

Cultural Affiliation and Mental Health Disruptions of Second Generation Asian Americans in College

Jae Won (Jake) Sim

Abstract

The subject of mental health is something that is often stigmatized and overlooked in conversations, and this holds especially true for people of immigrant backgrounds coming from places and cultures in which mental health is a topic that is not discussed and has not been widely recognized and regularly treated in the mainstream, such as in many Asian cultures. In my research, through literary analysis and four qualitative interviews, I delve into how the cultural identity of Second Generation Asian Americans (SGAA) plays a role in their mental health states as well as in their mental health care as they go on their journey in higher education in pursuit of “the American Dream”. Without proper recognition, prioritization, and treatment of mental health issues and without ways to find the root of a problem and address it in order to find better ways to cope, 2nd generation immigrant youths are at large risk to fall into harmful cycles that can be detrimental and injurious to their progress and their lives. I will delve into the how factors such as immigration stress, assimilation, cultural differences, dual identity, family pressures, racialization, and the model minority myth contribute to the higher risk of mental health complications for SGAA in college, threatening their ability to thrive and sometimes even to survive. Hopefully, with a better understanding of the social conditions that SGAA face in college, better systems of mental health support and treatment can be widely circulated to help future generations of SGAA understand and cope with their unique predicaments.

Keywords: mental health, ACEs(Adverse Childhood Experiences), assimilation, racialization, othering, un/belonging, im/migration, transnationalism, cultural citizenship, acculturation, post-conflict

Introduction

The subject of mental health is something that is ever so often stigmatized and overlooked in conversations, and this holds especially true for people of immigrant backgrounds coming from places and cultures in which mental health is a topic that is not discussed and has not been widely recognized and regularly treated in the mainstream. For many second-generation immigrants, it is often something that is not acknowledged or considered until it may be too late.

In my research, through literary analysis and qualitative interviews, I delve into how the cultural identity of Second Generation Asian Americans (SGAA) plays a role in their mental health states as well as in their mental health care as they go on their journey in higher education in pursuit of “the American Dream”. The issue of extreme mental health difficulties among SGAA in college was brought to the forefront of my attention mostly through the individual cases of SGAA friends’ and family’s experiences, that had been confided to me, as well as that of my own experience, in what seemed to be a pattern repeating itself many times over and over. In this personal search and hearing from others, I had also discovered a significant lack of resources available for culturally competent mental health care or information on the mental health struggles of Asian Americans. The summer before my senior year in high school, after he had a severe bipolar episode, I found out that someone very close to me had long been depressed and often contemplated and even attempted suicide. Not long after, I heard similar stories from two other close Korean American friends that I spoke with. Then, especially after arriving at Berkeley for college myself, I met many second generation Asian American friends who

struggled with mental health issues such as depression, anxiety, OCD, bipolar, and borderline personality disorder, among others, and those were only among the people who were able to get diagnosed professionally and trusted me enough to confide this to me. In the Spring of 2017, when Trump was inaugurated and it felt like the country's leadership and values were flipped upside down, my mental health suffered a lot with a surge in the power of the capitalist white patriarchy. After some emotionally intense events, my landlord called the police on me and I myself was 5150'ed and taken away in handcuffs to a psychiatric ward for an involuntary three day hospitalization. After years of noticing a pattern of failed mental health support systems for SGAA, I knew that I had to delve into this topic for the sake of those around me who suffered it and for those to come who will suffer these conditions later.

Without proper recognition, prioritization, and treatment of mental health issues and without ways to find the root of a problem and address it in order to find better ways to cope, SGAA are at risk to fall into harmful cycles that can be detrimental and injurious to their progress and their lives. This lack of mental health care not only puts them in danger of suffering losses in educational goals and in health, but can also put their lives at stake, especially for Asian American young adults. Studies show that among Asian Americans, the age group of 20-24 had the highest suicide rate (APA, 2012). Studies show that suicide was the leading cause of and accounted for about a third of all deaths in Asian Americans aged 15-24, more than for any other ethnic group in the US (CDC, 2017). Despite being the ethnic group seemingly most fatally affected by issues in mental health at this age group, Asian Americans were found to utilize health care services at only a third of the rate of white Americans, while Black and Hispanic Americans were found to utilize such services at half the rate of white Americans (National Alliance on Mental Illness, 2021). In addition, according to a lecture by Professor Catherine

Ceniza Choy in Spring 2018, contrary to the model minority myth, Asian American college students are more likely to seek medical leave or be on academic probation, and are less likely to graduate in four years, compared to the average white American student. Any countless number of different factors may play into this disparity, and mental health complications arise differently in every individual, but there are likely common ties related to their identities as Asian Americans that may exacerbate these conditions.

I will delve into how factors such as immigration stress, assimilation, cultural differences, dual identity, family pressures, racialization, and the model minority myth contribute to the higher risk of mental health complications for SGAA in college, threatening their ability to thrive and sometimes even to survive. Hopefully, with a better understanding of the social conditions that SGAA face in college, better systems of mental health support and treatment can be widely circulated to help future generations of SGAA understand and cope with their unique predicaments.

Literature Review

In a study of Adverse Childhood Events (ACEs) among minority college students, Dorvil found that ACEs and discrimination experiences lead to greater depressive symptoms among students who are older, female, a sexual minority, a racial minority, have less educated parents, or are attending a public university as opposed to a private one. According to Dorvil, nearly a third of undergraduates at some point experience significant mental health difficulties. They discuss the effects of racial and other discrimination and adverse experiences in childhood as risk factors among young adults and college students, including abuse, household dysfunction, neglect, bullying, and witnessing violence, among others. These factors tend to be common among second generation immigrants and minorities as they navigate the difficulties of moving

to a completely new world and one in which they are often discriminated against and have to struggle to belong financially as well as socially. Stereotypes imposed by the larger structure of society inevitably affect racialized minorities, whether through internal understanding of themselves, or through external factors of those around them. For many Asian Americans who cannot match up to the expectations of the model minority myth, there are heavy emotional and social consequences in feelings of inadequacy or incompetence. The research shows that the prevalence of these risk factors is consistently associated with increased risk of dangerous behaviors, poverty, and premature death. The studies show that college students who had been exposed to such adversities during the developmental stages are more likely to develop mental health illnesses such as depression, anxiety, eating disorders, substance abuse, and insomnia, and are more likely to drop out of college.

In the book *Becoming Asian American*, Kibria discusses the model minority myth that plagues the social perceptions and therefore the social realities of SGAs. She also indicates that while the first generation parents may tend to believe in the myth of the meritocracy in the American Dream, the second generation tends to be more skeptical of such idealizations and more cognizant of the effects of stereotypes, racial targeting and exclusion. This can be largely attributed to the fact that the first generation tend to work and live more among co-ethnic communities away from the mainstream American society. First generation immigrants also tend to have more of a developed sense of identity, knowing a place they could call their “home”, where they belong or once belonged. However, as Kibria elaborates, the second generation becomes “a part yet apart” of America, while knowing no other home. Despite having the cultural and language fluencies to match their white American peers, they still face the consequences of racialization, which places limits on them. Kibria goes on to describe how the

model minority stereotype applauds Asian American achievement but also portrays the individuals as “good but limited students” almost as one-dimensional robots. This restricts Asian Americans with a bamboo ceiling as they are put into a box by others into what they can or cannot do, while at the same time erasing Asian American stories of struggle and excluding them from assistance with the assumption that they are self-reliant and successful. In an interview, Korean American Hea Ran explains, “Asians are supposed to be like this... good at math, good at the violin, super successful. I’ve felt inadequate, and I think that’s a common Asian American experience. But of course Asians are not all successful. That’s a myth we’re fed by this society.” The Asian Americans who do not have as much education, money, or capital are made invisible and are forced to struggle on their own against assumptions and perceptions by others that they are fully successful and self-reliant. It highlights only the super-successful and treats those who do not fit it as anomalies. However, with such impossibly high standards and little help, many Asian Americans feel like they are substandard and drowning under expectations, but often have few resources to turn to.

In the *Asian American Achievement Paradox*, Lee and Zhou further discuss the harmful effects of the model minority myth. It is important to recognize that the Chinese Exclusion Act of 1882 was the first US law that banned immigration from any country by race or origin. Then, the Hart-Cellar Act of 1965 opened up a path to immigration and naturalization, but only for those with high professional skills or high education. This has contributed considerably to the phenomenon of many Asian American immigrants coming from highly educated and “successful” backgrounds. This then led to a cycle of increased ethnic capital with the highly educated professionals putting more emphasis and pressure on the younger generation to prioritize academic and professional achievement. However, with such high expectations, often

set by highly educated parents who fear downward mobility, Lee and Zhou found that many SGAA who have excelled academically, professionally, and financially by most standards, often still feel unsuccessful. In addition, their research found that most second generation Asian Americans did not match or come close to matching the model minority success frame, especially regarding education and socioeconomic status. However, those who do not match the typical ethnoracial cultural success frame go unnoticed and are almost invisible. The authors point out that those SGAA who do not subscribe to the common success frame of many Asian Americans often interact and live with people of other ethnicities and despite much lower income and education than their academically oriented co-ethnic peers, tend to be much happier and satisfied in life.

Sample

For this study, I used a convenience sampling of students from UC Berkeley of SGAA whom I had known and who were willing to participate in the study regarding mental health and had taken academic leave. All four interviewees were male second generation Asian Americans aged 19 to 26 who were undergraduate students or recent graduates at UC Berkeley. All of them had faced interruptions in their studies at Cal due to severe mental health complications and after meeting with mental health care professionals, were diagnosed with various conditions including bipolar, schizophrenia, OCD, and anxiety. I asked them each a set of 13 questions about themselves, their parents, higher education, their break from academia, cultural identity, the model minority stereotype, and mental health care to help understand their stories and perspectives. All four interviews took place for about an hour each on May 11, 2020, three of them by phone calls and one of them by text messages for preferred communication.

Gary is a 22 year old Chinese American student from a small college town in Missouri. After some “mental breakdowns”, he took a one-semester break, living with his family and taking community college classes, before returning to UCB to graduate in 4 years in Spring 2020 and is now in a UCB Master’s program in Geo-Physics. John* is a 19 year old Chinese American EECS major from Santa Clara who took a one-semester break and went to rehab before returning to school and is now on track to graduate within 4 years. Randy* is a 26 year old Indian American student from Claremont who is now in a Master’s program for Sociology in CSULA. He graduated from UCB in Peace and Conflict Studies after a 2 semester break from school to address sleep deprivation and depression that he endured in college. Lastly, Michael* is a 26-year old Korean American from Victorville in San Bernardino, who took 5 breaks from school to work, rest, and heal before graduating in 8 years with a major in Society and Environment.

Findings

Firstly, it is important to recognize the stigma and difficulty around talking about “mental health disorders” or “mental illness”, especially among the Asian American community, associated with feelings of shame and shortcoming. Among the limitations of western labeling of mental conditions as illnesses or disorders is that it creates a hierarchy between those who have mental health disorders and those who don't because the categorization of a mental health "illness" creates a stereotype of weakness. In addition, it can be difficult or even re-traumatizing sometimes to re-visit certain stories from the past, and so, the conversations in my interviews were often very heavy, serious, emotional, and confidential. For this reason, I am using pseudonyms and want to provide a trigger warning of violence, abuse, and mental illness. In the analysis of their responses, I have divided the findings into three main themes of: when the mental health complications developed and how college affected it, their thoughts on Asian

American culture, assimilation, and the model minority stereotype, and the relationship with and role of their parents in their lives, mental health, and healing.

College and Mental Health Complications

My first finding of note was that like in my own case and that of my brother, all four interviewees did not experience severe mental health complications in need of professional care until after high school when they had moved out away from their families and were attending college. In fact, all of them had been deemed “normal” and healthy in terms of mental health until certain incidents that occurred in college.

Gary took a break in the first semester of his junior year and went back to Missouri to live with his family and attend the local community college. It wasn't until the summer after his sophomore year that he experienced severe episodes in which he went missing for a night or two and woke up alone and confused far away from home. Randy left school for a year due to stress and anxiety after his junior year. He had faced struggles with sleep deprivation and depression throughout his college career, but was unable to receive the support and treatment he needed due to misunderstandings until he was 3 years in and absolutely needed the medical attention to address a chemical imbalance. In his second semester back at school, he left again due to a mental breakdown. John has suffered emotional and physical abuse from his family, his father in particular, throughout his life even as a developing child, but was never able to receive professional mental health care until the summer after his freshman year when after a fight with his father, in which his father attempted to fatally hurt him for substance use, the police took John away in a 5150. It wasn't until he reluctantly went to a costly rehabilitation program in Utah for two months that he was finally able to meet with a mental health care provider, although he no longer receives such care due to excessive medical expenses. Michael was also not

diagnosed or given recognition of his mental health difficulties until after his sophomore year when he left school. He commented that it was then that he realized “the severity of my depression and other mental disabilities in addition to the extent to which my childhood traumas had affected me over the course of my life.”

According to a study by Indiana University, recent family, academic, and financial problems were the most common significant events among Asian American college students that led to suicide ideation (Wong). All four interviewees came to Cal as freshmen directly after high school, far away from home, after high school, surrounded by a mainstream culture that included a considerable pressure to succeed. Coming to a super competitive environment such as Cal with fewer resources as understaffed public university and being in such a new place and new culture with a newfound independence likely contributes significantly to the development of mental health complications. In fact, Mayo Clinic lists school as one of the major stress factors that can aggravate or lead to mental health disorders. As a location and stage in life where many adolescents and particularly SGAA, develop mental health struggles, the college campus and community should be aware of the severe negative impact on mental health that the difficult experience of college can have and work to look out of this and address it.

Asian American Assimilation and the Model Minority

Another important theme was the importance of cultural identity in lives of the interviewees and how assimilation and the stereotype of the model minority myth affected them. In Rolla, Gary grew up in a conservative white town with little to no Asian American presence or representation. Roughly 100 miles away from St. Louis, most recently known for its racist atmosphere and the state-sanctioned police murder of Michael Brown, Rolla had a few Asian restaurants, but no cultural grocery stores or community centers. When Gary came to California,

that was the first time he was able to be around a significant Asian American community and very much enjoyed being around people with similar backgrounds, stating that life has felt more meaningful around people who can understand him culturally. He stated that he had been raised to work hard for “objective success” and to endure stress to achieve in academia.

John discussed how when he was in middle school, he was exposed to more diverse groups of people and started to develop his cultural identity. He also was pushed by his parents to work hard for a good education and well paying job. However, he spoke at length also about the frustrations he faced with the model minority stereotype. He mentioned feeling annoyed at having been told by a lot of people that he “looks like the stereotypical Asian norm”. He mentioned how people would put him in a box and expect to act in a certain way and act very surprised when he did anything not seen as typically Asian, such as indulgence in substance use. He did not see himself as the Asian stereotype and would be surprised when people made such racial assumptions and this led him to act out in a way, going out of his way to do the opposite of what people expected of him, even if such actions would be harmful to him. I myself can very much relate to this in having acted in the far extreme opposite way to counteract people’s assumptions about me.

Michael also had a similar story of suffering from the model minority stereotype that people tried to box him into. As one of the only Asians at his school, he “was expected to always be the best in school”. He said that when he entered middle school and met other Asians, it made him “abandon trying to excel academically because of how much it dictated their lives”. When he entered high school, he “hated the fact that other Asians were attending SAT schools for thousands of dollars while my parents and I were struggling to even survive”. This demonstrates the reality for those SGAA who do not have the resources and ethnic, social, or financial capital

to match up to the model minority expectations. These are the SGAA who are made invisible, excluded, and fall through the cracks, left out of support, despite the serious need for support. He added that the model minority led to him being alienated from most communities when he got to Cal. While the “Korean community adheres to the same achievement model that [he’d] grow to hate... the EOP [Educational Opportunity Program] community tends to subtly disregard me due to being Korean and the assumption that I come from money”. In Randy’s case, he had always identified as an Indian American and always held Indian culture very close to him. He felt that he never assimilated to white American life, but also that he always “felt like the odd one out among Asian Americans in high school because [he] didn’t fit the model minority stereotype”. I can also relate to the feeling of outcast, exclusion, and lack of belonging resulting from failing to match up to the specific standards of the model minority and the mainstream Asian American community, as Kibria, Lee, and Zhou also describe.

Relationship with and Role of Parents

In addition to the stresses of assimilation trauma, SGAA are often forced to navigate difficult relationships with their first generation parents, which may be hindered by language and cultural barriers. This is often further complicated by extremely high expectations and pressures to live up to the myths of the model minority and the “American Dream”, that they may insist they worked so hard and sacrificed so much for in migrating to provide on behalf their children. According to a lecture by Professor Carolyn Chen, studies found that among teens of all ethnic identities, Asian Americans were least likely to have close emotional relationships with their parents or have open communication with them. They were also found to have the highest levels of discipline and expectations and to be the most likely to report lying to their parents. It is likely that the high expectations and pressure placed on SGAA by their immigrant parents play a

significant role in a tendency toward relatively distant relationships. This then hinders an open support system from an adolescent's most influential adults with minimal discussion about the struggles one faces in life or about difficulties with mental health.

Gary, John, and Randy all reported that their parents had throughout their lives held high expectations for them to succeed academically and professionally. This added pressure made things harder for them when they were not able to match up to these expectations and they all acknowledged conflicts with their families in trying to discuss mental health struggles and options for diagnosis and treatment. During their time off, however, they were able to spend quality time with and build a much more close connection with their parents, which made a critical difference in their return to health.

Michael, however, stood apart in this sense as he reported that his parents did not pressure him to push academically, but rather stood by him in all of his decisions and fully supported everything even if it meant abandoning school. He stated that he was "extremely, extremely close" with his parents throughout his entire life, and that his relationship with his "parents is the single most important relationship in [his] life". He did not return to his family during his breaks from school, but instead had been working and sending money to help support them throughout his time after high school as well as before college. One major factor that may have led to this difference is the fact that Gary, John, and Randy's parents had all received graduate or other higher education in the US, meaning that anything less from their children would be downward mobility over the generations. For Michael, however, his parents had not been able to finish college and they did not pressure him as much to do so. However, in all four cases, close relationships with their parents were a crucial part of their restoration back to health before returning to college and their maintenance of mental health when they returned.

Discussion and Conclusion

In this study, I have explored the possible causes of a relatively high number of cases of mental health distress and suicide ideation and attempts in second generation Asian American college students. Past research and literature have shown that second generation immigrants and ethnic minorities are more likely to experience adverse childhood events that can increase the chances of mental health complications later in life. Furthermore, in between cultures and identities, without a solid place of belonging, these SGAA are more likely to suffer mental health conditions than their immigrant parents. They are given ascribed as opposed to voluntary ethnicity in assimilation and have the model minority stereotype and myth imposed upon them by the surrounding society. These impossibly high expectations lead to feelings of inadequacy and disappointment for those who attempt to match up to them. Meanwhile, those who cannot pursue these achievement models are ignored and left to fall through the cracks while virtually made invisible to the larger society by the model minority myth. Through the case studies of the four interviewees, it is evident that the experience of college is a common site for the development of mental health complications for SGAA. The interview data also backs the literature in that the model minority myth is deleterious to the mental health of SGAA. Lastly, the data affirms the importance of open connection, honest communication, and understanding support of the SGAA by their first generation parents who may hold unrealistic expectations from their children for the “American Dream” while holding a bridge between the two cultures and worlds. In order to help mitigate the devastation and disturbance of mental health complications in second generation Asian Americans, we must put more energy into debunking the model minority myth, opening up discussions about mental health and realistic expectations

with parents, and creating more visibility and support of those struggling with mental health in the formative years of college.

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