

**Chinese-American Female Youth Identity, Mental Health, and Psychology:
Contemporary Problems and Solutions**

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Introduction

“How are you doing? I mean, how are you *really* doing?”

Mental health is a topic that has gradually risen to the surface of American society in recent years. It is not uncommon to see Santa Clara students visiting the Cowell Center for their monthly therapy appointment, or scroll through social media posts celebrating Mental Health Awareness Month. Media interviews of celebrities opening up about their struggles with depression or anxiety show that conversations about mental health are also becoming increasingly open and widespread. Despite these signs of progress, mental health remains a commonly overlooked topic among certain minority groups, and although mental health is a serious problem in every racial community, it is especially so among Asian-Americans.

Why should we pay attention to the mental health of Asian-Americans? There is no shortage of troubling statistics regarding this topic. In the city of Palo Alto, 40 percent of all teen suicides were Asian-American; for perspective, the teen suicide rate in Palo Alto was 4 to 5 times higher than the national average in 2016 (Hwang Lynch, par. 6). To make matters worse, these statistics continue in higher education. Although Asian-American college students are 1.6 times more likely to make a serious suicide attempt compared to all other groups, they are 3 times less likely to seek help by accessing mental health services such as counseling or professional therapy (Qiao, par. 1). Even more concerning is the fact that the suicide rate for Asian-American female youth (15-24 years old) in 2012 was 14.1 percent, the highest compared to any other group in the nation; Asian-American male youth followed closely behind, with a suicide rate of 12.7 percent (Lee et al., par. 2).

For the purposes of this analysis and paper, I will be examining the factors shaping the mental health of Chinese-American female youth (ages 15-24). This paper asserts that this specific population faces unique circumstances and mental health needs due to intersectional and cross-cultural pressures, including decades-old stereotypes, issues with cultural adaptation, conflicting values, and expectations of women. Furthermore, I will be proposing possible strategies and solutions that the current mental healthcare system can implement in order to better serve this population.

Historical Context

In the pre-1965 period of Asian-American history, the United States largely viewed Asian-Americans as outsiders. Even though Chinese workers made up a significant portion of the labor force for the transcontinental railroad in the 1880s, the Yellow Terror and the Chinese Exclusion Act that followed portrayed Chinese people as foreign invaders who were stealing jobs from Americans. The Naturalization Act of 1906 effectively prevented Asians from becoming full-fledged citizens of the United States. These examples perpetuated the “forever foreigner” stereotype: that Asians would never be seen as true Americans.

Thanks to the Immigration Act of 1965, a key piece of legislation in Asian-American history, many Asian immigrant groups who met certain preferences were allowed to come to the United States. One of these preferences included immigrants with “exceptional abilities.” Since the success of a group of people depends on who is allowed into the group, these professionals and their children who made up the early communities of Asian-Americans tended to be more successful. During the post-1965 era, attitudes about Asian-Americans shifted in a completely different direction, with the emergence of the “model minority” myth: the assumption that all

Asian-Americans are quiet, obedient, hard-working, intelligent, healthy, successful, and free of social problems.

The first mainstream psychological model of early Asian-American identities was created by two brothers, Stanley Sue and Derald W. Sue, in 1971. Sue and Sue illustrated this model in their article “Chinese American Personality & Mental Health,” which they wrote to address the lack of research on Chinese-American mental health around the time that the model minority stereotype began to receive backlash. The model of personality they proposed consists of three typological characters: the Traditionalist, the Marginal Man, and the Asian-American. Sue and Sue assert that mental health problems among Chinese-Americans result from great emotional distress that can be attributed to cultural factors including but not limited to “low acting out such as inhibiting expression of strong impulses... the traditional handling of difficulties within the family, and ... fear of social stigma” (Sue et al., pp 80). Ultimately, Sue and Sue’s model was one of the first to unpack the mental health conditions of Asian-Americans, understand why they feel marginalized, and propose strategies for them to culturally adapt.

Cultural Adaptation

In addition to the pressures of being raised by a traditional Chinese family, Chinese-Americans have had to deal with the clash between Chinese and Western values, as well as racism (Sue et al., par. 2). George Qiao addresses the latter in his article “Why Are Asian American Kids Killing Themselves?” Qiao argues that there has emerged a “dominant model” which essentially points the finger at Asian families and Asian culture for the higher rates of suicides and mental health problems among Asians. Although the dominant model acknowledges the cultural stigma around seeking help especially for mental health, the significantly low rates

of mental health counseling among Asian Americans is not entirely attributable to this stigma. The dominant model ignores that the stigma around mental health is also prevalent in other communities of color, and instead blames the parents and cultural backgrounds of those who are suffering, rather than the oppressive system in which they live.

It is interesting to note that the suicide rates of Asian-American college students are around the same, if not higher than, rates in Asian countries (Qiao, par. 10). This supports Qiao's argument that Asian culture is not inherently the cause of higher suicide rates. In fact, a possible explanation for this statistic is that a higher prevalence of collectivistic values in a society may predict decreased anxiety and mood disorders; the social support of living in a collectivistic society may be a protective mechanism for depression and other mental health issues in Asian countries (Chiao et al., par. 1). As a result of living in the most individualistic country in the world, Asian-Americans may be more socially isolated and feel as if they are left to fend for themselves.

Intersectional Pressures and Factors Influencing Mental Health

To gain a thorough understanding of the pressures and factors influencing the mental health of Chinese-American female youth, this section aims to examine this population using an intersectional approach, which involves taking into consideration the interconnected nature of various social identities of individuals in this group: As Chinese-Americans, females, and young adults, what circumstances do they face?

Growing up as Chinese-Americans, their parental upbringing may likely promote family values emphasizing collectivism, an example of which is maintaining one's "face," or reputation. As a result, they encounter heavy judgment of psychological problems, as traditional Asian

culture tends to attribute mental health issues with lack of self-control, making it shameful for one to open up about their mental health or to seek help. Furthermore, those who were brought up in traditional Chinese families may often hear the word “乖” (guāi), meaning “obedient,” to encourage them to be model children, listen to their parents, and obey authority figures. On top of that, they experience pressure to conform to the model minority stereotype, and feel shame if they are not exemplary.

As young women, they also face sexism and gender inequality, especially if they grew up in traditionally patriarchal Asian families where sons are highly valued since they are expected to pass on the family name. China’s controversial one-child policy exacerbated the country’s ratio of sex-selective female abortions. In American media, Asian females have been portrayed as sexually available, one-dimensional characters, as can be seen in movies such as *Lotus Blossom and the Dragon Lady* (1930s) and *Geisha Girl* (1952). The stories that are being told by the dominant culture about Asian-American women negatively impact how they view themselves.

For the purposes of this paper, “youth” encompasses adolescence and young adulthood, and is defined as the age range of 15-24 years old. During this period, individuals are susceptible to mental health issues as they balance the pressures of navigating confusing relationships, succeeding in high school, and applying to college. Among youth who are immigrants and/or 1.5- or 2nd-generation Asian-Americans, there may be a disconnect between their parents’ traditional values and the dominant culture’s Western values. Filial piety, or loyalty to one’s parents, is another virtue promoted by traditional Chinese culture that may be challenging for Asian-American youth as they begin to establish independence during this time in their lives.

All of these cross-pressures are strongly connected to each aspect of the identities of Chinese-American female youth, creating a unique set of circumstances for their mental health.

Possible Solutions

In their article, Sue and Sue noted that there is an extremely low rate of utilization of mental health services among Chinese people. Unfortunately, this is still true today. According to a report by the Substance Abuse and Mental Health Services Administration in 2015, Asians had the lowest estimated use of mental health services out of all ethnic groups surveyed, at only 4.9 percent. This section of the paper explores strategies to address this issue through three main solutions that aim to increase the efficacy of mental health services for Chinese-American female youth. These solutions hold potential as keys to drastic change; it is important to note that they belong not in the hands of one therapist or an individual client, but the larger Asian-American community and society.

First and foremost, there needs to be more diversity within the field of mental healthcare. People may be more inclined to seek help if they can see therapists who come from similar backgrounds. Current mental health services and organizations such as the American Psychological Association emphasize cultural awareness, but it is important to draw the line between a therapist who is culturally aware and a therapist who can empathize with a client because they come from the same cultural background and have had similar experiences. Since the current “talk therapy” model may not be the most helpful in addressing Asian-American women’s mental health issues, culturally sensitive and appropriate intervention models should be developed and tailored to individual needs (Augsberger et al., pp 7).

Secondly, instead of waiting until youth reach a breaking point, mental health services should be available to students in earlier stages of their education. Normalizing the use of mental health resources would ideally begin in elementary school, and educational organizations would continue promoting resources in middle schools, high schools, and universities. With constant exposure to information about mental health during their time in school, Asian-American students would be well-equipped to deal with mental health problems throughout the rest of their lives, should they emerge.

Finally, it is important to actively include Asian-Americans — both participants and researchers — in mental health research. Thanks to scientists all over the country, new mental health services are being developed and on the way to becoming approved for legal medical use. Clinical trials for novel psychiatric treatments such as psychedelic-assisted psychotherapy have delivered promising results for alleviating treatment-resistant depression, complex post-traumatic stress disorder, and alcoholism. Although there are significantly higher rates of psychopathology among communities of color (Michaels et al., pp 3), who is really being included in these studies? According to a survey of 18 studies of clinical trials for psychedelic-assisted psychotherapy, Asians made up only 1.8 percent of all participants (Michaels et al., pp 9). How can mental health services and new therapies effectively serve Asian-Americans if they are not being included in a meaningful way?

The lack of Asian-American therapists, researchers, clients, and participants likely contributes to and is caused by a vicious cycle: The already-present stigma around mental health leads to few Asian-Americans entering careers in this field. Without Asian-American therapists

to provide mental health services, potential clients may be discouraged from seeking help, which worsens individuals' mental health, increases the stigma, and so forth.

Conclusion

In examining the historical background, cultural contexts, and pressures shaping the mental health of Chinese-American female youth, it is clear that this population is subject to a combination of internal and external factors unique to their identities. The experiences of young Chinese-American women encompass cultural and familial expectations, gendered stereotypes, and conflicting values; these all play a role in the mental health struggles they face. As a population with one of the highest risks of suicide and mental health issues, yet among the least likely to seek help, the individual needs of Chinese-American female youth are not to be taken lightly.

It is well-intended for mental health services to go beyond lip service and genuinely keep diversity and inclusion in mind, but this does not always translate to effective treatment for certain groups, due to cultural differences. Moving forward, mental healthcare has much potential for progress in increasing awareness of the needs of specific populations, diversifying the field, promoting resources early in students' lives, and making meaningful efforts to include Asian-Americans in opportunities for treatment.

As attitudes towards mental health are gradually improving in our society, more and more Asian-Americans have spoken out and shared their stories about mental health. There is hope that, one day, all Asian-Americans can start conversations about how we *really* feel, and take a step towards becoming at peace with ourselves.

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