly related to psychological distress for African American lesbian and bisexual women. In another study involving a community sample of lesbians, Latina lesbians were the only group (compared to White and Black lesbians) to have co-occurring depression and alcohol dependence symptoms (i.e., at least one depressive episode and one alcohol dependency symptom within the same time frame, specifically lifetime or past twelve months) (Bostwick et al., 2005). Morris and Balsam's (2003) study on lesbian and bisexual women's experiences with victimization revealed that Asian American lesbian and bisexual women had a significant differences in trauma level (i.e., physical and sexual violence in childhood and adulthood, as well as experiences of bias motivated verbal and physical victimization) compared to their White counterparts. Similarly, Native American, Black, and Latina lesbian and bisexual women had a significantly higher trauma level than White sexual minority women. Clearly, these aforementioned studies illustrate that there is some evidence of poor mental health outcomes among lesbians of color.

Although there has been a marked increase in research related to lesbians of color in recent years (Miville & Ferguson, 2006), more literature in this domain is needed. In particular, Asian American lesbians remain one of the least researched groups among LGB people of color (Greene, 1994, 2004). In a "triple jeopardy" (Greene, 1994), there is a scarcity of empirical literature that specifically focuses on the mental health of this group.

Current research on the mental health of Asian American lesbians

Despite the shortage of mental health literature on Asian American lesbians, we can speculate that there are harmful effects of discrimination based on various studies. Scholarly research consistently indicates that Asian American lesbians are susceptible to adverse mental health outcomes. In a recent study on Asian American LGB individuals, Szymanski and Gupta (2009) found that higher levels of racist events, heterosexist events, internalized racism, and internalized heterosexism were linked to greater psychological distress. Similarly, Cochran et al.'s (2007) study revealed that Asian American women and Latina sexual minority individuals (i.e., lesbian and bisexual persons) have significantly higher rates of lifetime and recent history of a depressive disorder and a recent history of drug use disorder compared to their heterosexual counterparts. In an older qualitative study of 35 Asian American lesbians and gay men, similar mental health implications were found. These findings illustrate that perceived racial discrimination among Asian American lesbians increase their risk to mental health disorders (Chun, 1989). Aside from these few studies, there is limited evidence on the mental health of Asian American lesbians.

Unfortunately, most studies that examine Asian American sexual minorities primarily focus on the oppressive experiences of Asian American gay men, which have limited applicability because they do not account for gender differences (Szymanski & Gupta, 2009). Rather than examining both genders together, it is imperative to consider the differential experiences for Asian American lesbian women. Among some Asian Americans, women hold a secondary status within the family structure. Men are oftentimes considered more important and hold greater authority (compared to women) within the family unit (Greene, 1994b). Due to these cultural norms, it is essential to consider the unique gender implications for Asian American lesbians. Therefore, the empirical findings on Asian American gay men have limited

applicability for Asian American lesbian women.

Currently, there are no published studies that examine the cumulative psychological effects of racist, heterosexist, and sexist experiences among Asian American lesbians. Given the lack of empirically-based information on this topic, the current study expanded upon the existing literature on the mental health of Asian American lesbians. To better understand the state of mental health for these individuals, researchers must begin to explore the effects of the various pathways of oppression (e.g., racism, heterosexism, and sexism) that exist for this group. The primary purpose of this study was to explore the mental health effects of racist, heterosexist, and sexist events among Asian American lesbians.

Moderating Variable: Level of enculturation

In addition to measuring the mental health outcomes of racist, heterosexist, and sexist experiences, my study focused on the level of enculturation among Asian American lesbians. Enculturation is the degree to which a person endorses one's indigenous cultural values, behaviors, knowledge, and identity (Kim, Ng, & Ahn, 2009). While the term acculturation (i.e., the degree to which a person adapts to dominant cultural norms as well as retention of indigenous cultural norms) has been commonly utilized to study Asian Americans, Kim (2007) suggests that acculturation may not be as suitable for Asian Americans. Moreover, Kim (2007) theorizes that acculturation seems to have a heavier focus on the extent to which an individual endorses the majority culture (e.g., degree to which an Asian American person espouses an American value such as individualism), which is not as relevant for the experience of Asian Americans. Therefore, acculturation may be more fitting for immigrant Asians because they have been socialized into Asian cultural norms prior to their arrival to the United States, whereas enculturation is more appropriate for Asian Americans because they have been socialized into

American cultural values from already living in the United States. Thus, enculturation is the more appropriate construct for Asian Americans because it is important to understand the extent to which this group endorses indigenous Asian cultural values such as emotional restraint (i.e., refrain from outwardly expressing emotions).

Kim, Atkinson, et al. (2001) posit that one of the central aspects of enculturation for Asian Americans is the adherence of Asian cultural values. Cultural values are defined as the "universalistic statements about what we think are desirable or attractive," (Smith & Bond, 1994, p. 52). Considering that Asian Americans are not inclined to utilize psychotherapy services (U.S. Department of Health and Human Services, 2001), understanding enculturation may help mental health practitioners provide more culturally appropriate and effective treatment (Kim, Ng, & Ahn, 2009). Kim and Omizo's study (2003) reveal that persons who demonstrate high adherence to Asian cultural values (high enculturation level) is negatively correlated to both attitudes toward seeking out psychological services as well as openness to seeing a therapist.

Some of Asian cultural values include collectivism (i.e., group needs are more important than individual desires), obedience to authority figures (i.e., respect for individuals who hold power), conformity to norms (i.e., comply with societal standards), filial piety (i.e., respect for one's parents and ancestors), emotional restraint (i.e., refrain from outwardly expressing feelings), hierarchical family structure (i.e., parents, males and elders have power and respect in family), and humility (Kim, Atkinson, & Yang, 1999; Sue & Sue, 1999). Although my study focused on these particular cultural values, it is important to note that there are a wide range of cultural values among Asian Americans.

In the past, the majority of research on Asian Americans primarily involved East Asian Americans (e.g., Japanese Americans and Chinese Americans), suggesting that all Asian

American ethnic groups define their cultural values in the same way (Nadal & Corpus, in press). However, recent literature has acknowledged the within-group cultural diversity among Asian Americans. Since Asian Americans endorse a wide range of Asian cultural values (e.g., some Asian Americans may espouse filial piety, whereas others do not), it could be theorized that the psychological characteristics of Asian Americans may be pluralistic as well (Kim, 2007). Therefore, the process of enculturation may take on various meanings for Asian Americans.

Moderator: Unsupportive Social Interactions

As previously mentioned, some scholars suggest that experiences with discrimination yield harmful mental and physical health outcomes. In light of these findings, it is essential to understand other factors that might influence this relationship. This study explored how unsupportive social interactions influence Asian American lesbians' mental health. For the purpose of the current project, unsupportive social interactions were defined as negative or hurtful responses from individuals in response to experiences with a particular stressor (e.g., discriminatory event) (Smith & Ingram, 2004). Historically, scholarly literature has consistently illustrated that perceived social support is positively correlated with psychological adjustment to stress and illness (see Wills and Fegan, 2001, for review). Although empirical findings have revealed critical information on how perceived social support moderates the mental health of sexual minorities, emerging literature has begun to focus on the impact of unsupportive social interactions on mental health outcomes (Schrimshaw, 2003). Some scholars have found that unsupportive social interactions are more influential on psychological adjustment compared to social support (e.g., Ingram et al, 1999; Rook, 1984; Schrimshaw, 2002). Therefore, it is critical to investigate the influence of unsupportive social interactions for Asian American lesbians, as they are a marginalized group that may be more susceptible to unsupportive social interactions

from friends, family, and larger LGB community.

Unsupportive social interactions include: (a) Minimizing, which is the attempt to lessen the relevance of the event; (b) Blaming, which is the attempt to hold the person responsible for the event); (c) Distancing, which is the attempt to emotionally or behaviorally avoid the person or subject matter of the event, or (d) Bumbling, which is the awkward attempt to resolve the individual's problem. These unsupportive social interactions can occur at a time when a person needs support the most. For example, an Asian American lesbian might seek out emotional support after she experienced a sexist and racist comment at her workplace (e.g., her male boss expresses how "exotic" she looks in her work attire). If she perceives this event as a sexist and/or racist remark, this person might be inclined to seek out support from her family or friends.

However, in some cases, peers or family members may not know what to say, they may be unwilling to listen, avoidant, or feel uncomfortable toward a victim of racist, heterosexist, or sexist events. Alternatively, there are others who attempt to be supportive, however, their response may be perceived as an unsupportive interaction (e.g., false optimism, "everything will be okay") by the victim. These examples of unsupportive interactions can engender detrimental mental health consequences for the victim of the discriminatory event. Some empirical findings suggest unsupportive social interactions are more influential on psychological adjustment than positive social interactions (e.g., Ingram et al., 1999; Rook, 1984; Schrimshaw, 2002).

Empirical research has revealed that unsupportive social interactions from friends/peers are linked to poor psychological adjustment (Lepore, 1992; Schuster et al., 1990). Similarly, findings have revealed that unsupportive social interactions from family members are related to emotional distress (Okun & Keith, 1998; Walen and Lachman, 2000). Although my study was not focused on the relationship-specific unsupportive social interactions, these findings may be

important in understanding Asian American lesbians' mental health. Since Asian American lesbians are a marginalized group, they may be vulnerable to unsupportive social interactions from a variety of sources (e.g., family, friends, lesbian community, etc.). This may put Asian American lesbians at a heightened risk for unsupportive social interactions. For instance, an Asian American lesbian who experiences a heterosexist comment (e.g., a friend asks her to act "less gay" at a party) may experience unsupportive comments by her family. As opposed to providing emotional support, the victim's family member might blame her for "inviting" that comment. Perhaps they may blame the victim for being publicly affectionate with her girlfriend, implying that the discriminatory event is her fault. This response could cause the victim to feel invisible or self-blame. Therefore, unsupportive social interactions may amplify the distress of the discriminatory event that already occurred.

Purpose of Study

Due to the paucity of research on Asian American lesbians, my research study was intended to provide greater understanding of their mental health. In previous studies, researchers and therapists have continued to examine diversity in a unidimensional format (Greene, 1994a, 1994b; Morales, 1990; Wall & Washington, 1991). What happens when a person contends with discrimination and oppression in all three categories: race, sexual orientation, and gender (Miville & Ferguson, 2006)? Although there is some evidence supporting the idea that individuals with multiple minority statuses are susceptible to psychological and substance use morbidity, empirical evidence is still limited and inconclusive (Consolacion, Russell, & Sue, 2004; Diaz et al., 2001; Pinhey & Millman, 2004; Yoshikawa, Wilson, Chae, & Cheng, 2004; Zea, Reisen, & Poppen, 1999). The purpose of my research study was to explore how Asian American lesbians' mental health is affected by the convergence of multiple societal oppressions

such as racism, heterosexism, and sexism. Additionally, I explored how both enculturation and unsupportive social interactions among Asian American lesbians moderates the relationship between mental health and perceived experiences with racism, heterosexism, sexism. Lastly, I investigated how Asian American lesbians' mental health is influenced by unsupportive social interactions from others (e.g., peers, significant others, family members, etc.).

Chapter II

LITERATURE REVIEW

Racism

Who are Asian Americans?

The U.S. Census defines Asian Americans as people who originate from the original peoples of East Asia, Southeast Asia, and South Asia. Thus, the U.S. Census defines Asian Americans as Americans who are of Asian descent (e.g., Chinese, Filipino, Indian, Vietnamese, Cambodian, Pakistani, and others whose people originate from the continent of Asia). Asian Americans consist of approximately 30 subgroups, which include a large scope of cultural traditions, religious/spiritual beliefs, and languages (U.S. Commission on Civil Rights, 1992, as cited in Sue, Mak, & Sue, 1998). Therefore, Asian Americans' experiences in the United States can vary greatly. A fifth-generation Japanese American person may have a strikingly different experience compared to a second-generation Vietnamese American person as a result of having different cultural values and resources to name a few.

Asian Americans are one of the fastest growing populations in the United States (Dibble, et al., 2007). Currently, Asian Americans make up nearly 4% of the U.S. population, comprising of 10.7 million people (Bergman, 2004). This group is projected to grow 213% by 2050, which translates into approximately 33.4 million Asian Americans in the U.S. (Bergman, 2004). Although the population of Asian Americans in the U.S. is growing exponentially, there is a dearth of knowledge concerning their experiences with racism and its mental health implications. It is imperative for mental health practitioners to incorporate Asian Americans in the racial dialogue to broaden their understanding of their unique experiences, as well as to provide culturally appropriate mental health services for them.

Lack of inclusion in the racial dialogue

Although research demonstrates that all racial minorities (e.g., African Americans, Latino Americans, Asian Americans, and Native Americans) have been subject to institutional and interpersonal discrimination (Harrell, 2000; Jones, 1997), empirical research has mainly examined the adverse mental health consequences that racial discrimination (i.e., unfair treatment due to race) has on African Americans (e.g., Jones, 1997; Klonoff, Landrine, & Ullman, 1999; Utsey, 1998). There continues to be comparatively little research that examines the mental health implications of racial discrimination on other racial minorities in the United States. More specifically, little is known about Asian Americans experiences with racism, and how it affects their mental health.

The omission of Asian Americans in the racial dialogue may be attributed to myriad reasons. Asian Americans are frequently perceived as "model minorities," which was a term coined by Peterson (1966), suggesting that other racial/ethnic minority groups in the United States should model their behavior after the Japanese Americans who were perceived as successful in terms of their educational and occupational attainment. The "model minority" myth evolved and was applied to other Asian Americans, erroneously suggesting that they also have achieved economic, occupational, and academic success by working hard and following presumed Asian cultural norms (Lee, et al., 2009). This stereotype implies Asian Americans have somehow "made it," and are "immune" to racism (Wong & Halgin, 2006). The model minority myth has minimized, if not masked, economic, social and psychological concerns experienced by Asian Americans, along with the mental and physical consequences of racial discrimination (Sue, 1994). Further, the myth may compound the pre-existing racial discrimination and societal indifference towards Asian Americans' needs (Wong & Halgin,

2006). Although the misconception that a "privileged" status has protected Asian Americans from having experiences with racism, there is historical and present-day evidence that suggests the contrary (Ancheta, 1998; Hall & Hwang, 2001; National Asian Pacific American Legal Consortium [NAPALC], 2003).

Asian Americans and their experiences with perceived racism

Prior to examining the mental health implications of racial discrimination, it is important to look at the degree to which Asian Americans claim to experience racism. Racism has been defined as "the beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or ethnic group affiliation" (Clark, Anderson, Clark, & Williams, 1999, p. 805). Researchers posit that Asian Americans experiences with racism are predicated on their phenotypic and linguistic differences, which are assessed by the dominant group (e.g., Whites) and other racial minorities (Liang, Alvarez, Juang, and Liang, 2009).

Similar to other racial minorities, Ancheta (1998) and Hall and Hwang (2001) posit that Asian Americans have been affected by a wide scope of racism, ranging from institutional racism to individual racism. Institutional racism is defined as "racial prejudice embedded within social institutions that manifest in social policies, norms, and practices" (Utsey, Chae, Brown, & Kelly, 2002, p. 368). For example, Asian Americans have contended with unjust, racially-biased laws such as the passage of anti-miscegenation (i.e., legislation that banned interracial marriage between a White person and a Person of color), anti-naturalization (i.e., prohibition of becoming a naturalized citizen, which includes granting the rights and privileges of a native or citizen), and anti-immigration legislation (i.e., laws that banned people from Asia and the Pacific Islands from immigrating to the U.S.; Hwang, 2001). Furthermore, some Asian Americans (e.g., Japanese

Americans) have been subject to internment camps (i.e., forced imprisonment of confinement of Japanese and Japanese Americans during 1942) despite being U.S.-born (Sue & Sue, 2003), which supports the perpetual perception that Asian Americans are "foreigners" in the United States (Tuan, 1998). This distinct historical backdrop presents Asian Americans with unique experiences with racism, differentiating their experiences from other racial minorities.

Research has illustrated that Asian Americans deal with present-day individual racism, which is "racial prejudice that occurs in the context of face-to-face interactions" (Utsey, Chae, Brown, & Kelly, 2002, p. 368). The National Asian Pacific American Legal Consortium (2003) and the U.S. Commission of Civil Rights (1992) indicate that Asian Americans are subject to race-based intimidation and physical abuse. In 2003, the NAPALC documented that Asian Americans continue to be the victims of other race-based crimes: harassment, vandalism, theft, physical assault, and in some cases, homicide (Liang, Alvarez, Juang, and Liang, 2009). Following the September 11th attacks in 2001, there were 250 race-based incidents directed towards Asian Americans (NAPALC, 2002). In 2003, the NAPALC revealed that 29% of hate crimes against Asian Americans involved assault and battery. However, these statistics provide only a snapshot of Asian Americans' experiences with racism. NAPALC (2003) reported that the statistics may be far greater due to Asian Americans' hesitancy to report race-based hate crimes, as well as the underreporting of law enforcement agencies.

Mental health implications of perceived racism

Although there is some documentation on racial discrimination committed against Asian Americans, Young and Takeuchi (1998) postulate "more is known about the details of racism against Asian Americans within the socio-historical context of the United States…than about the psychological impact of racism on Asian American individuals" (p. 428). As a result, it has been

challenging to empirically assess the breadth and scope of how Asian Americans are psychologically influenced by these incidents.

Although limited research has been conducted on the mental health implications of racially motivated incidents; some research findings reveal that perceived racial discrimination may engender poor psychological outcomes in Asian Americans. In a study examining racism for people of color, researchers found that higher levels of discrimination were associated with lower levels of happiness, life satisfaction, self-esteem, and mastery or control (Williams, Neighbors, & Jackson, 2003). Boeckmann and Liew (2002) found that Asian American participants who were exposed to hate speech directed toward their own racial group reported lower levels of collective self-esteem (i.e., a person's perception of one's social identity). In a study examining Chinese American adults, the findings indicated that perceived racism is associated with higher levels of psychological distress (Alvarez, Sanematsu, Woo, Espinueva, & Kongthong, 2006). Furthermore, Liang and Fassinger (2008) found that perceived racism for Asian Americans is positively related to problems with career development, interpersonal problems, and self-esteem.

Research studies have also shown the psychological well-being of Asian Americans may be adversely influenced by racism. In a study investigating Asian American and Latino college students' experiences with racism, Lee (2003) reported that for Asian American college students, discrimination was negatively related to psychological well-being and positively related to distress. Furthermore, 98% of participants reported encountering a daily form of racism (e.g., victim of a racial slur) at least once or twice in the past year. The study provided evidence that Asian American college students experience discrimination across a variety of social and professional settings, and that together the frequency of perceived discrimination and the

appraisal of the stressfulness of those incidents have serious consequences for minority college students. Specifically, perceived discrimination was associated with increased risk for psychological distress, suicidal ideation, state and trait anxiety, and clinical depression for Asian American college students.

Racism within the lesbian community

Given that racial discrimination leads to a range of harmful mental health disorders for Asian Americans, it is important to understand how racism poses particular challenges for Asian American lesbians. Asian American lesbians and other racial/ethnic minorities contend with racial discrimination within the larger society as well as in the predominately White lesbian community (Wilson, P. A. & Yoshikawa, 2004). Unfortunately, little attention has been paid to racism with the lesbian community, and there is a paucity of empirical literature that addresses this topic. Researchers tend to examine lesbians' experiences with heterosexism, but do not address the mental health implications of other oppressions (e.g., racism or sexism) experienced by this group. Therefore, the "universalist" approach, the notion that the experiences of all lesbians are the same, limits our understanding of Asian American lesbians' mental health.

Poon (2004) asserts that researchers avoid the discussion about racial discrimination within the LGB community due to the erroneous belief that it promotes division in a community that needs to sustain its solidarity. On the contrary, other scholars have noted that the avoidance of this topic perpetuates the social oppression and inequalities that exists within the lesbian community (Henry, Tator, Mattis, and Rees, 1995; Pleasant-Jette, 1996).

Extant scholarly research on racism within the lesbian community is primarily theoretical or qualitative. In my review of the literature, researchers tended to address racial discrimination from a broader perspective where they described all racial/ethnic minorities as a

single group (e.g., touches on racial discrimination of people of color rather than addressing a specific racial minority group). However, we can speculate that racism yields harmful mental health effects for Asian American lesbians based on some of the conceptual and qualitative studies. For example, several scholars theorize that racial/ethnic minority lesbians perhaps face greater challenges compared to their White counterparts due to the difficulty of never feeling completely part of a group (whether feeling alienated in their own racial/ethnic group or the larger lesbian community) (Greene, 1994). Unfortunately, most lesbians of color do not have access to racial minority-oriented lesbian bars to provide a social outlet for this group (Tremble et al., 1989). Social outlets (e.g., bars, clubs, and organizations) for lesbians are an important source of support and for meeting others. Due to the racial discriminatory treatment in predominantly White lesbian bars, access to social support can be compromised for lesbians of color. As a result, they can feel marginalized, which increases their risk for isolation, estrangement, and psychological vulnerability (Greene, 2004). Although these findings only speak to the needs of lesbians of color in general, they are noteworthy. Moreover, they provide some background information to help better understand how this may or may not apply to Asian American lesbians and the mental health consequences of racism in the lesbian community.

Heterosexism

Historical oppression and stigmatization for LGB

Throughout U.S. history, LGB persons have contended with historical and present-day discrimination and marginalization based on their sexual orientation. In particular, LGB individuals confront a host of legal challenges and impediments that heterosexual persons do not face. For example, it was not until 2003 that sexual behavior between same-sex persons became de-criminalized nationwide after the U.S. Supreme ruling in *Lawrence v. Texas*. In the U.S.

military, LGB persons were subjected until 2011 to the 1993 federal policy known as, "Don't Ask, Don't Tell Policy," which prohibits LGB individuals from openly disclosing their sexual orientation, as well as engaging in same-sex behavior in the military. Furthermore, only 21 states have enacted the ban on employment discrimination based on sexual orientation, which are discriminatory practices that prohibit bias in hiring/firing employees, salary compensation, job promotion/assignment, and other types of harassment. Similarly, only 13 states have enacted laws prohibiting housing discrimination based on sexual orientation or gender identity. Currently, the federal government does not have a law enforcing the prohibition on housing discrimination. Clearly, LGB persons still face marked legal injustices and inequities compared to heterosexual individuals.

Despite some recent political gains in various states that LGB persons have experienced in recent years (e.g., criminalization of sexual-orientation-based hate crimes, legalization of same-sex marriage in some states, adoption rights in various states, etc.), LGB persons continue to contend with significant political resistance to impede these civil rights movements. For instance, California voters helped pass Proposition 8, which prohibited same-sex marriage in the 2008 election. Furthermore, when the ban on gay marriage was included in various states in the 2004 election, several states ultimately passed the prohibition of gay marriage in those selected states. Therefore, the long historical and present-day battle for LGB rights has conveyed the message that LGB persons are still marginalized, stigmatized and discriminated against despite the significant political progress. Russell & Richards (2003) posit that LGB persons' extensive experiences with heterosexism sanctioned by the government leaves them vulnerable to deleterious psychological consequences.

What is heterosexism?

The previous examples illustrated legalized forms of oppression and discrimination towards LGB persons, which demonstrates the pervasiveness of heterosexism. Herek (1992) defined heterosexism as an "ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship or community" (p. 89). It is imperative to differentiate heterosexism from homophobia (i.e., fear of homosexuality) because heterosexism illuminates the scope of prejudice and social stigma faced by LGB persons. Comparable to racism, heterosexism is pervasive and can be experienced on an institutional level as well as on an interpersonal level; it includes both covert or covert forms of discriminatory behavior. For example, a manifestation of heterosexism on an individual level can emerge as sexual orientation-based hate crimes (i.e., verbal and/or physical assaults because of one's LGB sexual orientation) or anti-gay jokes or embedded within seemingly innocuous questions (e.g., "Why aren't you married?") with the underlying presumption that the person being asked is heterosexual. Furthermore, heterosexism can appear on an institutional level such as exclusionary acts in the workplace (e.g., lack of access to healthcare benefits for same-sex partner) to denial of civil rights (e.g., the lack of recognition of same-sex relationships and exclusion of LGB persons in the military). As a result of heterosexist experiences, some research has shown that gays and lesbian may internalize negative heterosexist messages, which can precipitate psychological distress (Smith & Ingram, 2004). Moreover, if gays and lesbians are receiving negative messages about their sexual orientation, studies reveal that this group's exposure to these messages make them vulnerable to believing or internalizing that their sexual orientation is not acceptable. In turn, some literature demonstrates that they are vulnerable to deleterious psychological effects. Given these findings, it is critical for mental health

practitioners to increase their knowledge about the mental health implications associated with perceived heterosexism.

Mental health implications of heterosexism

The numerous historical and present-day references concerning stigmatization and oppression of LGB persons call for mental health practitioners to better understand how discrimination may impact this group. Feminist theory suggests that the personal is political, meaning personal challenges are derived from the political, cultural, social, and economic climate of the U.S. (Brown ,1988, 1994; Enns, 2004; and Worell & Remer, 2003). Based on this feminist theory, lesbians' psychosocial problems are conceptualized as the result of their experiences with heterosexist events (e.g., invisibility, rejection, prejudice, harassment, discrimination, and violence). As a result, lesbian persons may internalize harmful heterosexist messages to differing degrees, which can precipitate psychological distress (Brown, 1988; Szymanski, 2005a). Meyer (1995) and Szymanski (2005) assert that lesbians have poorer mental health due to their exposure to cultural heterosexism, which can be internalized. According to Szymanski and Chung (2003b), this internalized heterosexism increases lesbians' vulnerability to negative mental health outcomes. For example, in their study on examining lesbians level of psychological distress, Szymanski and Chung (2003b) found that elevated rates of depression, less social support, and higher levels of demoralization put lesbians at greater psychological distress.

Looking at previous research during an era when the societal outlook on homosexuality was more intolerant of diverse sexual orientations (e.g., it was not common for publicly "out" LGB persons to be featured in the media; political policies did not legislate protection for LGB persons), findings indicate that experiences with heterosexism were related to suicidal ideation

and behavior, psychological distress, guilt (Meyer, 1995), anxiety, depression (Diaz, Ayala, Bein, Henne, & marin, 2001), somatic symptoms, and insomnia (Ross, 1990). Furthermore, extensive research has also evidenced that many LGB persons who have experienced heterosexist events, including prejudice, harassment, discrimination, and violence, these experiences are related to adverse psychological, health, and job-related outcomes (Herek et al., 1999; Lewis, Derlaga, Berndt, Morris, & Rose, 2001; Mays & Cochran, 2001; Waldo, 1990). In another study, Garnets et al. (1990) found that victims of LGB hate crimes have an increased risk of internalizing the harmful message that they deserved the attack. This may lead to the internalization of negative feelings about their sexual orientation, which could elevate psychological distress (Garnets et al., 1990). The heightened psychological distress among victims might be partially attributed to a few reasons. First, LGB persons generally cannot expect social support from family, friends, and the larger community because the LGB identity goes against the norms of society. Second, LGB individuals are typically not taught skills or strategies to specifically contend with hate crimes based on sexual orientation. In another study, Mays and Cochran's (2001) findings revealed that 42% of the lesbian, gay male, and bisexual individuals in the study were reported experiencing hetererosexist events. Findings indicated that they were more likely to report current psychological distress, have a psychiatric disorder, and assess their current mental health as poor or fair.

Since then, contemporary research has yielded similar results. In a 2005 study, Szymanski's findings revealed comparable results concerning the mental health implications of LGB hate crimes. Szymanski found that the experience of a recent hate crime based on one's sexual orientation and internalized heterosexism were both significant predictors of psychological distress. In Weber's (2008) study examining the relationship between heterosexist

events, internalized homophobia, and substance abuse among 824 lesbian, gay, and bisexual persons, the findings indicated that gay men and lesbians reported higher incidences of heterosexist events compared to bisexual persons. Additionally, individuals who have a substance abuse disorder were more likely to have reported heterosexist victimization. Similar to the aforementioned study, Amadio's (2006) quantitative study of 335 lesbians and gay men illustrated that a positive relationship exists between heterosexism and alcohol use and alcohol-related problems among lesbians. Syzmanski and Meyer's (2008) found racist events, heterosexist events, and internalized heterosexism each correlated with psychological distress among African American sexual minority women. Examining these variables together, the authors found that racist events and internalized heterosexism accounted for a significant portion of the variance in psychological distress. Szymanski and Meyer postulated that their findings support the additive perspective of oppression, which asserts that each type of oppression experienced by an individual with more than one minority status (e.g., Native American woman and lesbian) yields direct effects that combine additively to adversely influence mental health. In sum, these studies provide a body of evidence that suggests experiences with heterosexism precipitates poor mental health outcomes.

Studies examining LGB persons' experiences with heterosexism in the workplace have also produced similar results. For instance, Smith and Ingram (2004) explored the relationships between workplace heterosexism, unsupportive social interactions (negative responses from others concerning one's experience of heterosexism), and adjustment; they found that heterosexism and unsupportive social interactions were each associated to adverse psychological implications. Research also has demonstrated that LGB persons who have experienced direct (e.g., anti-LGB jokes) and indirect (e.g., assumptions of heterosexuality) heterosexist

experiences in the workplace reported higher levels of health-related problems, depression, and psychological distress, and decreased job satisfaction (Smith & Ingram, 2004; Waldo, 1999). In a study that examined the mental health implications of antigay jokes or exclusion from social activities due to one's lesbian or gay sexual orientation, Swim (2004) found that more frequent experiences with heterosexism was related to increased anger and anxiety, but was not linked to decreased self-esteem. In a span of a week, the participants reported experiencing two incidences of heterosexism. This finding supports the contention of many researchers that psychological distress does not stem from a person's sexual orientation, but the chronic stress of being a member of a stigmatized group (Smith & Ingram, 2004).

Many of the previously mentioned studies indicated that direct experiences with heterosexist events lead to an array of mental health outcomes such as psychological distress and/or substance abuse problems. Interestingly, there is also evidence that reveals lesbian, gay, and bisexual persons do not have to be the direct victims of heterosexist experiences to report psychological difficulties. In a study surveying LGB persons, Russell (2000) found that participants reported experiencing increased depression, post-traumatic stress disorder, and anxiety after Colorado voters passed a law supporting legalized discrimination against LGB persons. Although these Colorado participants were not direct targets of heterosexism, the study revealed that they were affected personally. Clearly, there is ample evidence that demonstrates heterosexism (whether through direct or indirect exposure) is pervasive throughout society, and it leads to harmful mental health outcomes for many LGB persons.

Implications for Asian American lesbians

Beyond the context of heterosexism experienced in larger society (e.g., workplace, school, or social event), Greene (1994) asserts that lesbians of color are oftentimes criticized and

judged for their sexual orientation from individuals who are close to them (e.g., family members). This poses a unique challenge for LGB of color because their ties to their family have an essential and pragmatic value because they serve as buffers against racism as well as a form of support (Greene, 1994). Since most racial/ethnic minorities have been socialized to espouse interdependence with their family before they learn that they are a sexual minority, lesbians' experiences with heterosexist treatment from their family can be especially damaging to their mental health (Greene, 1994).

Furthermore, heterosexism is prevalent within communities of color. Numerous scholars posit that lesbian, gay, and bisexual individuals of color encounter heterosexist experiences within their own racial/ethnic communities (Choi, Han, Hudes, & Keleges, 2002; Choi, Yep, & Kumekawa, 1998; Diaz et al., 2001; Mays, Cochran, & Rhue, 1993; Mays et al, 2004; Nemoto et al., 2003; Span & Vidal, 2003; B. D. M. Wilson & Miller, 2002; Yoshikawa et al., 2004). Social disapproval and opposition is common within immigrant communities of color as well (Diaz et al, 2001). Thus, experiences with heterosexism for LGB persons of color may yield harmful mental health outcomes, however, there is little and inconclusive evidence that supports this claim.

Aside from the scant conceptual and qualitative findings regarding heterosexism and lesbians of color, there is a need to contribute empirical research exploring the mental health effects of heterosexism among Asian American lesbians. Extant literature tends to focus on the prevalence of heterosexism, rather than addressing the mental health impact of heterosexist victimization. Empirical findings illustrate that individuals who are victimized (whether harassment or verbal assault) have an increased risk for revictimization (e.g., Banyard, Williams, & Siegel, 2001), and those who have been victimized several times experience greater

psychological distress in comparison to those who report being victimized only one time (e.g., Messman-Moore, Long, & Siegfried, 2000). Thus, if Asian American lesbians are vulnerable to heterosexist experiences from their family members, their own racial group, and the larger society, it is imperative to understand the mental health implications of these psychosocial stressors. In short, if an individual is exposed to heterosexist experiences from these multiple pathways, how does this affect their mental health?

Sexism

During the 1970s, the emergence of the women's movement illuminated the notion of sexism. For the purpose of this study, sexism is defined as negative attitudes and behaviors toward women (Miville & Ferguson, 2006). Several research studies reveal that women experience different types of sexist discrimination: 1) sexist degradation (e.g., being referred to as "bitch" or "chick"); 2) sexism in distant relationships (e.g., receiving inequitable treatment from teachers and/or professors compared to men); 3) sexism in close relationships (e.g., being treated unfairly by family members compared to the males in the family); 4) and sexist discrimination in the workplace (e.g., receiving inequitable salary compared to men; being passed for a promotion). Clearly there is a wide scope of sexist discrimination. According to Klonoff and Landrine (1995), these types of sexist discriminatory acts can be coined as sexist events. Klonoff and Landrine (1995) conceptualized sexist events as gender-specific stressors that are negative life events that are committed against women solely because they are women.

Due to the increased political awareness concerning women's experiences with sexism, Gilbert (1992) asserts that counseling psychologists need "to understand how sexism enters into the fabric of [women's] lives" (p. 402). Sexism is pervasive and it is critical to understand how it affects women psychologically to meet their unique psychotherapy needs. Analogous to

generic life stressors (e.g., getting fired from job), women's mental health may be uniquely affected by sexist events. Perhaps some women may experience certain sexist events as stressful, while others may not. Subsequently, women's mental and physical health may be affected differentially, depending on numerous factors that may come to play.

It is important that gender hierarchies (i.e., men hold more power and authority over women) and gender roles (i.e., culturally-defined behavioral norms associated with a specific gender) are the underpinnings of sexism, which is deeply entrenched within the fabric of American culture. Although sex is a biological characteristic, and gender is a social construct, gender roles are still perceived as binary, biological sex roles. In other words, females are expected to embody stereotypical women's gender roles such as childrearing, being passive, and playing the caretaker role. On the contrary, men are expected to exhibit stereotypical gender roles that include qualities of leadership, authority, and being a breadwinner for the family. These gender roles are learned and developed during a person's formative years, which hold lasting power (Greene, 2000). Furthermore, these gender roles dictate the level of power that one holds in American society (and in many other cultures).

For instance, a female worker could be denied a supervisory position because of sexism. Perhaps her company elected to pick a male supervisor (rather than a female) due to inherent gender beliefs (whether conscious or not) that men are more appropriate for leadership positions. The company's sexist act may be rooted in the gender stereotype that males are assumed to be superior and/or dominant, and behavior that is associated with men (e.g., aggressive and assertive) may be more suitable for supervisory positions that are traditionally associated with authority and power. These sexist beliefs are driving forces that underpin the gender hierarchy. Moreover, men's stereotypical gender roles (e.g., leader) hold more societal power compared to

women's stereotypical roles (e.g., passive and compliant) (Greene, 2000). Thus, sexism and sexist events are fostered by these gendered beliefs.

Sexism and women of color

Sexism and gender stereotyping is widespread among most racial/cultural groups (Hansen, Gama, & Harkins, 2002). For instance, most cultures share the idea that women are expected to satisfy certain gender roles (e.g., caretaker of children) as well as embody particular personality attributes (e.g., nurturing). However, feminists of color highlight the importance of understanding the differential effects that sexism has on women of color. Although the women's movement seemed to resonate with many women, there was significant criticism from women of color because they believed that issues of race and social class were not integrated into the discussion of sexism (Miville & Ferguson, 2006). Women of color underscored the importance of highlighting the diversity among women, rather than viewing women's issues as a homogenous experience across the board.

There is considerable pressure on women of color to conform to their gender roles, as it is often perceived as a way of preserving her culture (Gil & Vasquez, 1996). However, gender roles are often conceptualized from a singular cultural framework for women of color. In other words, researchers frequently neglect the diversity of cultural values that inform gender roles. For instance, literature focusing on gender roles for Asian American women invariably illustrates an Asian cultural perspective rather than an Asian American conceptualization. The common cultural understanding of Asian American women is that they are expected to follow the cultural norms of their family and/or society. One of these norms is to devote their lives to the males in their family. Moreover, Asian American women's lives should be viewed as a supportive role for their father and/or husband. Although this may be a consistent general belief in Asia, perhaps

in the U.S. Asian American women might not retain as much of the traditional Asian cultural values that most Asian women may hold. Instead some Asian American women may endorse the American values of independence and have goals to pursue a professional career to satisfy their needs/desires rather than playing the traditional supportive role. This example underscores the importance of acknowledging the heterogeneity in cultural values among Asian American women. Asian American women have a mixed set of experiences, which influence their cultural values. Scholarly literature oftentimes portrays Asian American women as individuals who believe in the core traditional Asian values, rather than highlighting the variance in cultural values. Thus, how might this process be different for Asian American lesbians?

Mental health implications of sexism

Klonoff and Landrine (1995) speculated that sexist events have a greater deleterious impact on women's mental health compared to stressful life events (e.g., getting fired, lack of money, or death of a loved one). These scholars argued that sexist events are markedly debasing and damaging because they involve comments and behaviors that affront womanhood, an aspect of one self that cannot be altered. Thus, these researchers posit that sexist discrimination has a greater capacity to adversely affect the psychological and physiological health of women. Empirical findings have consistently evidenced that women compared to men tend to have more experiences with generic events (i.e., an event that can happen to anyone) than stressful life events (e.g., getting fired, lack of money, or death of a loved one) (Aneshensel, Frerichs, & Clark, 1981; Belle, 1990; Cleary & Mechanic, 1983; Kessler & McLeod, 1984; Kessler, Price, & Wortman, 1985; McGrath et al., 1990). However, when attempting to conceptualize the mental health implications of sexism, Klonoff and Landrine posited that gender differences alone and exposure to generic stressors do not fully explain the higher prevalence of stressors.

Russo (1995) suggested that it is essential to consider that perhaps gender-specific stressors have an influential relationship with the overrepresentation of women's mental health disorders. It is unfortunate, however, that generic scales do not account for gender-specific stressors that women face. For example, women might have to deal with comments in the workplace that implicitly suggest that she is intellectually inferior to her male counterparts. Or perhaps, some women may have to contend with the constant overt messages from their male spouse that their opinion does not matter as much as their male partner's. Therefore, Russo (1995) theorized if gender-specific stressors were assessed, women's vulnerability to increased levels of gender-specific stress may explain women's disproportionately higher rates of anxiety, depression, and somatic symptoms compared to men.

As a result of contending with sexist events, women have been found to experience adverse psychological and health outcomes (Klonoff & Landrine, 1995; Koss, Bailey, Yan, Herrera, & Lichter, 2003; Krieger, 1990; Landrine et al., 1995; Moradi & Subich, 2002). For example, Landrine et al. (1995) found that sexist events are linked with psychological distress above and beyond major and minor generic stressful life events. When comparing women to men, Klonoff, Landrine, and Campbell (2000) theorized that women's experiences with sexist events may explain the gender differences in regards to anxious, depressive, and somatic symptoms. In their study consisting of 225 college students, findings indicated that women evidenced significantly more symptoms of depression, anxiety, and somatization compared to men. Furthermore, the study revealed that women who experience more sexism in their personal lives demonstrated more symptoms of depression, anxiety, and somatization than men. In contrast, women who reported experiencing less sexism did not significantly differ from men concerning these aforementioned psychological symptoms.

Sexism and Asian American lesbians

There are few studies that examine the mental and physical costs of sexism, which gives us a limited understanding of how sexism affects women in society. Although there is some empirical evidence that indicates sexist events can have detrimental mental health effects, these studies examined women's experience from a more generalist perspective. That is, studies typically do not take into account multiple identities that can exist for each person. As a result, the adverse mental health consequences of sexist events may be compounded for Asian American lesbians who have several oppressed identities, based on race-ethnicity, gender, and sexual orientation. However, due to the absence of empirical literature on this particular group, the psychological and physical health consequences of sexism remains unknown. Therefore, the current study attempted to understand the discrete mental health implications of sexism for Asian American lesbians.

Enculturation

In addition to understanding the psychological and physical consequences of racist, heterosexist, and sexist events on Asian American lesbians, it is imperative to grasp how enculturation moderates this relationship. As previously mentioned, for the purpose of the current study, enculturation was defined as the "process of retaining the norms of one's indigenous culture" (Kim & Atkinson, 2002, p. 3). The range of some general Asian cultural values consists of collectivism (i.e., emphasis on the interdependence within the family), emotional self-control (i.e., ability to internally regulate one's emotion to prevent the outward expression of emotion to others), following the norms of family and larger society (i.e., conforming to family and cultural traditions), filial piety (i.e., perpetual obligation to one's parents and/or elder family members), humility (i.e., maintaining a humble perception of

oneself), and family recognition through achievement (i.e., one's personal success or achievement is a reflection on the family) (Kim & Atkinson, 2002). Researchers who conduct studies on multicultural topics assert that within-group differences among Asian Americans are encapsulated in cultural values (i.e., "universalistic statements about what we think is desirable or attractive) (Smith & Bond, 1994, p. 52).

The within-group cultural heterogeneity among Asian Americans can be expansive. Kim et al. (2001) posited that Asian Americans who have a high enculturation level (i.e., strongly adhere to Asian cultural values) may have marked cultural differences in comparison with a person who has a lower enculturation level (i.e., endorse less Asian cultural values). Given that this project focused on Asian American lesbians who are socialized in the U.S., the emphasis here was on their degree of enculturation, which is often misunderstood as acculturation. While enculturation refers to the extent to which a person espouses their indigenous Asian cultural values, acculturation is the extent to which a person subscribes to the dominant norms (e.g., American values, behaviors, and beliefs) and/or cultural values. The concept of acculturation downplays the importance of the retention of Asian values and focuses more on the adaptation process of American values. Being that Asian American lesbians have already been immersed in American values by virtue of being raised in the United States, they are not adapting to American culture. Rather it is more important to understand the extent to which they retain Asian cultural values, which are not values embedded within the American culture (Kim, 2007)

Asian American lesbians and Asian cultural values

Disclosure of sexual orientation and language barriers. As an Asian American lesbian, there may be a variety of Asian cultural values that may or may not pose unique challenges. Stated earlier, the general Asian cultural values (e.g., collectivism, emotional self control, filial

piety, humility, family recognition through achievement, and adhering to norms of family and society) can create differential experiences for Asian American lesbians who highly endorse the values. However, for Asian American lesbians who do not subscribe to the Asian value sets may not experience the same difficulties as those that do.

For the majority of lesbian, gays, and bisexuals in the United States, there is an expectation to disclose one's sexual orientation to family and/or friends. However, for Asian American lesbians, this may be a complicated process for a number of reasons. First, in the majority of Asian languages, a word for "lesbian" does not exist (Chan, 1995; Greene, 1994a; Wall & Washington, 1991). The conspicuous absence of the word "lesbian" is a unique challenge that may affect some Asian American lesbians whose parents may not speak English or have difficulty with the language. These individuals may have to translate and explain an English word to their family's native language upon disclosure of sexual orientation. Depending on the person's enculturation level, some individuals may not feel the need to come out and may not find the lack of terminology challenging because the may highly endorse the values of collectivism (the person may not see the need to come-out because they see themselves as part of the collective; coming-out may be construed as individualistic); emotional self-control (the individual may view self-disclosure as an emotional topic that should be avoided); and/or conformity to norms (the person's family may have implicitly established norms that suggest one should not be openly discussing sexual orientation within family). Based on enculturation level, various Asian cultural values may markedly influence an Asian American lesbian's decision to come-out to her family.

Perhaps these challenges may be linked to some of the research findings that indicate that Asian American lesbians do not feel support from their Asian heterosexual community (Chung

& Szymanksi, 2006; Greene, 1997; Wooden, Kawasaki, & Mayea, 1983). Chung and Szymanski's (2006) qualitative study indicated that Asian American participants thought that the Asian culture is intolerant of LGBQ identities and persons, whereas the United States was viewed as more accepting of sexual minority persons. The lack of emotional support may significantly influence Asian Americans lesbians' mental health. It is expected that Asian American sexual minorities have an increased risk for psychiatric morbidity compared to their non-Hispanic White counterparts (Cochran et al., 2007), given that nondisclosure of LGB sexual orientation is a known risk factor for depression (Ullrich, Lutgendorf, & Stapleton, 2003).

Cultural implications of sex. Another significant factor that may present additional challenges for Asian American lesbians and their mental health is the cultural meaning of sex. In most Asian cultures, parents convey the message that it is deemed an unimportant aspect of a woman's identity. Moreover, there is a cultural expectation that a woman's outlook on sex should not be personalized for one's own sexual gratification, rather it should be viewed as a biological role of women to reproduce offspring (Greene, 2004). For various Asian American lesbians, deviating from this cultural belief may be a big departure from the Asian cultural value of endorsing family norms and can have huge costs (e.g., shaming family members). For others whose enculturation level is low, endorsing an alternative approach to sex (e.g., belief that sex is to be enjoyable and not just for biological reproduction) may not precipitate challenges for them. Thus, it is crucial to assess the enculturation level to understand how this might uniquely impact their experiences as an Asian American lesbian.

Unfortunately, values about sex are largely associated with Asian persons and their beliefs concerning heterosexual relationships and may not resonate with Asian American women who are in lesbian relationships. It is necessary to gain further understanding of Asian

Americans lesbians' enculturation level and their perspectives on sex and sexual orientation. Although the idea of sexual identity development is considered a foreign concept to most Asian cultures, as sex all together is a shameful and avoided topic (Chan, 1992), does this belief pertain to Asian American lesbians? Despite some scholars' contention (e.g., Bridges et al., 2003) that the majority of Asian Americans in general perceive lesbianism as a Western concept that does not affect their culture, it still remains unclear how these findings influence Asian American lesbians from various enculturation levels.

Perhaps it is also important to imagine how difficult it may be for an Asian American lesbian who has a low enculturation level, while her family may have a high enculturation level. Although the study will not measure the family's enculturation level, future research might explore this critical factor. For example, the daughter may not adhere to the Asian cultural norm of emotional restraint and may want to express how angry or hurt she is at her parents for not acknowledging her relationship with her girlfriend. How might this play out in her mental health if she confronts this conflict?

Filial piety. One of the unique aspects of many Asian cultures is the centrality of filial piety, or loyalty, respect, and obedience to one's family (e.g., parents and elders) (Bridges, et al., 2003). This cultural value also imparts the message that the daughter and/or son should work to please the concerns and needs of both the immediate family (e.g., father, mother, and siblings) through perhaps working in order to gain financial means to eventually financially support their parents (Garnets & Kimmel, 1993; Morales, 1990). Additionally, filial piety entails showing respect for family members, as well as demonstrating appropriate behavior outside of the home to bring a good name and/or reputation to one's family and ancestors. For example, in most Asian cultures, a strong cultural value involves the belief that a woman is obligated to marry a

man and produce children. It is essential for a woman to fulfill this gender role (rooted in heterosexual norms), as it satisfies the cultural obligation to her family. Moreover, a woman's marriage and children can symbolize a source of pride for her family. Although this cultural expectation emanates from Asia, how might this play out for Asian American lesbians living in the United States? That is, enculturation for Asian American lesbians may yield differential experiences.

Prior research has revealed that it is common for the families of Asian American lesbians to perceive that lesbianism is a conscious rejection of the survival of their family, religion, language, and community due to the mistaken belief that lesbians are not interested in procreation (Greene, 2004; Bridges, et al., 2003). However, these studies did not account for the variance in Asian cultural values among Asian Americans lesbians. Lesbianism is often perceived as the willingness to reject the continuation of the family line (Chan, 1992; Garnets & Kimmel, 1991; Wooden, Kawasaki, & Mayeda, 1983). Furthermore, lesbianism can also be viewed as rebellion against the cultural norms of most Asian ethnic groups because of the expectation that the central purpose of women's lives should revolve around men (Garnets & Kimmel, 1993). Thus, lesbian relationships may conflict with this cultural schema because they are not fulfilling their cultural role. But blanket generalizations cannot be made about how filial piety may influence Asian Americans lesbians. As mentioned previously, it is essential to assess the variant cultural beliefs measured by enculturation level. These findings may be critical for mental health practitioners to understand the magnitude of this cultural influence upon the lives of Asian American lesbians.

Religious beliefs. An additional cultural variable that can engender difficulties and irreconcilable differences for Asian American lesbians is the cultural enmeshment of religious

beliefs and practices. Greene (2004) posits that people of color often utilize religion as a buffer or form of support to cope with racism. Accordingly, Asian American lesbians who endorse religious values may face alienation from their religion and their God(s) if their primary identification is sexual orientation rather than their religious beliefs. There are a broad range of religious beliefs among Asian Americans, from Confucianism and Taoism (Liu & Chan, 1996) to Catholicism (Nadal & Corpus, in press). The religious mores embedded in these aforementioned religions generally do not acknowledge lesbianism and/or overtly disapprove of the identity. For example, with Eastern religions and philosophies such as Taosim, there is an emphasis on harmony; one way in which this is demonstrated is through heterosexual marriage (e.g., yin and yang between man and woman). In the Filipino American culture, more than 80% of Filipino Americans subscribe to Catholicism. Interwoven within the Catholic beliefs is the notion that homosexuality is a sin against God, which may be a great impediment for Filipina American lesbians who choose to disclose to their family members (Nadal & Corpus, in press). Similarly, due to the strong historical Protestant influence in South Korea during the Korean War, many Korean Americans in the United States endorse Christianity. The fundamentalist Protestant influence is strongly against homosexuality (LeVay & Nonas, 1995). Essentially, for various Asian American lesbians, there is an underlying pressure to "leave your sexual orientation at the door" policy, which conveys the message that they should not mention their sexual orientation in order to partake in the religion (Garnets & Kimmel, 1993; Greene, 1994a, 1994b).

In sum, because some religious beliefs endorse heterosexist messages, such as the belief that homosexuality is immoral, there is limited information on how it may affect Asian American lesbians and their mental health. Further, there is scant information on how religious beliefs

might differ based on enculturation level, as religious influences may not be as paramount for some Asian American lesbians whereas it may be an intangible part of their culture for others. It is clear that the scope of cultural values within Asian American communities is so vast that it makes it challenging to identify broad generalizations about these groups. The within-group pluralism among Asian American lesbians underscores the importance for mental health practitioners to understand the numerous cultural variables that are at stake.

Unsupportive Social Interactions

This study explored how unsupportive social interactions moderate the relationship between discriminatory experiences (e.g., racist, heterosexist, and sexist events) and mental health. As discussed previously, unsupportive social interactions was defined as negative or hurtful responses from individuals in response to experiences with a particular stressor (e.g., discriminatory event) (Smith & Ingram, 2004). For review, unsupportive social interactions consist of: (a) Minimizing, which is the attempt to lessen the relevance of the event; (b) Blaming, which is the attempt to hold the person responsible for the event; (c) Distancing, which is the attempt to emotionally or behaviorally avoid the person or subject matter of the event (e.g., "the person changed the subject before I wanted them to"); and (d) Bumbling, which is an awkward, uncomfortable response or an attempt to resolve the individual's problem (e.g., "someone seemed to be telling me what he or she thought I wanted to hear").

The study departed from the trend of extant research, which has primarily focused on the importance of perceived social support for minority groups (e.g., people of color and LGB persons). In contrast to unsupportive social interactions, social support is conceptualized as the consistent and unwavering positive social interactions gained and maintained from various interpersonal relationship (Cohen and Willis, 1985). There has been a wealth of scholarly

literature that reveals the benefits of social support. Cohen and Willis (1985) have posited that social support plays a critical role on how people respond to stressful situations. Moreover, these scholars have posited that social support acts as a buffer between stressful events and adverse mental health consequences. Additionally, Cohen and McKay (1984) have theorized that the most helpful forms of social support are the ones that are congruent with the needs the stressor has provoked (e.g., family members providing social support for race-based assault). Although these findings are noteworthy in understanding marginalized groups, persons with multiple oppressions such as Asian American lesbians may not have readily available access to social support. Therefore, rather than focusing on the influence of social support, it may be more informative to explore the moderating effects of unsupportive social interactions on the mental health of Asian American lesbians.

A new body of research has begun to explore the importance of unsupportive social interactions on mental health (Schrimshaw, 2003). Although limited research has been conducted on the topic, myriad scholars have found that unsupportive social interactions are more influential on psychological adjustment compared to social support (e.g., Ingram et al, 1999; Rook, 1984; Schrimshaw, 2002). Considering Asian American lesbians' vulnerability to racist, heterosexist, and sexist experiences, it is theorized that Asian American lesbians are a stigmatized group who undergo minority stress (i.e., "a state of intervening between the sequential antecedent stressors of culturally sanctioned, categorically ascribed inferior status, resultant prejudice and discrimination, the impact of these forces on the cognitive structure for the individual, and consequent readjustment or adaptational failure" p., 84). (Brooks, 1981; Meyer 1995). Being a stigmatized group, it can be hypothesized that Asian American lesbians are potentially vulnerable to unsupportive interactions from multiple pathways (e.g., family,

friends, and LGB community), engendering additional psychological distress. Therefore, it is optimal to examine the unsupportive social interactions rather than social support for Asian American lesbians.

For instance, an Asian American lesbian can experience an unsupportive interaction immediately after her self-perceived racist and/or sexist experience (e.g., a White male was seated at the restaurant before her, even though she arrived at the restaurant first). She may look to her White lesbian friend for support who then may minimize the incident (an example of unsupportive social interactions). Perhaps her White friend might respond by stating that the host of the restaurant did not intend to be racist and that the incident was not as malicious as it seemed to be. The victim of the racist event could perceive this interaction as a hurtful response, which could potentially amplify her psychological distress. Knowing that this group is vulnerable to discriminatory experiences in society, how might unsupportive interactions influence the mental health outcomes of Asian American lesbians?

Based on the previous example of potential unsupportive social interactions, it is critical to underscore that researchers have yet to examine how unsupportive social interactions influence the mental and physical health of Asian American lesbians in relationship to discriminatory experiences, which are also sources of stress. Scholarly literature indicates that lesbians of color confront myriad negative, prejudicial experiences. They contend with heterosexist events (e.g., others view their sexual orientation as a pathology or people do not consider their relationship as legitimate) (Cabaj, 1988; Falco, 1991), racist experiences within society and the lesbian community (e.g., racial slur at predominately White, lesbian bar) (Greene, 2004), and sexist incidents within their own family and the larger society (e.g., sexual harassment at work) (Miville & Ferguson, 2006). Therefore, empirical research is needed to conceptualize how

unsupportive social interactions influence the mental health of this group upon experiencing a discriminatory event.

As previously illustrated, studies have shown that racial minorities, sexual minorities, and women tend to look for positive social interactions or social support to cope with discriminatory experiences. However, these studies have examined each of these groups individually, and have not considered how persons with multiple oppressions may not have access to social support. For example, Greene (2004) has posited that family and/or church has been a source of social support for many racial minorities. But scholars have not discussed how this source of "support" can potentially commit unsupportive social interactions if the person experiences a heterosexist event, particularly for Asian American lesbians. Perhaps the victim of the heterosexist remark may seek out emotional support from her sister, but her sister may avoid talking about the incident, a type of unsupportive social interaction. The victim's sister may feel uncomfortable discussing the heterosexist event that transpired because she may not be supportive of her sister's sexual orientation in the first place. Therefore, the sister might distance herself (a form of unsupportive interaction) and attempt to avoid engaging in conversation about the heterosexist event. The victim may be left feeling alone and unsupported because of her sister's behavior. As a result, the avoidance may compound the negative feelings that the victim may already have.

Mental health implications of unsupportive social interactions

Despite the departure from examining social support and the burgeoning emphasis on unsupportive social interactions, there remains a paucity of empirical research that focuses on the mental health consequences of negative or unsupportive social interactions following a stressful life event. When looking at past research, scholars who have studied unsupportive social interactions have mainly focused on participants who have experienced stressful life events, such

as chronic illness (e.g., HIV/AIDS), death of spouse, or loss of job. Stressful life events can include experiences with discriminatory events. However, there are few researchers that explore the influence of unsupportive social interactions following a discriminatory event. Researchers such as Smith and Ingram (2004) are the exception. They are one of the few scholars that have examined the impact of unsupportive social interactions in relationship to heterosexism. In Smith and Ingram's study (2004), they explored the relationship between workplace heterosexism, unsupportive social interactions, and adjustment among 97 LGB persons. The findings demonstrated that heterosexist experiences and unsupportive social interactions were individually related to psychological health outcomes. More specifically, blaming (an example of unsupportive social outcomes) moderated the association between heterosexism and depression and distress. Based on these findings, researchers also speculated that when participants experienced low levels of blaming, heterosexism was the more prominent stressor. When subjects reported high levels of blaming, blaming was the salient stressor. Unfortunately, no study has examined the mental health effects of unsupportive social interactions in regards to other discriminatory events such as racism.

Although there has been a dearth of studies that have focused on unsupportive social interactions in relationship to discriminatory events, we can speculate that unsupportive social interactions yield a stress-amplifying effect on individuals who have experienced a stressful life event based on previous studies conducted on different populations (Smith & Ingram, 2004). That is, unsupportive social interactions are theorized to create more distress for the person who has experienced the stressful event. Although extant empirical findings are not specific to racist, heterosexist, and sexist events, they provide notable evidence for this claim. Scholarship on women who have experienced life-threatening illnesses and empirical findings concerning

women who have been victims of sexual assault may be helpful in conceptualizing the magnitude of unsupportive social interactions.

After reviewing literature on unsupportive social interactions, past research has primarily focused on unsupportive social interactions among persons who are chronically ill. Studies on persons with chronic illnesses have demonstrated that unsupportive social interactions may be critical in psychological adjustment (Schrimshaw, 2003). In particular, there have been studies on persons living with HIV/AIDS that reveal the vulnerability to negative or unsupportive social interactions due to others' fears of contagion and/or general stigma towards people with HIV/AIDS. For example, Schrimshaw (2003) found that unsupportive social interactions from family members predicted more depressive symptoms for women living with HIV/AIDS. Furthermore, high levels of unsupportive social interactions from spouse and/or peers predicted high levels of depression. Thus, for populations who are already undergoing significant stressors, this study suggests that unsupportive social interactions are critical predictors for poor mental health outcomes.

In Figueiredo et al's study (2004), the authors examined the effects of unsupportive social interactions and disclosure patterns (i.e., disclosure of thoughts and feelings to others concerning their diagnosis) on sixty-six early stage breast cancer patients. The findings revealed that the participants' reluctance or fear of disclosure was related to low social support, high unsupportive social interactions, and low emotional well-being. Furthermore, unsupportive social interactions were significantly related to emotional concerns and reduction in social functioning.

Davis and colleagues (1991) looked at women who were sexually assaulted. They explored the effects of unsupportive behaviors of significant others following the assault. The findings indicated unsupportive social interactions were related to heightened psychological

distress. Further, unsupportive social interactions were a significant predictor for the variance in psychological distress when both positive and negative interactions were entered into multiple regression models. Thus, this study indicates that positive and negative social interactions are disparate constructs, and unsupportive social interactions are a critical variable in understanding how persons adjust to stressors.

Although these studies are essential in grasping the mental health significance of unsupportive social interactions, these findings are limited. There is a need to expand beyond the scope of previous studies and look at the effects of unsupportive social interactions on mental health in relationship to the stressors of racist, heterosexist, and sexist events. Thus, this study focused on the relevance of unsupportive social interactions and its potential effect on Asian American lesbians' mental health.

Summary

My research study examined how racist, heterosexist, and sexist events influence the mental health of Asian American lesbians. Despite recent burgeoning evidence that indicates discriminatory experiences yield poor mental health outcomes, these findings are limited because they generally explore the effects of singular oppressive experiences (e.g., the mental health effects of racism) and neglect to consider persons who contend with multiple marginalized identities such as Asian American lesbians who may be vulnerable to discriminatory experiences from various pathways (e.g., experience sexism from family or racism from lesbian community). Thus, there was a need to contribute empirical literature on the mental health implications of racism, heterosexism, and sexism for Asian American lesbians to help identify the unique psychotherapy needs for this population.

In addition, my study explored how enculturation moderates the relationship between racist, heterosexist, and sexist events and the mental health of Asian American lesbians. I hypothesized that enculturation level for Asian American lesbians can be markedly influential as strong endorsement of Asian cultural values (i.e., high enculturation level) can influence mental health outcomes. For example, an Asian American lesbian who experiences a sexist remark from her family member (e.g., her father dissuades her from pursuing a college education because she is a woman) may engender feelings of hurt and anger. However, she may not feel inclined to outwardly express her emotions concerning the sexist remark due to her strong adoption of various Asian cultural values (e.g., cultural belief that one should not outwardly express their emotions; respect for elders). How might her reticence influence the outcome of her mental health? Thus, it was critical to understand the degree to which a person endorses her indigenous Asian cultural values. My study explored how enculturation level may moderate the relationship between racist, heterosexist, and sexist events and mental health.

Lastly, my study explored how unsupportive social interactions moderate the relationship between experiences with racism, heterosexism, sexism and the mental health of Asian American lesbians. Although most literature has focused on the beneficial impact of perceived social support for minority populations (e.g., social support from family members are theorized to play a buffering role for individuals who experience racist events), exploring the influence of unsupportive social interactions may be optimal in understanding the experiences of Asian American lesbian experiences. Asian American lesbians may not have access to social support as other minority populations (e.g., heterosexual Latinos). Due to their multiple minority statuses, Asian American lesbians are vulnerability to unsupportive social interactions from various sources (e.g., family, lesbian community, friends), which can compromise their access to

social support. Accordingly, this study explored the impact of unsupportive social interactions to help mental health practitioners gain an understanding of the differential experiences of this group.

Hypotheses:

Based on the review of literature, there is dearth of scholarship on the mental health of Asian American lesbians. My research study expanded upon the extant empirical literature. Figure 1 illustrated my proposed hypotheses and research question. The following variables were included in this study: 1) perceived racist experiences, 2) perceived heterosexist experiences, 3) perceived sexist experiences, 4) enculturation, 5) unsupportive social interactions, and 6) mental health.

The first hypothesis addressed the relationships between perceived racist experiences, perceived heterosexist experiences, perceived sexist experiences, and how these variables related to mental health:

Hypothesis 1: *Asian American lesbians who perceive fewer experiences with each racist, heterosexist, and sexist event will report better mental health outcomes than Asian American lesbians who perceive more experiences with racist, heterosexist, and sexist events.*

The second hypothesis addressed how the person's level of enculturation moderates the relationship between perceived experiences with racist, heterosexist, and sexist events and mental health among Asian American lesbians.

Hypothesis 2: *Enculturation will moderate the relationship between perceived racist, heterosexist, and sexist events and mental health, such that for Asian American lesbians who endorse more Asian cultural values, the negative relationship between racist, heterosexist, and*

sexist events and mental health outcomes will be stronger than Asian American lesbians who endorse fewer Asian cultural values.

The third hypothesis addressed the relationship between unsupportive social interactions and its relationship to mental health among Asian American lesbians.

Hypothesis 3: *Asian American lesbians with fewer unsupportive social interactions will report better mental health outcomes than Asian American lesbians who perceive more experiences with unsupportive social interactions.*

The fourth hypothesis addressed how unsupportive social interactions moderate the relationship between perceived experiences with racist, heterosexist, and sexist events and mental health of Asian American lesbians.

Hypothesis 4: Unsupportive social interactions will moderate the relationship between perceived racist, heterosexist, and sexist events and mental health. For Asian American lesbians who report more unsupportive social interactions, the negative relationship between racist, heterosexist, and sexist events and mental health outcomes will be stronger than for Asian American lesbians who report fewer unsupportive social interactions.

Chapter III

METHOD

Participants

Participants included women who were at least 18 years old and self-identified as both lesbian and Asian American, i.e., persons of Asian descent (e.g., Chinese, Filipino, Indian, Vietnamese, Korean, Japanese, Cambodian, and Pakistani). Participants were not all born in the United States; however, non-U.S. born participants were required to be living in the United States for at least ten years. Lastly, the study included only participants who currently resided in the United States.

Recruitment

A web-based Internet survey was utilized to gather the data. This website survey stemmed from published suggestions (Buchanan & Smith, 1999; Michalak & Szabo, 1998; Schmidt, 1997) that included procedures for protecting confidentiality (i.e., participants accessed the web-based survey via a hypertext link rather than e-mail to ensure participant anonymity) and methods for guaranteeing data integrity (i.e., use of a secure server to preclude interfering with data and programs by "hackers" and unintentional access to confidential information by research participants, and the utilization of "cookies" to identify concerns related to several submissions of data from the same computer). Participants did not receive any monetary compensation.

To access Asian American lesbian participants, a number of recruitment strategies were employed. Various community-based Asian-American lesbian listservs were contacted via email and Facebook, which introduced the web-based study. Email announcements were also sent to Asian studies departments at colleges and universities across the United States. Additionally, general LGBQ centers and organizations found within the community, businesses/corporations,

and university settings were also utilized. The web-based study was also posted on several American Psychological Association (APA) Division Listservs (e.g., 17, 35, 44, and 45). The principal investigator distributed the research study as well to personal contacts such as other Asian Americans friends, LGBQ friends, and colleagues.

Demographic Questionnaire

For the purpose of this study, a questionnaire was developed which requested specific demographic questions such as age, race, ethnicity, education, income level, place of residence, generational status, place of birth, and place of birth of parents. Additionally, participants were required to identify as lesbian and indicate to whom they were "out" (e.g., parents, friends, coworkers, siblings, cousins, partner's family, etc.).

Instruments

Perceived Racism. Perceived racism was measured by the Asian American Racism-Related Stress Inventory (AARRSI; Liang, Li, & Kim, 2004), a 29-item scale, assessing racism-related stress experienced by Asian Americans. These items were divided into three subscales: 1) Socio-historical Racism (14 items) (e.g., "You see a TV commercial in which an Asian character speaks bad English and acts subservient to non-Asian characters); 2) General Racism (8 items) (e.g., "A student you do not know asks you for help in math"), and 3) Perpetual Foreigner racism (7 items) (e.g., "Someone asks you if all your friends are Asian Americans"). The items were rated on a 5-point Likert scale, ranging from 1 (this event has never happened to me or someone I know) to 5 (this event happened and I was extremely upset). Score were computed as the mean score of all of the items in their respective scales, with higher scores indicating greater experiences with racist events. Only the total AARRSI score was used in the current analyses.

Liang et al. (2004) examined the internal reliabilities of the entire 29-item scale as well as the three subscales. The results revealed coefficient alphas of .90 for the entire AARRSI (*M* = 2.52, *SD* = 0.65; range = 1.344.48), .82 for Socio-Historical Racism (*M* = 2.71, *SD* = 0.70; *range* = 1.27 – 4.73), .75 for General Racism (*M* = 2.16, *SD* = 0.71; range = 1.00-4.63), and .84 for Perpetual Foreigner Racism (*M* = 2.53, *SD* = 0.94; range = 1.00-5.00). Current analyses revealed a coefficient alpha of .88 for the entire AARRSI (*M* = 2.94; *SD* = .72; range = 1.21). Means, SDs, and alphas for all instruments can be found in Table 1.

Liang et al. (2004) examined the correlations between the AARRSI and Asian Values Scale (AVS; Kim et al., 1999) scores to calculate the discriminant validity. There were no significant correlations between the AARRSI and the AVS. The authors reported the 2-week test-retest reliability coefficients for the 29-item AARRSI and the Socio-Historical Racism, General Racism, and Perpetual Foreigner Racism subscales were .87, .82., .73, and .84, respectively. These coefficients indicated large effect sizes based on J. Cohen's (1988) definition.

Table 1

Descriptive statistics for independent and dependent variables

	AARSI	HHRD	SSE	USII	AVS	MHI
Alpha Coefficient	.88	.92	.93	.97	.89	.96
Mean	2.94	2.32	2.70	2.15	3.95	4.31
SD	.71	.77	.82	.75	.73	.77
Min	1.21	1.05	1.01	1.00	2.06	1.36
Max	5.00	4.50	5.20	3.91	6.86	6.08
Skewness	.20	.52	.26	.35	.48	-.40
Kurtosis	.078	-2.75	-.142	-.747	2.417	.946

Note: AARSI=Asian American Racism-Related Stress Inventory; HHRD=Heterosexist, Harassment, Rejection, and Discrimination Scale; SSE=Schedule of Sexist Events; USII=Unsupportive Social Interactions Inventory; AVS=Asian Values Scale; MHI=Mental Health Inventory.

Perceived heterosexism. Perceived heterosexism were measured by the Heterosexist Harassment, Rejection, and Discrimination Scale (HHRD; Szymanski, 2006) which measured an individual's perceived experiences with heterosexism harassment, rejection, and discrimination. Many of the items on the HHRD scale were derived from two other measures that assessed oppressive events (e.g., Schedule of Sexist Events-Recent (Klonoff and Landrine, 1995) and Schedule of Racist Events-Recent (Landrine and Klonoff, 1996). Unlike the SSE-R and SRE-R, the items of HHRD were modified to measure perceived discriminatory treatment from family and friends not typically relevant to heterosexual women and racial minorities. Sample items included, "How many times have you heard anti-lesbian/anti-gay remarks from family members?" and "How many times have you been rejected by friends because you are a lesbian?" The 14-item HHRD was rated on a 6-point Likert scale, which ranged from 1 (the event has never happened to you) to 6 (the event happened almost all the time; more than 70% of the time). Mean scores were used where higher scores on the HHRD scale revealed that a person had greater perceived experiences with heterosexist harassment, rejection, and discrimination.

According to Szymanski (2006), the internal consistency (alpha) for the HHRDS was .90. Furthermore, the following subscales of HHRDS indicated moderate to high scores for internal consistency: Harassment and Rejection, .89; Workplace and School Discrimination, .84; and Other Discrimination, .78. Overall, the three subscales were discrete, but moderately correlated; the inter-scale correlations ranged from .42 to .56. Current analyses revealed a coefficient alpha of .92 for the total HHRDS (M = 2.3265; SD = .77112; range = 3.45). The results can be found in Table 1.

Perceived sexism. Perceived sexism was assessed by the Schedule of Sexist Events (SSE; Klonoff & Landrine, 1995), which measured the frequency of sexist events in women's lives.

The scale was a 20-item questionnaire that included four factors: 1) Sexist Degradation, 2) Sexism in Distant Relationships, 3) Sexism in Close Relationships, and 4) Sexist Discrimination in the Workplace. Items were based on a 6-point Likert scale: 1 = *event never happened*, 2 = *event happened once in a while* (less than 10% of the time), 3 = *event happened sometimes* (10-25% of the time), 4 = *event happened a lot* (26-49% of the time), 5 = *event happened most of the time* (50-70% of the time), 6 = *event happened almost all of the time* (more than 70% of the time). The respondent completed each item twice to measure frequency of perceived sexist events in their lifetime (lifetime sexist events) and within the past year (recent sexist events). Both scores reflected women's experiences of routine/daily sexist events (not overt, physical/brutal sexist events). The scale ranged from 20 (illustrated no perceived sexist events) to 120 (reflected frequently perceived sexist events). Mean scores were used to derive a total scale score, with higher scores denoting greater perceived experiences with sexist harassment, rejection, and discrimination.

Klonoff and Landrine (1995) reported that SSE Lifetime scores yielded a Cronbach's alpha of .92 and split-half reliability of .87, while SSE Recent scores yielded a Cronbach's alpha of .90 and split-half reliability of .83. Furthermore, Klonoff and Landrine (1995) reported that SSE Recent and SSE Lifetime were both positively related to the frequency of daily hassles (Hassles-Frequency Scale) (Kanner, Coyne, Schaeffer, & Lazarus, 1981) and the frequency of major stressful life events (the Psychiatric Epidemiology Research Interview Life Events Scale (PERI-LES) (Dohrenwend, Krasnoff, Askensay, & Dohrensend, 1978). According to Fischer et al. (2000), there were nonsignificant correlations between SSE scores and self-deceptive enhancement and impression management.

The SSE has sound psychometric properties as demonstrated in various studies. Moradi and Subich (2002) obtained alpha coefficients of .90 for SSE Recent and .91 for SSE Lifetime scales. In a study about perceived sexist events, Landrine's (1995) study reported a Cronbach's alpha of .92 and .90 for SSE-Lifetime and SSE-Recent, respectively, and split-half reliability (r=.87 and r = .83) respectively. Current analyses yielded a coefficient alpha of.93 for the entire SSE (*M* = 2.7010; *SD* =.82125; range = 4.19). The results can be found in Table 1.

Enculturation. Enculturation was measured by the Asian Values Scale (AVS; Kim et al., 1999), which assessed a person's adherence to Asian cultural values. The AVS was a 36-item scale based on a 7-point Likert scale (1=strongly disagree, 7=strongly agree). The scale incorporated a plethora of Asian values, consisting of collectivism, conformity to norms, emotional self-control, family recognition through achievement, filial piety, and humility. Some items on the AVS included: "One's family need not be the main source of trust and dependence," "Educational failure does not bring shame to the family," and "Modesty is an important quality for a person." Total scores reflected the mean of all of scale items, with higher mean scores indicating greater endorsement of Asian cultural values.

Kim et al. (1999) reported coefficient alphas of .81 and .82 and a 2-week coefficient of stability of .83. Kim demonstrated the construct validity of the AVS by the identification of items through a survey of Asian American psychologists, focus group discussions with Asian American psychology doctoral students, and a statistical identification of items more highly endorsed by first-generation Asian Americans than by European Americans. Concurrent validity was achieved through significant relationships between the AVS, the Individual-Collectivism Scale (Triandis, 1995), and the Suinn-Lew Asia Self-Identity Acculturation Scale (SL-ASIA; Suinn, Rickard-Figueroa, Lew, & Vigil, 1987). Kim et al. (1999) reported a coefficient alpha of

.89. Discriminant validity was obtained by comparing AVS scores (Asian values enculturation) with SL-ASIA scores (behavioral acculturation) Kim et al. (1999) also found a two-week test-retest reliability of .83.

The AVS has sound psychometric properties as demonstrated in various studies. In a study regarding Korean American college students' perceived Asian cultural values gap between themselves and their parents, cognitive flexibility, and coping strategies, Ahn's (2008) study reported Cronbach's alphas of .70 for respondents' scores, .80 for perceived mothers' scores, and .77 for perceived fathers' score were observed. The reliability of AVS parent-child difference items was adequate, $\alpha = .84$. In a study about the relationships between adherence to Asian and European cultural values and communication styles among 210 Asian American and 136 European American college students, Park and Kim's (2008) study reported a .79 for the Collectivism subscale, .74 for the Conformity to Norms subscale, .75 for the Emotional Self-Control subscale, .87 for the Family Recognition through Achievement subscale, and .71 for the Humility subscale. Current analyses revealed coefficient alpha of .89 for the entire AVS survey ($M = 3.9517$; $SD = .73164$; range = 4.81). The results can be found in Table 1.

Exploratory factor analysis was employed to demonstrate construct validity, which yielded a six-factor solution (Kim et al., 1999). Furthermore, confirmatory factor analyses evidenced a hierarchical factor structure, resulting in one second-degree factor and six first-degree factors. Concurrent validity was obtained through confirmatory factor analysis. A two-factor structure consisting of the AVS and two Individualism-Collectivism scales [Triandis, 1995], the Suinn-Lew Asian Self-Identity Scale [SL-ASIA; Suinn, Rickard-Figueroa, Lew, & Vigil, 1987] was confirmed.

Unsupportive social interactions. Unsupportive social interactions were measured by the

Unsupportive Social Interactions Inventory (USII; Ingram, Betz, et al., 2001), a 24-item scale that measured upsetting or hurtful responses that an individual experiences when discussing a stressful life event. In the current study, the subjects were asked to rate the amount of each unsupportive social interaction that they had encountered from their social network when disclosing the stressful event in the past year (the scale ranged from 0 = *none* to 4 = *a lot*).

The USII included four subscales, which included six items each. The loadings on their respective subscales ranged from .50 to .86. These subscales included: 1) Minimizing subscale, measuring the person's attempt to downplay the event or impose optimism on the victim of the stressful event (e.g., "someone felt I was overreacting to the stressful life event"); 2) Blaming subscale, measuring criticism or culpability (e.g., "someone made comments which blamed me or tried to make me feel responsible for experiencing the stressful life event"); 3) Distancing subscale, measuring behavioral or emotional disengagement an individual might receive regarding a stressful event (e.g., "When I was talking with someone about the event, the person did not give me enough of his or her time, or made me feel like I should hurry"); and 4) The Bumbling subscale, measuring awkward or inappropriate solution-oriented responses (e.g., "Someone told me to be strong, to keep my chin up, or that I shouldn't let it bother me"). Ingram, Betz, et al. (2001) reported Cronbach's alpha values were as follows: (a) Total scale, .86; (b) Distancing, .78; (c) Bumbling, .73; (d) Minimizing, .76; and (e) Blaming, .85. The USII Total scale was significantly correlated with each USII subscale (r's ranging from .62 to .75, $p < .001$), and the four subscales were moderately but significantly correlated with each other (r ranging from .21 to .38, $p < .001$). Total scale scores were computed via the mean of all of the items in the respective scales; only the total score for the entire USII was included for the analyses. Higher mean scores indicated greater experiences with unsupportive social

interactions. Current analyses yielded a coefficient alpha of .97 for the entire USII survey (*M* = 2.1551; *SD* = .75190; range = 2.91). The results can be found in Table 1.

Mental Health. Mental health was assessed by the Mental Health Inventory (MHI; Veit & Ware, 1983). The scale included 38-items which measured psychological distress and well-being. Research participants were asked to indicate how they have been feeling in the past month on a 6-point Likert scale (1= always, 6 = never). Veit and Ware's (1983) results indicated the MHI is a hierarchical factor model comprised of a general underlying mental health factor, a higher order structure classified by two correlated factors (i.e., psychological distress and psychological well-being), and five correlated lower order factors (i.e., anxiety, depression, emotional ties, general positive affect, and loss of emotional and behavioral control).

Psychological well-being (PWB) index was divided into two factors: general positive affect (GPA) and emotional ties (ET). An example of general positive affect included, "During the past month, how much of the time have I been a happy person?" An item such as "During the past month, how much of the time did you feel that your love relationships, loving and being loved were full and complete?" was an example of emotional ties. The PWB index was comprised of fourteen items.

The psychological distress index (PD) was divided into three factors: anxiety (ANX), depression (DEP), and loss of behavioral/emotional control (BEC). Examples of PD included: "How much of the time over the past month have you felt downhearted and blue?" Another item in the PD included, "During the past month, have you been in firm control of your behavior, thoughts, emotions and feelings?" In total, there were 38 items in PD. The study included items from all subscales of both PWB and PD indices (i.e. GPPA, ET, ANX, DEP, and BEC), though only the total score of the MHI was included in the analyses. Given that lower scores on the

PWB index indicated higher well-being, while lower scores on the PD index indicated higher distress, the Likert scale values on the subscales of the PD index were reversed to unify the directions of the PWB and PD indices. Scores were summed for each subscale and corresponding index. Lower mean scores indicated either lower well-being or higher distress, while higher mean scores indicated higher well-being or lower distress.

Veit and Ware (1983) reported that the reliability for all the scales in the MHI were more than satisfactory for group comparisons. As measured by Cronbach's alpha, the initial validation study indicated that the reliability for the psychological well-being scale was .93, while the reliability for the psychological distress scale was .95. Current analyses revealed a coefficient alpha of .96 for the entire MHI survey (M = 4.3112; SD = .77072; range = 4.72). The results can be found in Table 1.

Two previous studies on the LGB population indicated that the MHI had strong psychometric properties. Orban's (2003) research study on protective factors and psychological well-being on LGB youth, the Cronbach alpha was .92 for the psychological well-being scale and .93 for the psychological distress scale. In another study that utilized the MHI among LGB persons, Elizur (2001) reported Cronbach's alpha of .95 for psychological well-being scale and .94 for psychological distress scale.

Procedure

This research study was launched on-line. Since this study sought out Asian American lesbian participants, this format was believed to be favorable because populations such as these (e.g., ethnic/racial minority LGB persons) are difficult to reach (Riggle et al., 2005). An on-line research design afforded anonymity and is a particularly important feature for persons such as Asian American lesbians who may not feel comfortable with publicly disclosing their sexual

orientation. Furthermore, on-line surveys may facilitate a higher response rate. Previous research also has illustrated that on-line informed consent has not created any significant differences in comprehension compared to in-person paper presentation surveys (Varnhagen et al., 2005).

To ensure that the items on the survey were readable and absent of any errors, five self-identified Asian American lesbians pilot-tested the survey (Riggle et al., 2005). These individuals provided some general feedback in terms of formatting, clarification in wording, and length of time to complete. Once formatting and wording changes were made, the study was placed on-line, and participants then accessed the final version of the survey.

Upon entering the survey, the first webpage indicated the approximate time it would take to complete the survey. The subsequent webpage listed the requirements to participate in the survey (e.g., at least 18-years old, self-identification as Asian American lesbian), informed consent, and participant's rights. After the participant read the requirements to participate in the survey, she was prompted to click on the button that read, "I have read these forms and have had all my questions answered to my satisfaction." By clicking on this button, you are agreeing to participate in this study." The participants were then prompted to complete the demographic questionnaire as well as the subsequent assessments. At the end of the survey, the participants were thanked for their participation and were encouraged to send the link to other self-identified Asian American lesbians who meet the requirements for participation in the study.

A total of 213 individuals clicked on the survey link, and 167 participants completed the entire survey protocol (response rate = 78%). The attrition rate may be attributed to fatigue, participants' realization that they did not fit exclusion criteria, or disengagement given that the survey took approximately 45 minutes to 1 hour to complete (Bernd et al., 2007).

Preliminary Analysis

Descriptive statistics (e.g. the mean, standard deviation, skewness, kurtosis, and zero-order correlations), intercorrelations, and internal consistency estimates were computed for all of the variables.

Primary Analysis

Hypothesis 1: *It was hypothesized that experiences with each racist, heterosexist, and sexist event (AARSI, HHRD, SSE) will be significantly predictive of mental health (MHI). Asian American lesbians who report more experiences with racist, heterosexist, and sexist events will report poorer mental health outcomes than Asian American lesbians who report fewer experiences.*

Statistical analysis: To test Hypothesis 1 regarding whether experiences with racist, heterosexist, and sexist events were significant predictors of the outcome variable of mental health, multiple regression analysis was employed.

Hypothesis 2: *The level of enculturation (AVS) will moderate the relationship between perceived racist, heterosexist, and sexist events (AARSI, HHRD, SSE) and mental health (MHI), such that for Asian American lesbians who endorse more Asian cultural values, the negative relationship between racist, heterosexist, and sexist events and mental health will be stronger than for Asian American lesbians who endorse fewer Asian cultural values.*

Statistical analysis: To address Hypothesis 2 regarding whether enculturation level moderated the relationship between the predictor variables of racist, heterosexist, and sexist events and the outcome variable of mental health, hierarchical multiple regression analysis described by Frazier, Tix, & Barron (2004) was calculated. First, to reduce the chance of multicollinaerity (i.e. high correlations between the moderator and the predictor variables), the

scores of the predictor variables, racist, heterosexist, and sexist events (as measured by AARSI, HHRD, SSE) and the moderator variable, enculturation (as measured by AVS), were converted into standardized z scores, so that each had a mean of 0 and a standard deviation of 1. Second, the variance accounted for by each of the measures: the three predictor variables (AARSI, HHRD, SSE), and the measure of the moderator variable (AVS), on the dependent variable (MHI), were analyzed. In the next phase, the size of the moderation effect was established by measuring the interaction between the predictor variables and the moderating variable (AARSI, HHRD, SSE X AVS) as they jointly function on the dependent variable (MHI). Since two regression analyses were performed, the alpha criteria of 0.05 was divided by two (to control for the inflation effects of Type I error), which equaled an alpha of 0.025. Accordingly, the significance threshold for each regression analysis was modified to an F-value of equal to or less than 0.025.

Hypothesis 3: It was hypothesized that experiences with unsupportive social interactions (USII) will be significantly predictive of mental health (MHI). Asian American lesbians who reported more experiences with unsupportive social interactions (USII) will report poorer mental health outcomes (MHI) than Asian American lesbians who reported fewer experiences with unsupportive social interactions (USII).

Statistical analysis: To test the research question of whether unsupportive social interactions were a significant predictor of the outcome variable of mental health, simple linear regression analysis was employed.

Hypothesis 4: The level of unsupportive social interactions (USII) will moderate the relationship between perceived racist, heterosexist, and sexist events (AARSI, HHRD, SSE) and mental health (MHI) such that for Asian American lesbians who report more unsupportive social

interactions, the negative relationship between racist, heterosexist, and sexist events and mental health will be stronger than for Asian American lesbians who report fewer unsupportive social interactions.

Statistical Analysis: To address the research question of whether enculturation level moderated the relationship between the predictor variables of racist, heterosexist, and sexist events and the outcome variable of psychological well-being and psychological distress, hierarchical multiple regression analysis described by Frazier, Tix, & Barron (2004) was calculated to test the previous hypothesis. First, to reduce the chance of multicollinaerity (i.e. high correlations between the moderator and the predictor variables), the scores of the predictor variables, racist, heterosexist, and sexist events (as measured by (AARSI, HHRD, SSE) and the moderator, unsupportive social interactions (as measured by USII), were converted into standardized z scores, so that each has a mean of 0 and a standard deviation of 1. Second, the variance accounted for by each of the measures: the predictor variables (AARSI, HHRD, SSE), and the measure of the moderator variable (USII), on the dependent variable (MHI), were analyzed. In the next phase, the size of the moderation effect was established by measuring the interaction between the predictor variables and the moderating variable (AARSI, HHRD, SSE X USII) as they jointly function on the dependent variable (MHI). Since two regression analyses were performed, to control for the inflation effects of Type I error, the alpha criteria of 0.05 was divided by two, which equaled an alpha of 0.025. Accordingly, the significance threshold for each regression analysis was modified to an F-value of equal to or less than 0.025.

Chapter IV

RESULTS

The present study examined how racist, heterosexist, and sexist events influence the mental health of Asian American lesbians, in connection with the level of enculturation and level of unsupportive social interactions. Data were collected via electronic invitations through online groups, listservs, and message boards with the moderators' permission. Participants included 167 Asian American women who identified as lesbian. All participants included were born in the United States, and a majority of the participants resided in the Northeast (41%) and West coast (46%). Of these participants, approximately 5% were not 'out' (i.e., openly lesbian) to anyone, 96% were out to their peers, 65% were out to their local community (e.g., neighbors, store owners, neighborhood shops, etc.), 71% were out to their coworkers, 33% were out to members of their spiritual or religious community, and 61% were out to their family. Approximately 41% of participants obtained a bachelors degree, 22% earned a Masters degree, and 9% earned a Doctorate. While 64% reported annual salaries of $50,000 or less, 36% of the participants reported annual salaries of $51,000 or higher (20% earned $51,000 to $75,000; 10% earned $76,000 to $100,000; and 6% earned over $100,000). The data extracted from participants' responses were analyzed using the Statistical Package for the Social Sciences, version 16.0.

Frequency tables were constructed to verify the accuracy of the data (see Table 2 for demographic variables). Research data was reviewed for any inconsistent scores or possible errors in imputation. No extreme values appeared throughout demographic or other study variables.

Table 2

Summary of Self-Reported Demographic Information (N=167)

Categorical Demographic Variable	Percent
Place of Residence in U.S.	
Northeast	41
Midwest	2
South	11
West	46
Disclosure of Sexual Orientation	
I am not ‘out’ to anyone.	5
I am ‘out’ to my peers.	96
I am ‘out’ to my community.	65
I am ‘out’ to my coworkers.	71
I am ‘out’ to my religious/spiritual community.	31
I am ‘out’ to my family.	63
Education Level	
GED	1
HS Diploma	19
Associates	8
Bachelors	41
Masters	22
Doctorate	9
Annual Salary	
N/A	19
< $20,000	15
$20,000 - 30,000	8
$31,000 - 50,000	22
$51,000 - 75,000	20
$76,000 - 100,000	10
> $100,000	6

The current investigation examined the relationship between racist, heterosexist, and sexist events on the mental health of Asian American lesbians; the potential moderating effect of enculturation on the relationship between racist, heterosexist, and sexist events and the mental health of Asian American lesbians; and the potential moderating effect of unsupportive social interactions on the relationship between experiences with racism, heterosexism, sexism and the mental health of Asian American lesbians. The current study utilized multiple regression analysis to determine if racist, heterosexist, and sexist events influenced mental health. Secondly, interaction terms were added to the models to determine whether enculturation and unsupportive social interactions moderated the relationship between the predictor variables of racist, heterosexist, and sexist events and the outcome variable of mental health.

Preliminary Analysis

Pearson's correlation analyses were employed to ascertain the most salient or strongest relationships between the predictor variables and mental health outcome. Further, multiple regression analyses were performed to explore the relations of the predictor variables (perceived experiences of racism, perceived experiences of heterosexism, perceived experiences of sexism, enculturation, and unsupportive social interactions) with mental health. The analyses performed determined that the distributions for each of the primary study variables looked roughly normal. An exploration of histograms and scatterplots of the variables did not reveal any extreme outliers. Although predictors were correlated, there were no correlations in the very high range (e.g., $r > .75$; see Table 3), indicating an absence of multicollinearity. Normality of model residuals were examined, indicating that there was no concerning deviations from the normality assumption.

H1: It was hypothesized that experiences with each racist, heterosexist, and sexist event (AARSI, HHRD, SSE) will be significantly predictive of mental health (MHI). Specifically, Asian American lesbians who report more experiences with racist, heterosexist, and sexist events will report poorer mental health outcomes than Asian American lesbians who report fewer experiences.

Examination of the correlation table (Table 3) revealed a significant negative correlation ($r = -.18$, $p < .05$) between perceived experiences with racism and mental health, a significant negative correlation ($r = -.25$, $p < .01$) between perceived experiences with heterosexism and mental health, and a significant negative correlation ($r = -.17$, $p < .05$) between perceived experiences with sexism and mental health. An additional multiple regression analysis was performed to test Hypothesis 1. Results revealed that the independent variables of perceived experiences with each racist, sexist, and heterosexist event predicted a significant amount of variance in the dependent variable mental health, overall $F(3,163) = 4.399$, $p = .005$, $R^2 = .08$ (see Table 4). Examination of individual beta weights revealed that the HHRD scale ($t = -2.31$, $p = .022$) was a unique predictor in the overall model. In other words, participants who reported more perceived experiences with heterosexism experienced poorer mental health outcomes than participants who reported fewer heterosexist experiences. Thus, partial support was found for Hypothesis 1.

Table 3

Pearson correlations among the independent and dependent variables

	AARSI	HHRD	SSE	USII	AVS	MHI
AARSI	1.0					
HHRD	.39**	1.0				
SSE	.42**	.69**	1.0			
USII	.48**	.54**	.54**	1.0		
AVS	.10	.07	.07	.04	1.0	
MHI	-.18*	-.25**	-.17*	-.41**	-.16*	1.0
Observed N	167	167	167	167	167	167

**$p < .01$; *$p < .05$

Note: AARSI=Asian American Racism-Related Stress Inventory; HHRD=Heterosexist, Harassment, Rejection, and Discrimination Scale; SSE=Schedule of Sexist Events; USII=Unsupportive Social Interactions Inventory; AVS=Asian Values Scale; MHI=Mental Health Inventory.

Table 4

Multiple Regression: Mental health predicted by perceived experiences with racist, heterosexist, and sexist events.

Variables	B	SE B	β	t	P
AARSI	-0.10	0.08	-0.10	-1.26	.20
HHRD	-2.43	0.10	-2.43	-2.31	.02
SSE	0.04	0.10	0.04	0.37	.70

**$p < .01$; *$p < .05$

Note: Overall Model Statistics: $AdjR^2 = .08$; F (3, 4.399) = 1.95, (p =.005)

H2: The level of enculturation (AVS) will moderate the relationship between perceived racist, heterosexist, and sexist events (AARSI, HHRD, SSE) and mental health (MHI), such that for Asian American lesbians who endorse more Asian cultural values, the negative relationship between each racist, heterosexist, and sexist event and mental health will be stronger than Asian American lesbians who endorse fewer Asian cultural values.

To test Hypothesis 2, two steps of hierarchical multiple regression described by Frazier, Tix, & Barron (2004) were employed. First, to reduce the chance of multicollinearity (i.e. high correlations between the moderator and the predictor variables), the scores of the predictor variables, racist, heterosexist, and sexist events (as measured by AARSI, HHRD, SSE) and the moderator variable, enculturation (as measured by AVS), were converted into standardized z-scores, so that each variable had a mean of 0 and a standard deviation of 1.

A regression equation was computed to test the moderation influence of enculturation on the relationship between perceived racist, heterosexist, and sexist events (AARSI, HHRD, SSE) and mental health (MHI). The equation consisted of two steps with the perceived racist, heterosexist, sexist events scales' (AARSI, HHRD, SSE) total scores as the predictor variables and mental health (MHI) as the criterion variable. In the first step, the predictor variables (perceived racist, heterosexist, sexist events) and the moderator variable (enculturation) were entered. In the second step, the interaction terms consisting of each predictor variable with enculturation was entered into the equation. The moderation effect was established by measuring the interaction between each predictor variable and the moderating variable (AARSI, HHRD, SSE respectively, X AVS) as they jointly function on the dependent variable (MHI).

Results revealed that the model was significant, overall $F(7,159) = 2.613$, $p = .014$, $R^2 = .103$ (see Table 5). Examination of individual beta weights revealed nonsignificant

interaction effects between enculturation and racism on mental health, nonsignificant interaction effects between enculturation and heterosexism on mental health, and nonsignificant interaction effects between enculturation and sexism on mental health. Thus, Hypothesis 2 was not supported.

H3: Experiences with unsupportive social interactions (USII) will be significantly predictive of mental health (MHI). Asian American lesbians who report more experiences with unsupportive social interactions (USII) will report poorer mental health outcomes (MHI) than Asian American lesbians who report fewer experiences with unsupportive social interactions (USII).

Examination of the correlation table (Table 3) revealed a significant negative correlation ($r = -.42$, $p < .01$) between unsupportive social interactions and mental health, supporting Hypothesis 3. An additional regression analysis was performed, with all predictor variables included (i.e., perceived racism, heterosexism, and sexism, enculturation, and unsupportive social interactions) to determine whether unsupportive social interactions predicted unique variance after controlling for other variables (see Table 6). Results revealed that the overall model was significant, $F(5,161) = 8.563$, $p < .001$, $R^2 = .21$. Examination of the individual beta weights indicated both unsupportive social interactions ($t = -4.849$, $p = .000$) and enculturation ($t = -2.130$, $p = .035$) were significantly and uniquely predictive of mental health. These results suggest that unsupportive social interactions is a significant predictor of mental health and explain unique variance in mental over and above perceived discrimination variables and enculturation. Thus, Hypothesis 3 was supported.

H4: The level of unsupportive social interactions (USII) will moderate the relationship between perceived racist, heterosexist, and sexist events (AARSI, HHRD, SSE) and mental health

(MHI) such that Asian American lesbians who report more unsupportive social interactions will have a stronger negative relationship between racist, heterosexist, and sexist events and mental health than Asian American lesbians who report fewer unsupportive social interactions.

To address Hypothesis 4 of whether the level of unsupportive social interactions moderates the relationship between the predictor variables of racist, heterosexist, and sexist events and the outcome variable of psychological well-being and psychological distress, the same regression approach used in Hypothesis 2 was employed. To test Hypothesis 4, two steps of hierarchical multiple regression (Frazier, Tix, & Barron, 2004) were employed. First, to reduce the chance of multicollinearity (i.e. high correlations between the moderator and the predictor variables), the scores of the predictor variables, racist, heterosexist, and sexist events (as measured by AARSI, HHRD, SSE) and the moderator variable, unsupportive social interactions (as measured by USII), were converted into standardized z-scores, so that each variable had a mean of 0 and a standard deviation of 1.

Table 5

Hierarchical Multiple Regression: Moderation effect of enculturation (AVS) on the relationship between perceived racist (AARSI), heterosexist (HHRD), and sexist events (SSE) and mental health (MHI).

Variables	β	AdjR^2	Δ R^2	Δ F	P Δ F
Step 1		.072	.092	4.24	.003
AARSI	-.095				
HHRD	-.239				
SSE	.044				
AVS	-.142				
Step 2		.064	.008	.499	.683
AARSI	-.093				
HHRD	-.241				
SSE	.046				
AVS	-.128				
AVSxAARSI	-.096				
AVSxHHRD	-.005				
AVSxSSE	.106				

Table 6
Regression: Mental health (MHI) predicted by unsupportive social interactions (USII)

Variables	B	SE B	β	t	P
AARSI	.029	.082	.029	.351	.726
HHRD	-.121	.101	-1.21	-1.195	.234
SSE	.150	.102	.150	1.477	.142
AVS	-.150	.071	-.150	-2.130*	.035
USII	-.442	.091	-.442	-4.849**	.000

** = $p < .01$; * = $p < .05$
Note Overall Model Statistics: $AdjR^2 = .186$; F (5,161) = 8.563, (p =.000)
Note: AARSI=Asian American Racism-Related Stress Inventory; HHRD=Heterosexist, Harassment, Rejection, and Discrimination Scale; SSE=Schedule of Sexist Events; USII=Unsupportive Social Interactions Inventory; AVS=Asian Values Scale; MHI=Mental Health Inventory.

A regression equation was computed to test the moderation influence of unsupportive social interactions (USII) on the relationship between perceived racist, heterosexist, and sexist events (AARSI, HHRD, SSE) and mental health (MHI). The equation consisted of two steps with the perceived racist, heterosexist, and sexist events scales' (AARSI, HHRD, SSE) total scores as the predictor variables and mental health (MHI) as the criterion variable. In the first step, the predictor variables (perceived racist, heterosexist, sexist events) and the moderator variable (unsupportive social interactions) were entered. In the second step, the interaction term consisting of each predictor variable in conjunction with unsupportive social interactions was entered into the equation. The moderation effect was established by measuring the interaction between each predictor variable and the moderating variable (AARSI, HHRD, SSE, respectively, X USII) as they jointly functioned on the dependent variable (MHI).

Results revealed that the model was significant, overall $F(7,159) = 6.412$, $p < .001$, $R^2 = .220$ (see Table 7 and Figure 2). Examination of individual beta weights revealed that the interaction of unsupportive social interactions (USSI) and perceived experiences of racism (AARSI) was a unique predictor of mental health in the overall model, Beta = -.172, t=-2.042, $p = .043$. In other words, unsupportive social interactions moderated the relationship between perceived racism and mental health. Table 8 delineates the mean mental health ratings for perceived racism (median split) and unsupportive social interactions (median split). Figure 1 displays the direction of interaction; individuals who endorsed high levels of unsupportive social interactions were more likely to report lower mental health at higher levels of racism. Simply stated, participants who report unsupportive social interactions in response to perceived experiences with racism may suffer additional distress and feel doubly invalidated. Results of

the current study reveal a potential stress-amplifying effect, influencing poorer mental health outcomes. Thus, partial support was found for Hypothesis 4.

Conclusion

Current findings illustrated some statistically significant results. Although it was hypothesized that each perceived experience with racism, heterosexism, and sexism might be predictive of mental health, only perceived experiences with heterosexism was a unique predictor of mental health. Asian American lesbians who reported more experiences with heterosexist events reported poorer mental health. Additionally, results indicated that, in addition to the correlation analyses, unsupportive social interactions were significantly predictive of mental health outcomes. When Asian American lesbian participants reported higher levels of unsupportive social interactions, they also reported negative mental health outcomes. Lastly, unsupportive social interactions significantly moderated the relationship between perceived experiences with racism and mental health. Although it was hypothesized that unsupportive social interactions would moderate the relationship between each perceived experience of discrimination (e.g., racism, heterosexism, and sexism) and mental health, only partial support of this hypothesis was found. As such, when participants endorsed more unsupportive social interactions, the negative relationship between racist events and mental health was stronger

Table 7

Hierarchical Multiple Regression: Moderation effect of unsupportive social interactions (USII) on the relationship between perceived racist (AARSI), heterosexist (HHRD), and sexist events (SSE) and mental health (MHI).

Variables	β	AdjR^2	Δ R^2	Δ F	P Δ F
Step 1		.168	.188	9.365	.000
AARSI	.015				
HHRD	-.126				
SSE	.145				
USII	-.437				
Step 2		.186	.032	2.199	.090
AARSI	.004				
HHRD	-.135				
SSE	.153				
USII	-.445				
USIIxAARSI	-.172				
USIIxHHRD	.179				
USIIxSSE	-.020				

Table 8

Mean mental health ratings for perceived racism (median split) and unsupportive social interactions (median split).

	Low unsupportive social interactions	High unsupportive social interactions
Low Perceived Racism	4.41 (.84)	4.29 (.71)
High Perceived Racism	4.67 (.71)	4.05 (.68)

Note: Mean (SD).

Mean Comparisons

1. Low racism versus High racism at low unsupportive interactions: Mean diff=.26, F(1, 163)=2.22 , p=.14 .

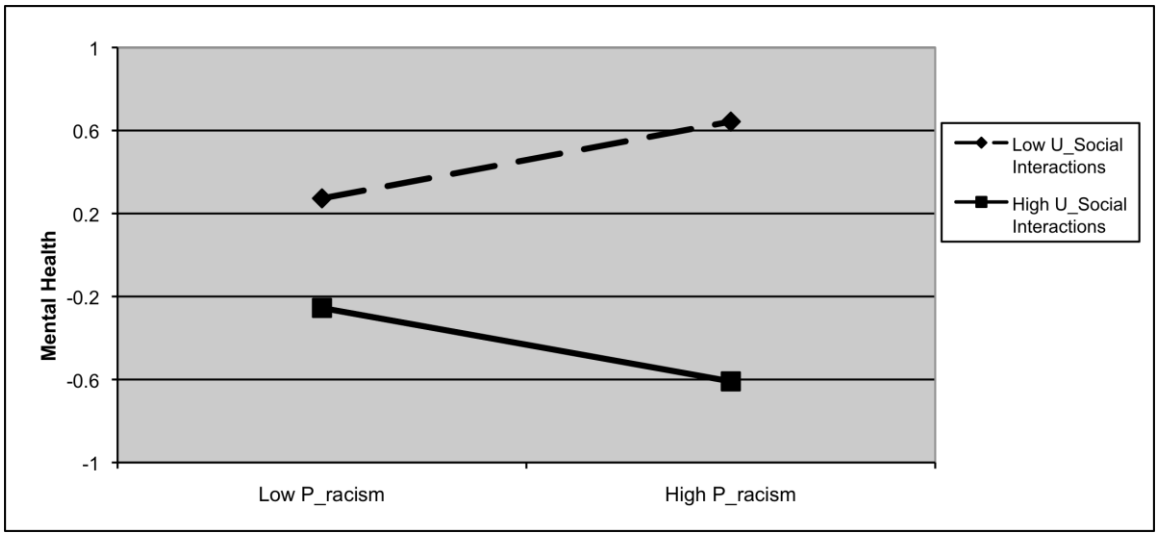
2. Low racism versus High racism at high unsupportive interactions: Mean diff=.24, F(1, 163)=1.85, p=.17.

3. Low unsupportive interactions versus High unsupportive interactions at low perceived racism: Mean diff=.12, F(1, 163)=0.46 , p=.50 .

4. Low unsupportive interactions versus High unsupportive interactions at high perceived racism: Mean diff=.62, F(1, 163)=12.64 , p<.001.

Figure 1

Simple slopes for the relation between unsupportive social interactions and mental health at high and low perceived racism.



Chapter V

DISCUSSION

The current study investigated the confluence of perceived experiences with racist, heterosexist, and sexist events on the mental health of Asian American lesbians. Further, the study explored how enculturation and unsupportive social interactions each moderated the relationships between each perceived experience with discrimination (e.g., racist, heterosexist, and sexist events) and mental health. The research questions were premised on the subsequent theoretical and empirical argument: Personal experiences with social oppression (e.g., experiences with prejudice, harassment, rejection, invisibility, violence, and discrimination) lead to adverse mental health outcomes (Brown, 1994; Szymanski, 2005a; Szymanksi, Kashubeck-West, & Meyer, 2008; Worell & Remer, 2003). While previous empirical findings suggest that racist experiences lead to stress, depression, and anger for many people of color (Chakraborty & McKenzie, 2002; Kim, 2002), heterosexist experiences similarly precipitate increased anxiety, depression, posttraumatic stress, anger, and alcohol and drug abuse among gay and lesbian individuals (Decamps, Rothblum, Bradford, & Ryan, 2000; Herek, Gillis, & Cogan, 1999; Otis & Skinner, 1996; Szymanski, 2005b), and sexist experiences increase depression, anxiety, and somatization among women (McGrath, Strick, Keita, & Russo, 1990), these findings were based on a primary or unitary oppression perspective (Szymanski & Gupta, 2009). Simply stated, one type of oppression experienced by a person with multiple marginalized identities (e.g., a person who has racial, sexual, and gender minority statuses) is oftentimes conceptualized as the most salient or the only source of oppression (Moradi & Subich, 2003). Given that most mental health literature is premised on the primary oppression perspective, the preponderance of mental health literature does not address the cumulative mental health effects of several forms of oppression

(e.g., perceived experiences with racist, heterosexist, and sexist events). While scholars are becoming more cognizant of the heterogeneity among lesbians of color, (Miville et al., 2005; Miville & Ferguson, 2006), there is a lack of empirical studies conducted on the subgroups within this population. In particular, Asian American lesbians remain one of the least researched groups among LGB people of color (Greene, 1994, 2004). Given the paucity of empirical studies, the current study examined the mental health outcomes of the interplay of perceived racist, heterosexist, and sexist events among Asian American lesbians while also assessing the relationships of enculturation and unsupportive social interactions with mental health outcomes.

Some findings from the current study were consistent with the broader mental health literature that suggests a negative relationship between perceived discrimination and mental health among lesbians of color. Results of this study also corroborated the theoretical arguments of scholars who contend that unsupportive social responses subsequent to a stressful event may precipitate additional distress, influencing mental health outcomes. Lastly, several findings of the current study were unique and provide new directions for future research.

Perceived experiences with discrimination and mental health. The current investigation hypothesized that experiences with each racist, heterosexist, and sexist events (AARSI, HHRD, SSE) will be significantly predictive of mental health (MHI) among Asian American lesbians, as indicated by statistically significant correlations among the independent variables. In other words, it was hypothesized that Asian American lesbians who endorse more experiences with racist, heterosexist, and sexist events will report poorer mental health outcomes than Asian American lesbians who report fewer experiences. However, results for this study indicated only partial support. While perceived experiences with racist and sexist events were not predictive of mental health, perceived experiences with heterosexist events were a unique predictor and

accounted for 3% of the variance. Thus, respondents who endorsed more perceived heterosexist events experienced poorer mental health outcomes compared to participants who reported fewer heterosexist events. Given that heterosexist events only accounted for a small percentage of variance, it is plausible that the geographic location of the participants skewed the results. Most participants resided in large, urban cities on the West coast (46%) and Northeast (41%), which oftentimes have a liberal sociopolitical landscape (e.g., relatively more gay-oriented bars, social events, gay-friendly neighborhoods, and liberal legislation). Saliency of sexual orientation within the current sample is also important to consider. Much of the participants were recruited from Asian American lesbian social networking groups on Facebook, thus it may be conceivable to presume that participants of the study as a group have a strong allegiance to their sexual identity. Respondents may be acutely aware of heterosexist slights, perhaps increasing their number of reported heterosexist events, which may negatively influence their mental health. Gender presentation and/or gender identity (e.g., a biological female who physically presents as a man) may also be a factor given that people oftentimes erroneously lump this type of discrimination with perceived heterosexist experiences, which may have elevated the numbers. Also noteworthy, discrimination against non-heterosexual persons is still legalized in many ways (e.g., same-sex marriage), which should be considered in the overall conceptualization of these results.

These findings echoed the results of previous mental health research, indicating that sexual minority individuals may be more susceptible to psychological distress. Although scholars contend that a person's sexual orientation does not directly engender poor mental health, researchers theorize that belonging to a marginalized group may heighten risk to psychological distress. Myriad studies illustrated that perceived heterosexist events were positively correlated

to suicidal ideation and behavior, psychological distress, guilt (Meyer, 1995), anxiety, depression (Diaz, Ayala, Bein, Henne, & Marin, 2001), somatic symptoms, and insomnia (Ross, 1990). Other studies demonstrated that discriminatory anti-LGB events (e.g. verbal abuse, threat, and physical attacks) were significantly predictive of adverse mental health outcomes (D'Augelli and Grossman, 2001; Otis and Skinner, 1996). In a study that examined heterosexism in the workplace, findings revealed that perceived experiences with heterosexist events were positively correlated to psychological distress and somatic complaints, as well as negatively related to satisfaction with life and self-esteem (Waldo, 1999).

Perceived experiences with discrimination and mental health moderated by enculturation. The current study hypothesized that the level of enculturation (AVS) would moderate the relationship between perceived racist, heterosexist, and sexist events (AARSI, HHRD, SSE) and mental health (MHI) among Asian American lesbians. In other words, for participants who endorsed more Asian cultural values, the negative relationships between each racist, heterosexist, and sexist event and mental health would be stronger than Asian American lesbians who endorse fewer Asian cultural values. Contrary to the hypothesis, the analysis did not yield statistically significant results. Given these findings, it may be important to consider the enculturation level of the current sample. For example, the majority of participants were drawn from social networking groups on Facebook specifically geared for Asian American lesbians. Thus, it may be plausible to presume that the participants of the study as a group endorsed lower levels of enculturation, given that public expression of lesbian identity, which is discordant with several overarching Asian cultural values of conformity to norms, collectivism, and emotional self-control. Perhaps the study's sample may be illustrative of participants who are more acculturated (i.e., endorse American cultural values). In light of this speculation, it is conceivable that

participants may hold more positive attitudes toward help-seeking behavior if they are under psychological distress, which may positively influence their overall mental health. Several studies indicate that enculturation and acculturation processes govern attitudes and behaviors of mental health (Kim, Yang, Atkin- son, Wolfe, & Hong, 2001). Pomales and Williams' (1989) findings on help-seeking behavior indicated that acculturation was positively predictive of counselor trustworthiness and understanding. Future research might more directly explore the links between acculturation and mental health outcomes among Asian American lesbians.

Unsupportive social interactions and mental health. The present study hypothesized that perceived experiences with unsupportive social interactions (USII) will be significantly predictive of mental health (MHI). Current results supported the hypothesis that Asian American lesbians who report more experiences with unsupportive social interactions (USII) will report poorer mental health outcomes (MHI) than Asian American lesbians who report fewer experiences with unsupportive social interactions (USII). Findings indicate that unsupportive social interactions account for 12% of the variance in mental health. Results of the present study were concordant with the scope of existing literature that indicates a negative relationship between unsupportive social interactions and mental health. Several studies conducted on a variety of populations consistently illustrate this relationship, including LGB persons (Ingram, Betz, et al. (2001), undergraduate students (Ingram, Betz, et al., 2001; Lakey et al., 1994; Lepore, 1992), rape survivors (Davis, Brickman, & Baker, 1991), persons with chronic illness (e.g., Ingram et al., 1999; Manne & Glassman, 2000; Revenson, Schiaffino, Majerovitz, & Gibofsky, 1991; Siegel, Raveis, & Ka- rus, 1994, 1997), women suffering from fertility issues (Mindes, Ingram, Kliewer, & James, 2003), and bereaved individuals (Ingram, Jones, & Smith, 2001; Lovell, Hemmings, & Hill, 1993).

While the present study did not evaluate relationship-specific unsupportive social interactions, previous research demonstrate that unsupportive responses from significant others are negatively correlated with psychological adjustment (Walen and Lachman, 2000). Other studies also revealed that unsupportive social interactions from friends were negatively correlated to poorer psychological adjustment (Lepore, 1992; Schuster et al., 1990). Further, unsupportive social responses from family members were also found to be associated emotional distress (Okun and Keith, 1998; Walen and Lachman, 2000).

Perceived experiences with discrimination and mental health moderated by unsupportive social interactions. The present study hypothesized that the level of unsupportive social interactions (USII) will moderate the relationship between perceived racist, heterosexist, and sexist events (AARSI, HHRD, SSE) and mental health (MHI). Results revealed partial support of the study's hypothesis, indicating that the interaction of unsupportive social interactions (USSI) and perceived experiences of racism (AARSI) was the only unique predictor of mental health in the overall model, accounting for 2% of variance after controlling for all other variables. That is, participants who reported more unsupportive social interactions in response to perceived events with racism likely experienced exacerbated psychological distress.

In light of the current findings, the moderating effect of unsupportive social interactions between perceived racism and mental health outcomes is consistent with Faucett and Levine's (1991) stress-amplifying effect, indicating that unsupportive responses serve as an additional source of distress for the person who already encountered a stressor. The psychological distress sustained by the victim of the racially discriminatory event already yields noteworthy mental health implications. Moreover, extant mental health literature on Asian Americans indicates that more experiences with racism is related to negative affect and lower levels of life satisfaction

(Yoo and Lee, 2005), significant psychological distress (such as post traumatic stress disorder) at about 20% above that accounted for by factors associated with combat exposure or military rank (Loo, Scurfield, King, Fairbank, Ruch, Adams, & Chemtob, 2001), anxiety even when controlling for gender and immigration status (Lin & Mattis, 2006), and higher levels of depression, psychoticism, interpersonal sensitivity, anxiety, hostility, phobic anxiety, paranoid ideation, and obsessive-compulsive symptoms (Alvarez, Sanematsu, Woo, Espinueva, & Kongthong, 2006). Given the negative mental health outcomes secondary to the racist event, it is conceivable that experiencing another stressor such as unsupportive social interactions may compound the psychological distress. That being said, several studies demonstrate a significant moderating effect of unsupportive responses, such that the inverse relationship between the stressor and mental health is stronger. Although much of the research conducted on the moderating effect of unsupportive social interactions is largely comprised of samples that include people who are suffering from fertility issues, medical problems, or rape, but not discriminatory experiences, these significant findings are noteworthy for the present study. A study examining individuals' caretaking for a relative with chronic mental illness illustrated that the relationship between the demands of caretaking and psychological distress was stronger when individuals reported higher levels of negative social interactions (Rauktis, Koeske, and Tereshko, 1995). Faucett and Levine's (1991) study on the interacting effect of unsupportive responses between persons with chronic pain and mental health revealed similar results.

Implications for mental health professionals

The current study provides numerous insights and implications for mental health clinicians working with Asian American lesbians, as well as other populations that have multiple, marginalized identities. In support of copious studies and theoretical arguments, the current

findings demonstrate that perceived experiences heterosexism among Asian American lesbians significantly predicts adverse mental health outcomes (Ingram and Smith, 2004). Given these findings, it is important for clinicians to be mindful of creating a welcoming environment to allow for Asian American lesbians to feel comfortable about disclosing their sexual orientation. Substandard care can oftentimes occur from the lack of sexual orientation disclosure to healthcare providers, which also includes mental health practitioners. That being said, clinicians can modify their registration or intake forms to reflect a more inclusive attitude. Mental health practitioners are encouraged to include the option of "partnered" on their intake forms as an option for marital status. Further, clinicians may benefit from routinely asking about their sexual orientation upon initial assessment rather than assuming that the client is heterosexual if she does not spontaneously self-disclose. These overtures may be perceived small steps to creating a inclusive therapeutic environment, however, these practices may be significantly important to incorporate in therapy given that societal discrimination and prejudice against lesbians, as well as the complexities of stigmatization from their own family and culture leave Asian American lesbians at further risk. Chan (2005) argues that counselors may play a pivotal role in helping a client negotiate her sense of lesbian identity in a way that does not bring shame to the family. A counselor should be aware that public disclosure of sexual orientation is a Western phenomenon. Therapists should collaboratively explore with client ways of being proud of and accepting of sexual orientation that are more private. Further, therapists should be knowledgeable about resources for Asian American lesbians and/or community organizations for lesbians of color to help facilitate socialization in a validating environment. The continued paucity of specific theories regarding therapeutic approaches for Asian American lesbians poses challenges for mental health practitioners who aspire to work with this population and wish to work within a

particular theoretical framework (Fukyama & Ferguson, 2000; Garnets et al., 1991; Stein, 1988). The conspicuous absence of clinical training, theoretical models, and information on disparate issues of Asian American lesbians and/or lesbian women of color in general make it imperative for clinicians to take responsibility of becoming informed, explore their own assumptions and biases, and cultivate efficacious therapeutic strategies. Also noteworthy, therapists are encouraged to be cognizant of their heterosexual bias when working with Asian American lesbians. Lack of awareness can be harmful when working this population, as they may subscribe to other gender roles and relationships norms that may not be consistent with overarching heterosexual norms. Thus, therapists are encouraged to be aware of gender sensitive concerns, and should be aware that sexual orientation (or the blending of gender and racial ethnic issues) may not be the primary focus of therapy. Clients may be facing problems that are generally unrelated to their triple minority cultural identities (Bridges, 2003).

Results indicated that unsupportive social interactions are predictive of mental health among Asian American lesbians. It is important for clinicians to explore their client's experiences with unsupportive social interactions regarding discriminatory stressors. While working with Asian American lesbians, mental health practitioners should be mindful of their responses to their client's experiences with discrimination due to the fact that clinicians may also inadvertently or unconsciously respond to their client in a negative fashion. While it is important for mental health providers to be aware of their clinical intervention, clinicians are also encouraged to gauge their client's reactions to the event and respond accordingly as not every client will perceive the discriminatory event in the same way as Asian American lesbians. It is also valuable for clinicians to be aware of their client's mental health history because they may be susceptible to a reoccurrence of mental health symptoms. If a resurgence of adverse

psychological symptoms occurs, mental health providers are encouraged to also assess their support network. Burgeoning research indicates that social support is oftentimes characterized as a buffer for psychological distress. Lastly, mental health clinicians should seek out additional clinical training, attend conferences, and keep abreast to recent literature regarding the unique concerns of Asian American lesbians.

Consistent with extant literature, findings of the current study suggest that unsupportive social interactions significantly moderate the negative relationship between perceived experiences with racism and mental health. This finding is important for mental health practitioners to be aware when working with Asian American lesbians. The current study suggests that they may be a risk for feeling doubly invalidated, which underscores the importance of clinicians to be aware of how they respond to their clients when their clients disclose their emotional reactions to a racially discriminatory event. Given that Asian American lesbians are at risk for racial stigmatization and discrimination, it is important for mental health practitioners to be aware of their own racial biases and assumptions about Asian Americans. Further, clinicians are encouraged to be cognizant of two types of unsupportive social interactions in particular, minimizing (i.e., downplaying the significance of the event) and blaming (i.e., blaming the victim for the event), that commonly occur subsequent to a racially discriminatory event. Although this study did not examine the specific types of unsupportive social interactions, Smith and Ingram (2004) argue that minimizing and blaming responses tend to occur in the context of discriminatory stressors, such as racism, given that racism can be characterized as subtle or overt form of a stressor. As such, clinicians should be wary of amplifying the feelings of invalidation of the client by inadvertently “minimizing.” For example, a clinician may subtly minimize the event by downplaying the importance of their client’s racial

identity. Mental health practitioners also may inadvertently engage in "blaming" the client by suggesting that they may be "reading into the situation" or query about how their client contributed to the situation.

Lastly, mental health practitioners are encouraged to assess their client's level of acculturation or enculturation. Various literature suggests that these aforementioned processes likely inform clients' help-seeking attitudes and behaviors (Kim, 2004; Kim, Atkinson, & Umemoto, 2001; Kim, Li, & Liang, 2002; Kim, Ng, & Ahn, 2005), which is important for therapists to know in order to develop a therapeutic alliance and understand barriers to treatment. On the other hand, some literature suggests that other Asians Americans prefer traditional or indigenous ways of healing (Kim, 2004). Mental health practitioners are encouraged to be knowledgeable about alternative ways to psychological healing.

Future Research

Findings of the present study suggest a number of areas for further investigation. Although the present study did not yield significant results for the moderating effect of enculturation for the current sample, future research should examine the interaction effects of enculturation among other lesbians of color. Most literature on enculturation does not consider the variable of sexual orientation, thus there is a pressing a need for other researchers to investigate the role that enculturation plays in mental health among lesbians of color. Since previous research indicates that adherence of cultural scripts among Asian Americans are predictive of help-seeking behaviors or utilization of mental health services (Kim, 2004; Kim, Atkinson, & Umemoto, 2001; Kim, Li, & Liang, 2002; Kim, Ng, & Ahn, 2005), there is an impetus for understanding how these processes influence other lesbians of color. However, although there is a growing body of conceptual literature that theorizes enculturation is an

important aspect of exploration among lesbians of color given that they are oftentimes faced with the conflict of having to "choose" a primary identity (Bridges et al., 2003), literature is largely theoretical in nature with markedly limited empirical studies.

Given that the current study was circumscribed to Asian American lesbians, future research should incorporate Asian immigrant lesbians living in the United States. Being that generation status and length of residency in the United States may influence the extent to which a person subscribes to their indigenous cultural values, it may be valuable to explore the interaction effect of acculturation on the relationship between perceived discrimination and mental health. Being that Asian immigrant lesbians were raised in a different sociopolitical context, it would be valuable to consider how Asian immigrant lesbians view discriminatory events and how they psychologically adjust to certain prejudicial experiences, such as racism, given that their upbringing presumably occurred in a racially homogenous environment. The present study must be interpreted with caution being that the sample was from a specific cultural milieu of Asian American lesbians who were primarily 'out' and subscribed to on-line groups for Asian American lesbians. Given the discrete cultural makeup of the study's sample, it would be valuable to explore how Asian immigrant lesbians negotiate their multiple identities, as well as how this may impact the relationship between perceived discrimination and mental health. It is conceivable that Asian immigrant lesbians who endorse higher levels of acculturation may offer contrasting evidence compared to the current study.

Future research should also examine the relationship between perceived experiences with discrimination and mental health among gay men of color. While there is a preponderance of mental health studies on gay men, existing literature has limited evidence on specific communities of color. In particular, it would be valuable to examine the mental health outcomes

of Asian American gay men when they report perceived heterosexist and racist discrimination. Although they hold the privileged status of being male in society, scholars should consider how their intersecting identities of gender, sexual orientation, and racial identity influences their mental health outcomes. The investigation of the confluence of these identities is important given that gay men come out at younger ages than lesbian women, which can be conceivably difficult to navigate within communities of color that may endorse traditional values of masculinity and heteronormativity within the larger context of a White dominant society (Harper et al., 2004, Jewkes, 2002; Wade, 1996).

Lastly, future research should examine the perceived experiences with discrimination of other markedly under-researched groups, including transgender, bisexual, and biracial persons. While the present study offers unique and important findings regarding Asian American lesbians, a significantly understudied group within mental health literature, these aforementioned marginalized communities are also largely underrepresented in research (Bing, 2004). Limited information is known about these groups, particularly because most literature is premised on rigid, binary characterizations of identity (e.g., lesbian, Asian, and woman) that further marginalize these groups. What happens if a person identifies as gender queer? How does one navigate their gender identity as a person of color? Little is known about the vast scope of persons who have fluid gender identities. As a result, mental health practitioners have limited knowledge, training, and skills to work with these underserved populations.

Limitations of the Study

In reviewing the present findings, a variety of limitations must be considered. Given the nature of on-line studies and the impact of social media group membership, it is plausible that

the study yielded a group that primarily consists of younger, college-educated, urban participants who may endorse lower levels of Asian cultural values.

Moreover, although type of profession was not asked on the demographic questionnaire, the sample gleaned from the study was skewed toward being highly educated. Approximately 41% of participants earned at least a Bachelors degree, 22% of participants earned a Masters degree, and 9% of participants earned a Doctorate. Further, the sample was largely urban given that approximately 87% of the participants resided in major cities located in the Northeast (41%) and West coast (46%). Participants who reside in an urban environment are likely exposed to liberal political attitudes towards lesbian identity, gender, and racial/ethnic minorities may influence one's experiences with perceived discrimination, enculturation level, and unsupportive social interactions. Taken together, these demographic variables indicate that the current sample may not be representative of Asian American lesbians' experiences that are not as educated and live in rural areas.

Furthermore, the present sample was skewed toward participants who were 'out' (i.e., openly lesbian) about their lesbian identity. In this study, only 5% were not out to anyone while an overwhelming majority of the participants were out to their peers (96%), local community (65%), coworkers (71%), spiritual or religious community (33%,) and family (61%). Although the number of years being out was not assessed, the extent that these participants were out suggests that this sample was not representative of participants who are closeted or who have recently come out of the closet. These factors may impact their discriminatory experiences as they navigate society.

In addition, the use of the term "Asian" was also limiting. All participants of Asian heritage were grouped together as a singular collective. While respondents were asked to

identify their ethnicity as well, their ethnicity was not a demographic variable of interest in the study. Thus, the findings of the study cannot reveal more individual cultural variations among the sample. National Women's Health Information Center (2003) indicates that there are over 60 different Asian ethnicities represented within the United States. Given that every country has its own culture, tradition, and mores, some of the nuanced cultural understanding was lost in the present study. This was limiting given that there is variability among Asian ethnicities regarding how they conceptualize their Asian cultural values, as well how they understand their gender, race, and sexual orientation.

Similarly, the use of the term "lesbian" is severely limiting. At present, there is a wide scope of terminology for people who do not identify as heterosexual. Individuals who identify as "queer," "women who sleep with women (WSW)," or other forms of non-heterosexual identity were not considered for this study. This is an inherent limitation given that persons who embrace these identities are certainly vulnerable to experiences with heterosexism. Further, recruitment of participants for this study targeted on-line communities where membership was premised on lesbian identity, thus limiting the opportunity to gain insight on the diversity of experiences among non-heterosexual individuals.

In addition, the use of the term "woman" is also limiting. While identifying as a woman was implied in the recruitment of Asian American lesbians, participants may not completely self-identify as a woman and may embrace other terms that are more fluid such as gender queer. Therefore, the results of this study should be taken into consideration given that there may be participants who physically appear more masculine, but identify as a woman or gender queer can have very different experiences of perceived sexism.

Further, the fact that the Unsupportive Social Interactions Inventory was adapted for this study may have significant limitations given that the specific wording of the measure was modified to query for a "recent discriminatory event as an Asian American lesbian." The language used in this measure requires a respondent to report their experiences with unsupportive social interactions in a very generalized manner, losing the nuances of the specific discriminatory event (e.g., whether the event was specific to racism or heterosexism or sexism). Thus, some specific information was lost given that the instrument was tailored to capture the interplay and intersections of cultural identities (e.g., Asian American lesbian), rather than a singular identity (e.g., woman or Asian or lesbian).

Lastly, the incorporation of self-report measures in the present sample presents limitation in the interpretation of the findings. In other words, personal bias and significant subjectivity are factors to consider given that these self-report measures are contingent upon self-disclosure regarding some private aspects of self (e.g., mental health and sexual orientation) and a truthful self-perception about one's experiences and values.

Conclusions

Due to the limited research on Asian American lesbians, my research study was intended to provide a more nuanced understanding of their mental health. Given that extant research conceptualizes experiences of lesbians of color from a primary oppressive perspective, my research offers new and unique findings regarding the interplay of multiple, oppressed identities. The study set out to understand what happens to Asian American lesbians who contend with discrimination and oppression in all three categories: race, sexual orientation, and gender (Miville & Ferguson, 2006). With that being said, the purpose of my research study was to explore how Asian American lesbians' mental health outcomes are influenced by the perceived

experiences of racism, heterosexism, and sexism. Further, I examined how both enculturation and unsupportive social interactions among Asian American lesbians moderate the relationship between mental health and perceived experiences with discrimination. Findings indicate that perceived experiences with heterosexism, racism, and unsupportive social interactions influenced mental health outcomes.

Current findings illustrated some statistically significant results. Perceived experiences with heterosexism is a unique significant predictor of mental health, such that Asian American lesbians who report more experiences with heterosexist events report poorer mental health. In light of these findings, it may be conceivable that sexual orientation is a salient identity for this sample given their membership to lesbian-identified communities that are on-line. Current participants may be more cognizant or keenly aware of heterosexist events, which may influence their frequency of reporting heterosexist events, negatively impacting their mental health. Further, given their Asian American lesbian identity, it is also conceivable that they do not receive support from their family, which typically serves as a buffer (Greene, 2004). Additionally, results indicated that unsupportive social interactions are significantly predictive of mental health outcomes. When Asian American lesbians report higher levels of unsupportive social interactions, participants reported negative mental health outcomes. Lastly, unsupportive social interactions significantly moderate the relationship between perceived experiences with discrimination and mental health. Simply stated, when participants endorsed more unsupportive social interactions, the negative relationship between perceived experiences with racism and mental health was stronger. It is plausible that these findings were significant because Asian American lesbians are vulnerable to racist events in larger society and within the predominately White lesbian community (e.g., bars, clubs, organizations). With that said, respondents may be

more susceptible to unsupportive social interactions within the larger White lesbian community, creating an additive stress, which may intensify feelings of invalidation. Perhaps unsupportive responses are more difficult to tolerate because participants may rely on these communities for support. Lastly, it is conceivable that the results did not yield sexism as a significant predictor of mental health because their gender identity may not be as salient as their other marginalized identities. Given that Asian American lesbians hold several minority identities, racist and heterosexist events may occur more frequently and have more emotional valence. Further, in future research, it would be curious to assess the level of enculturation of participants' parents. Perhaps respondents reported less sexist events because their family endorsed fewer Asian cultural values, and subscribed to more gender equitable cultural beliefs.

The current study encourages mental health practitioners to seek out more clinical training, attend conferences, and keep abreast of current literature on disparate mental health issues concerning lesbians of color. Further, clinicians are suggested to explore their own personal biases and assumptions concerning their racist, heteronormative, and sexist schemas. Researchers are encouraged to expand the depth and breadth of mental health literature on lesbians of color. Empirical studies regarding the interplay of multiple oppressed identities are needed within the broader scope of mental health literature.

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Asian American Racism-Related Stress Inventory (AARRSI)

Instructions: Please read each item and choose a response that best represents your reaction.

1= This has never happened to me or someone I know.
2= This event happened but did not bother me.
3= This event happened and I was slightly bothered
4= This event happened and I was upset
5 = This event happened and I was extremely upset.

1. You hear about a racially motivated murder of an Asian American man. 1 2 3 4 5

2. You hear that Asian Americans are not significantly represented management positions. 1 2 3 4 5

3. You are told that Asians have assertiveness problems. 1 2 3 4 5

4. You notice that Asian characters in American TV shows either speak bad or heavily accented English. 1 2 3 4 5

5.You notice that in American movies, male Asian leading characters never engage in physical contact (kissing, etc.) with leading female characters even when the plot would seems to call for it. 1 2 3 4 5

6. Someone tells you that the kitchens of Asian families smell and are dirty. 1 2 3 4 5

7. You notice that U.S. history books offer no information of the contributions of Asian Americans. 1 2 3 4 5

8. You see a TV commercial in which an Asian character speaks bad English and acts subservient to non-Asian characters. 1 2 3 4 5

9. You hear about an Asian American government scientist held in in solitary confinement for mishandling government docusments when his non-Asian coworkers were not punished for the same offense. 1 2 3 4 5

10. You learn that Asian Americans historically were targets of racist actions. 1 2 3 4 5

11. You learn that most non-Asian Americans are ignorant of the oppression and racial prejudice Asian Americans have endured in the U.S. 1 2 3 4 5

12. At a restaurant you notice that a White couple who came in after you is served before you. 1 2 3 4 5

13. You learn that, while immigration quotas on Asian people were severely restricted until the latter half of the 1900s, quotas for European immigrants were not. 1 2 3 4 5

14. Someone tells you that it's the Blacks that are the problem, not the Asians. 1 2 3 4 5

15. A student you do not know asks you for help in math. 1 2 3 4 5

16. Someone tells you that they heard that there is a gene that makes Asians smart. 1 2 3 4 5

17. Someone asks you if you know his or her Asian friend/coworker/ classmate. 1 2 3 4 5

18. Someone assumes that they serve dog mea in Asian restaurants 1 2 3 4 5

19. Someone tells you that your Asian American female friend looks like Connie Chung. 1 2 3 4 5

20. Someone you do not know speaks slow and loud at you. 1 2 3 4 5

21. Someone asks you if you can teach him/her karate. 1 2 3 4 5

22. Someone tells you that all Asian people look alike 1 2 3 4 5

23. Someone tells you that Asian Americans are not targets of racism. 1 2 3 4 5

24. Someone you do not know asks you to help him/her fix his/her computer. 1 2 3 4 5

Schedule of Heterosexist Events

Please think carefully about your life as you answer the questions below. For each question, read the question and circle the number that best describes events in YOUR ENTIRE LIFE, using these rules.

Circle 1 = If this has NEVER happened to you
Circle 2 = If this has happened ONCE IN A WHILE (less than 10% of the time).
Circle 3 = If this has happened SOMETIMES (10% - 25& of the time).
Circle 4 = If this has happened A LOT (26% - 49% of the time).
Circle 5 = If this has happened MOST OF THE TIME (50% - 70% of the time).
Circle 6 = If this has happened ALMOST ALL OF THE TIME (more than 70% of the time).

1. How many times have you been treated unfairly by teachers and professors because you are a lesbian? **1 2 3 4 5 6**

2. How many times have you been treated unfairly by your employers, bosses, and supervisors because you are a lesbian? **1 2 3 4 5 6**

3. How many times have you been treated unfairly by your coworkers fellow students and colleagues because you are a lesbian? **1 2 3 4 5 6**

4. How many times have you been treated unfairly by people in service jobs (store clerks, waiters, bartenders, waitresses, bank tellers, mechanics and others) because you are a lesbian? **1 2 3 4 5 6**

5. How many times have you been treated unfairly by strangers because you are a lesbian. **1 2 3 4 5 6**

6. How many times have you been treated unfairly by people in helping jobs (by doctors, nurses, psychiatrist, case workers, dentists, school counselors, therapists, pediatrician, school principals, gynecologists and others) because you are a lesbian? **1 2 3 4 5 6**

7. How many times have you been treated unfairly by neighbors because you are a lesbian? **1 2 3 4 5 6**

8. How many times have you been treated unfairly by an important man in your life because you are a lesbian? **1 2 3 4 5 6**

9. How many times were you denied a raise, a promotion, tenure, a good assignment, a job or other such thing at work that you deserved because you are a lesbian? **1 2 3 4 5 6**

10. How many times have you been treated unfairly by your family because you are a lesbian? **1 2 3 4 5 6**

11.How many time have people made in appropriate or unwanted sexual advances to you because you are a lesbian? **1 2 3 4 5 6**

12. How many times have people failed to show you the respect you deserve because you are a lesbian? **1 2 3 4 5 6**

13. How many times have you wanted to tell someone off for being heterosexist? **1 2 3 4 5 6**

14. How many times have you been really angry about something heterosexist that was done to you? **1 2 3 4 5 6**

15.How many times were you forced to take drastic steps (such as filing a grievance, filing a lawsuit, quitting your job, moving away, and other actions) to deal with some heterosexist thing that was done to you? **1 2 3 4 5 6**

16. How many times have you been called a heterosexist name like bitch, cunt, chick, or other names? **1 2 3 4 5 6**

17. How many times have you gotten into an argument or a fight about something heterosexist that was done or said to you or done to somebody else? **1 2 3 4 5 6**

18. How many times have you been made fun of, picked on pushed, shoved, hit, or threatened with harm because your are lesbian? **1 2 3 4 5 6**

19. How many times have you heard people making heterosexist jokes, or degrading sexual jokes? **1 2 3 4 5 6**

20. How different would your life be now if you HAD NOT BEEN treated in a heterosexist and unfair way? **1 2 3 4 5 6**

Same as Now	A Little Different	Different in a Few Ways	Different in a Lot of Ways	Different in Most Ways	Totally Different
1	2	3	4	5	6

Schedule of Sexist Events

Please think carefully about your life as you answer the questions below. For each question, read the question and circle the number that best describes events in YOUR ENTIRE LIFE, using these rules.

1 = If this has NEVER happened to you
2 = If this has happened ONCE IN A WHILE (less than 10% of the time).
3 = If this has happened SOMETIMES (10% - 25& of the time).
4 = If this has happened A LOT (26% - 49% of the time).
5 = If this has happened MOST OF THE TIME (50% - 70% of the time).
6 = If this has happened ALMOST ALL OF THE TIME (more than 70% of the time).

1. How many times have you been treated unfairly by teachers and professors because you are a woman? **1 2 3 4 5 6**

2. How many times have you been treated unfairly by your employers, bosses, and supervisors because you are a woman? **1 2 3 4 5 6**

3. How many times have you been treated unfairly by your coworkers fellow students and colleagues because you are a woman? **1 2 3 4 5 6**

4. How many times have you been treated unfairly by people in service jobs (store clerks, waiters, bartenders, waitresses, bank tellers, mechanics and others) because you are a woman? **1 2 3 4 5 6**

5. How many times have you been treated unfairly by strangers because you are a woman. **1 2 3 4 5 6**

6. How many times have you been treated unfairly by people in helping jobs (by doctors, nurses, psychiatrist, case workers, dentists, school counselors, therapists, pediatrician, school principals, gynecologists and others) because you are a woman? **1 2 3 4 5 6**

7. How many times have you been treated unfairly by neighbors because you are a woman? **1 2 3 4 5 6**

8. How many times have you been treated unfairly by an important man in your life because you are a woman? **1 2 3 4 5 6**

9. How many times were you denied a raise, a promotion, tenure, a good assignment, a job or other such thing at work that you deserved because you are a woman? **1 2 3 4 5 6**

10. How many times have you been treated unfairly by your family because you are a woman? **1 2 3 4 5 6**

11.How many time have people made in appropriate or unwanted sexual advances to you because you are a woman? **1 2 3 4 5 6**

12. How many times have people failed to show you the respect you deserve because you are a woman? **1 2 3 4 5 6**

13. How many times have you wanted to tell someone off for being sexist? **1 2 3 4 5 6**

14. How many times have you been really angry about something sexist that was done to you? **1 2 3 4 5 6**

15.How many times were you forced to take drastic steps (such as filing a grievance, filing a lawsuit, quitting your job, moving away, and other actions) to deal with some sexist thing that was done to you? **1 2 3 4 5 6**

16. How many times have you been called a sexist name like bitch, cunt, chick, or other names? **1 2 3 4 5 6**

17. How many times have you gotten into an argument or a fight about something sexist that was done or said to you or done to somebody else? **1 2 3 4 5 6**

18. How many times have you been made fun of, picked on pushed, shoved, hit, or threatened with harm because your are woman? **1 2 3 4 5 6**

19. How many times have you heard people making sexist jokes, or degrading sexual jokes? **1 2 3 4 5 6**

20. How different would your life be now if you HAD NOT BEEN treated in a sexist and unfair way? **1 2 3 4 5 6**

Same as Now	A Little Different	Different in a Few Ways	Different in a Lot of Ways	Different in Most Ways	Totally Different
1	2	3	4	5	6

Unsupportive Social Interactions Inventory

Instructions: Listed below are a number of responses that you may or may not have received from other people about a **recent discriminatory event that happened to you as an Asian American lesbian (i.e, incident where you were treated negatively because of being an Asian American lesbian)**. For each statement, please indicate how much of that type of response you received from other people.

		NONE				A LOT
1.	Someone felt that I was over-reacting to the discriminatory event……..	0	1	2	3	4
2.	When I was talking with someone about the discriminatory event, the person did not give me enough of his or her time, or made me feel like I should hurry…	0	1	2	3	4
3.	Someone made "should/shouldn't have" comments about the discriminatory event, such as, "You should/shouldn't have _____."	0	1	2	3	4
4.	Someone didn't seem to know what to say, or seemed afraid of saying/doing the "wrong" thing	0	1	2	3	4
5.	Someone refused to provide the type of help or support I was looking for	0	1	2	3	4
6.	After becoming aware of the discriminatory event, someone responded to me with uninvited physical touching, such as hugging……...	0	1	2	3	4
7.	Someone said I should look on the bright side	0	1	2	3	4
8.	Someone said, "I told you so," or made some similar comment to me about the discriminatory event	0	1	2	3	4
9.	Someone seemed to be telling me what he or she thought I wanted to hear	0	1	2	3	4
10.	In responding to me about the discriminatory event, someone seemed disappointed in me…..	0	1	2	3	4
11.	When I was talking to someone about the discriminatory event, the person changed the subject before I wanted to	0	1	2	3	4
12.	Someone felt that I should stop worrying about					

the discriminatory event and just forget about it	0	1	2	3	4
13. Someone asked me "why" questions about my role in the discriminatory event, such as, "Why did/didn't you _____?"	0	1	2	3	4

Please indicate how much of that type of response you received from other people.

	NONE				A LOT
14. Someone felt that I should focus on the present and/or the future, and that I should forget about what's happened and get on with my life	0	1	2	3	4
15. Someone tried to cheer me up when I was not ready to cheer up about the discriminatory event.	0	1	2	3	4
16. In responding to me about the discriminatory event, someone refused to take me seriously…….	0	1	2	3	4
17. Someone told me to be strong, to keep my chin up, or that I shouldn't let it bother me	0	1	2	3	4
18. When I was talking to someone about the discriminatory event, he or she did not seem to want to hear about it ……	0	1	2	3	4
19. Someone told me that I had gotten myself into the situation in the first place, and that I now must deal with the consequences	0	1	2	3	4
20. Someone did some things for me that I wanted to do and could have done myself, as if he or she thought I was no longer capable	0	1	2	3	4
21. Someone discouraged me from expressing feelings about the discriminatory event, such as anger, hurt, or sadness . .	0	1	2	3	4
22. Someone felt that it could have been worse or that it was not as bad as I thought	0	1	2	3	4
23. From the person's tone of voice, expression, or body language, I got the feeling that he or she was uncomfortable talking with me about the discriminatory event……..	0	1	2	3	4
24. Someone made comments that blamed me or tried to make me feel responsible for the discriminatory event.....	0	1	2	3	4

ASIAN VALUES SCALE (AVS)

INSTRUCTIONS: Use the scale below to indicate to what extent to which you agree with the value expressed in each statement.

1 = Strongly Disagree
2 = Moderately Disagree
3 = Mildly Disagree
4 = Neither Agree or Disagree
5 = Mildly Agree
6 = Moderately Agree
7 = Strongly Agree

____1. Educational failure does not bring shame to the family.
____2. One should not deviate from familial or social norms.
____3. Children should not place their parents in retirement homes.
____4. One need not focus all energies on one's studies.
____5. One should be discouraged from talking about one's accomplishments.
____6. One should not be boastful.
____7. Younger persons should be able to confront their elders.
____8. When one receives a gift, one should reciprocate with a gift of equal or greater value.
____9. One need not follow one's family's and the society's norms.
____10. One need not achieve academically in order to make one's parents proud.
____11. One need not minimize or depreciate one's own achievements.
____12. One should consider the needs of others before considering one's own needs.
____13. Educational and career achievements need not be one's top priority.
____14. One should think about one's group before oneself.
____15. One should be able to question a person in authority position.
____16. Modestly is an important quality for a person.
____17. One's achievements should be viewed as family's achievements.
____18. Elders may not have more wisdom than younger persons.
____19. One should avoid bringing displeasure to one's ancestors.
____20. One need not conform to one's family's and the society's expectations.
____21. One should have sufficient inner resources to resolve emotional problems.
____22. Parental love should be implicitly understood and not openly expressed.
____23. The worst thing one can do is to bring disgrace to one's family reputation.
____24. One need not remain reserved and tranquil.
____25. The ability to control one's emotions is a sign of strength.
____26. One should be humble and modest.
____27. Family's reputation is not the primary social concern.
____28. One need not be able to resolve psychological problem's on one's own.
____29. Following familial and social expectations are important.
____30. One should not inconvenience others.
____31. Occupational failure does not bring shame to the family.

____32. One need not follow the role expectations (gender, family hierarchy) of one's family.
____33. One should not make waves.
____34. Children need not take care of their parents when their parents when the parents become unable to take care of themselves.
____35. One need not control one's expression of emotions.
____36. One's family need not be the main source of trust and dependence.

MENTAL HEALTH INVENTORY

The following questions are about how you feel. And how things have been with you mostly **WITHIN THE PAST MONTH.** For each question please circle a number for the one answer that comes closest to the way you have been feeling.

1. How happy, satisfied or pleased have you been with your personal life during the past month?

Extremely happy, could not have been more satisfied or pleased	6
Very happy most of the time	5
Generally satisfied, pleased	4
Sometimes fairly satisfied, sometimes fairly unsatisfied	3
Generally dissatisfied, unhappy	2
Very dissatisfied, unhappy most of the time	1

2. How much of the time have you felt lonely during the past month?

All the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

3 How often did you become nervous or jumpy when faced with excitement or unexpected situations during the past month?

Always	1
Very often	2
Fairly often	3
Sometimes	4
Almost never	5
Never	6

4. During the past month, how much of the time have you felt that the future looks hopeful and promising?

Always	6
Very often	5
Fairly often	4
Sometimes	3
Almost never	2
Never	1

5. How much time during the past month has your daily life been full of things that were interesting to you?

All the time	6
Most of the time	5
A good bit of the time	4
Some of the time	3
A little of the time	2
None of the time	1

6. How much of the time during the past month did you feel relaxed and free of tension?

All the time 6

Most of the time	5
A good bit of the time	4
Some of the time	3
A little of the time	2
None of the time	1

7.During the past month, how much of the time have you generally enjoyed the things you do?

All the time	6
Most of the time	5
A good bit of the time	4
Some of the time	3
A little of the time	2
None of the time	1

8. During the past month, have you had any reason to wonder if you were losing your mind,or losing control over the way you act, talk, think, feel or of your memory?

No, not at all	6
Maybe a little	5
Yes but not enough to be concerned or worried	4
Yes and I have been a little concerned	3
Yes and I am quite concerned	2
Yes and 1 am very concerned about it	1

9. Did you feel depressed during the past month?

Yes, to the point that I did not care about anything for days at a time	1
Yes, very depressed almost every day	2
Yes, quite depressed several times	3
Yes, depressed some of the time	4
Yes, a little depressed now and then	5
No, never felt depressed at all	6

10. During the past month, how much of the time have you felt loved and wanted?

All the time	6
Most of the time	5
A good bit of the time	4
Some of the time	3
A little of the time	2
None of the time	1

11. How much time, during the past month have you been a very nervous person?

All the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

12. When you got up in the morning, this past month, about how often did you expect to have an interesting day?

Always	6
Very often	5

Fairly often 4

Sometimes 3
Almost never 2
Never 1

13. During the past month, how much of the time have you felt tense or "high strung"?

All the time 1
Most of the time 2
A good bit of the time 3
Some of the time 4
A little of the time 5
None of the time 6

14. During the past month, have you been in firm control of your behavior, thoughts, emotions, feelings?

Yes, very definitely 6
Yes, for the most part 5
Yes, I guess so 4
No, not too well 3
No, and I am somewhat disturbed 2
No, and I am very disturbed 1

15. During the past month how often did your hands shake when you tried to do something?

Always 1
Very often 2
Fairly often 3
Sometimes 4
Almost never 5
Never 6

16. During the past month, how often did you feel that you had nothing to look forward to?

Always 1
Very often 2
Fairly often 3
Sometimes 4
Almost never 5
Never 6

17. How much time, during the past month, have you felt calm and peaceful?

All the time 6
Most of the time 5
A good bit of the time 4
Some of the time 3
A little of the time 2
None of the time 1

18. How much time during the past month have you felt emotionally stable?

All the time 6
Most of the time 5
A good bit of the time 4
Some of the time 3
A little of the time 2

None of the time 1

19.How much time over the past month have you felt downhearted and blue?

All the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

20. How often have you felt like crying during the past month?

Always	1
Very often	2
Fairly often	3
Sometimes	4
Almost never	5
Never	6

21. During the past month how often did you feel that others would be better of if you were dead?

Always	1
Very often	2
Fairly often	3
Sometimes	4
Almost never	5
Never	6

22. How much of the time, during the past month, were you able to relax without difficulty?

All the time	6
Most of the time	5
A good bit of the time	4
Some of the time	3
A little of the time	2
None of the time	1

23. During the past month, how much of the time did you feel that your love relationships, loving and being loved were full and complete?

All the time	6
Most of the time	5
A good bit of the time	4
Some of the time	3
A little of the time	2
None of the time	1

24. How often, during the past month, did you feel that nothing turned out for you the way you wanted it to?

Always	1
Very often	2
Fairly often	3
Sometimes	4
Almost never	5
Never	6

25. How much of the time have you been bothered by " nervousness" or your "nerves" during the past month?

Extremely so to the point where I could not take care of things	1
Very much bothered	2
Bothered quite a bit by nerves	3
Bothered some enough to notice	4
Bothered just a little by nerves	5
Not bothered at all by this	6

26. How much of the time has living been a wonderful adventure for you?

Always	6
Very often	5
Fairly often	4
Sometimes	3
Almost never	2
Never	1

27. How often, during the past month, have you felt so down in the dumps that nothing could cheer you up?

Always	1
Very often	2
Fairly often	3
Sometimes	4
Almost never	5
Never	6

28. During the past month did you ever think about taking your own life?

Yes, very often	1
Yes, fairly often	2
Yes, a couple of times	3
Yes, at one time	4
No, never	5

29. During the past month, how much of the time have you felt restless, fidgety or impatient?

All the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

30. During the past month, how much of the time have you felt moody or brooded over things?

All the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5

None of the time	6

31. How much of the time, during the past month, have you felt cheerful, light-hearted?

All the time	6
Most of the time	5
A good bit of the time	4
Some of the time	3
A little of the time	2
None of the time	1

32. During the past moth, how often did you get rattled or upset?

All the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

33. During the past month have you been anxious or worried?

Yes, extremely so to the point of being sick or almost sick	1
Yes, very much so	2
Yes, quite a bit	3
Yes, some enough to bother me	4
Yes, a little bit	5
No, not at all	6

34. During the past month, how much of the time have you been a happy person?

All the time	6
Most of the time	5
A good bit of the time	4
Some of the time	3
A little of the time	2
None of the time	1

35. How often, during the past month, did you find yourself having difficulty calming down?

Always	1
Very often	2
Fairly often	3
Sometimes	4
Almost never	5
Never	6

36. During the past month, how much time have you been in low or very low spirits?

All the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

37. How often during the past month, have you been waking up feeling fresh and rested?

Always, every day	6
Almost everyday	5
Most days	4
Some days, but usually not	3
Hardly ever	2
Never wake up feeling rested	1

38. During the past month, have you been under of felt you were under any strain, stress or pressure?

Yes, almost more that I could stand or bear	1
Yes, quite a bit of pressure	2
Yes, some more than usual	3
Yes, some but about normal	4
Yes, a little bit	5
No, not at all	6

Demographic Information

What is your age?_____

What is your race or ethnicity? Please circle one of the following.

Asian
Pacific Islander
Black (non-Hispanic)
White (non-Hispanic)
Hispanic
Native American
Multiracial
Other (please specify) _____

What is your ethnic background? Please circle one of the following.

Asian-American
Multiethnic
Other (please specify)_____

Where were you born? _____

What country are you currently residing in?_____

If you are currently residing in the United States, what state are you residing in?

How long have you been living in the United States?_____

Where were your parents born?_____

Where do your parents reside? _____(country)_____(state/province)

If your parents reside in the United States, how long have your parents been living in the United States?_____

What is your generation status?
__first generation (you were born in another country and you were the first generation within your family to immigrate to the United States)
__second generation (you were born in the United States, but your parents were born in another country and they were the first generation within your family to immigrate to the United States)
__third generation
__fourth generation
__Other (please specify)_____

Which best describes your sexual orientation?

Lesbian
Bisexual
Questioning
Other (please specify)_____

Who are you 'out' to (i.e., who have you disclosed your sexual orientation to?).
__I am not 'out' to anyone.
__I am 'out' to my family.
Indicate which family members you are 'out' to:_____
__I am 'out' to my peers
__I am 'out' to my community (e.g., neighbors, store owners, neighborhood shops, etc.)
__I am 'out' to my coworkers
__I am 'out' to members of my religious and/or spiritual community

Is your relationship legally recognized?

Marriage
Domestic Partnership
Civil Unions
Other (please specify)

If your relationship is legally recognized, how long has it been legally recognized for?

Are you and your partner living together?

What is your highest degree earned?

GED
High School Diploma
Associates
Bachelors
Masters
Doctorate
Other (please specify) _____

What is your yearly salary at work?

< $20,000
$20,000 - $30,000
$30,000 - $50,000
$50,000 - $75,000
$75,000 - $100,000