

ACCULTURATION AND RACIAL HARASSMENT AMONG ASIAN AMERICAN
COLLEGE STUDENTS

By

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ABSTRACT

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Despite increased research attention to multicultural issues, Asian American immigrants and citizens continue to report frequent experiences of racial harassment and discrimination. However, the frequency and consequences of racial harassment among this population have yet to be adequately examined in the existing research literature. Thus, the authors examined the relationship between acculturation, racial harassment, and mental health among 193 Asian American undergraduates. Using a series of hierarchical linear regressions, the current study tested the minority stress model and the rejection-identification model through an acculturative perspective. Findings provide support for the minority stress model over the rejection-identification model. Implications of the findings and directions for future research will also be discussed.

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Introduction

The immigration history of Asian Americans in the United States is fraught with social and institutionalized racism, including restrictions on interracial marriage, citizenship, and land ownership. Institutionalized discrimination against Asian Americans began as early as 1882 with the Chinese Exclusionary act, which barred Chinese immigrants in the U.S. from becoming citizens, and continued to occur as late as 1944 with the Executive Order 9066, which marked the internment of over 120,000 Japanese Americans during World War II.

Although the law no longer permits blatant institutionalized racism, discrimination against Asian Americans persists. High incidence rates of racial discrimination among Asian Americans have been well documented within the literature. For instance, data from the National Latino and Asian American Study (NLAAS) found that 62% of Asian Americans reported experiencing unfair treatment, being disliked, or witnessing a friend being treated unfairly due to race (Chae, Takeuchi, Barbeau, Bennett, Lindsey, & Krieger, 2008). Among the Chinese American immigrant participants in the NLAAS, 43% reported experiencing racial discrimination in the past year (Goto, Gee, & Takeuchi, 2002). Furthermore, a study of the 2007 California Health Interview Survey found that reports of threats and harassment ranged from 12% in Japanese Americans to 19% in Filipino Americans (Gee, Ro, Shariff-Marco, & Chae, 2009).

Acculturation, defined as the process of cultural adaptation and adjustment on individual experiences with sustained contact in a new cultural environment (Balls Organista, Marín, & Chun, 2010), may be related to racial discrimination, although the findings to date are mixed. For instance, newly arrived immigrants who maintain the cultural norms and values of their original culture (i.e., heritage culture) may experience differential treatment than another

immigrant who strongly identifies with the dominant culture's norms and values (i.e., mainstream culture). A recent study revealed a negative relationship between reports of race-related workplace discrimination and time spent in the U.S. among Filipino Americans (de Castro, Gee, & Takeuchi, 2008); however, other studies have found that time spent in the US (Goto, Gee, & Takeuchi, 2002) and nativity (i.e., American versus foreign born; Kuo, 1995) was positively related to reports of racial discrimination among Asian Americans in general.

Despite these studies on racial discrimination, racial harassment, which is a form of racial discrimination, has been underexamined among Asian Americans. The lack of psychological research in this area limits our knowledge about the mental health effects, as well as the extent to which racial harassment is experienced by Asian Americans. Thus, the proposed study seeks to examine the relationship between acculturation, racial harassment, and mental health among Asian American college students. By examining the indirect effects of acculturation and racial harassment on mental health, the study tests two competing models. The minority stress model (Meyer, 2003a) suggests that less acculturated individuals will experience more frequent racial harassment leading to worse mental health. Under this model, individuals with high mainstream culture orientation will experience better mental health due to fewer instances of racial harassment than individuals with low mainstream culture orientation. Thus, racial harassment mediates the relationship between acculturation and mental health. In contrast, the rejection-identification model (Branscombe, Schmitt, & Harvey, 1999) predicts that individuals who experience greater racial harassment will decrease identification with the mainstream culture (i.e., become less acculturated) leading to better mental health. In other words, individuals who respond to racial harassment by decreasing mainstream culture orientation will experience better mental health than those who respond by increasing mainstream culture orientation. Thus, this

model proposes that acculturation mediates the relationship between racial harassment and mental health. The main difference between the two models is whether mental health is influenced by differential treatment due to an individual's acculturation level or influenced by a shift in mainstream culture orientation in the face of racial harassment.

Racial discrimination and harassment

Racial discrimination refers to unequal treatment based on an individual's race, color, ethnicity, or national origin that results in disparate outcomes to the individual (Civil Rights Act, 1964); they are associated with a variety of negative psychological, physical and work outcomes (Barnes, Mendes de Leon, Lewis, Bienias, Wilson, & Evans, 2008; Darity, 2003; Forman, 2003; Harrell, 2000; Jackson, Brown, Williams, Torres, Sellers, & Brown, 1996; Klonoff, Landrine, & Ullman, 1999; Schneider, Hitlan, & Radhakrishnan, 2000; Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003; Williams, Neighbors, & Jackson, 2003). Following the 1972 ruling in *Rogers v. EEOC*, *racial harassment* was defined as a form of *racial discrimination* in violation of the Civil Rights Act of 1964. Legal definitions of *racial harassment* refer to a variety of comments, gestures, and behaviors based on race, color, ethnicity, or national origin that create a hostile environment, interfere with one's education or work, or interfere with an individual's ability to fully participate in, or benefit from, academic or work-related activities (CRA of 1964, Title VI, as amended 42 U.S.C. § 2000d; CRA of 1964, Title VII, as amended 42 U.S.C. § 2000e).

For the current study, we define *racial discrimination* as the reservation of benefits for one racial group and the limitation of benefits for another (Bergman, Palmieri, Drasgow, & Omerod, 2007). For example, *racial discrimination* may manifest as the limitation of opportunity in a workplace environment such as hiring or firing an employee based on race. In

contrast, we define *racial harassment* as the differential treatment of an individual based on his/her race (Harrick & Sullivan, 1995). For example, *racial harassment* may manifest as offensive racial remarks or slurs or exclusive behavior due to an individual's race (Schneider, Hitlan, & Radhakrishnan, 2000). Racially harassing behaviors may result in observable forms of disparate work or educational opportunities, thus meeting the legal definitions of discrimination. However, a variety of negative race-based behaviors may fall short of the legal standard despite being harmful (e.g., Buchanan, Bergman, Bruce, Woods, & Lichty, 2009; Fox & Stallworth, 2005; Raver & Nishii, 2010).

Racial harassment, particularly among Asians and Asian Americans, has received relatively little attention in existing research compared to perceived racial discrimination and racial micro-aggressions. A number of studies have associated perceived racial discrimination with depression, anxiety, posttraumatic stress disorder, low self-esteem, and poor psychological well-being among Asian American populations (e.g., Carter and Forsyth, 2010; Dion, Dion, & Pak, 1992; Gee, Spencer, Chen, Yip, & Takeuchi, 2007; Juang and Cookston, 2009; Loo et al., 2001; Mossakowski, 2003; Noh & Kaspar, 2003). Similarly, racial microaggressions, or subtle acts of racism, have been associated with low self-esteem, depression, anxiety, stress, and negative internalizing and externalizing emotions among Asian American college students (Wang, Leu, & Shoda, 2011; Yoo, Steger, & Lee, 2010). Our understanding of Asian American experiences of racial harassment, however, is underdeveloped. One study found that racial harassment was associated with poor life satisfaction and general clinical symptomology among Asian American college students (Buchanan et al., 2009). Research conducted with other ethnic minority populations in the U.S. have found relationships between racial harassment and increased emotional discomfort, anger, feelings of threat (Hurtado, 1992; Neville, Hepner, &

Wang, 1997; Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003; Swim, Hyers, Cohen, Fitzgerald, & Bylsma, 2003), and poor physical health (Raver & Nishii, 2010).

Acculturation

Early attempts at modeling acculturation were based on a unidimensional perspective in which heritage culture maintenance and dominant culture learning were on two poles of a unidirectional construct (Thurnwald, 1932). Later reconceptualizations, however, viewed acculturation as a bidimensional process wherein heritage culture maintenance and dominant culture learning is orthogonal (Berry, 2003). This model describes four modes (integration, assimilation, separation, and marginalization) that are used to describe the extent to which the individual finds (1) maintaining one's heritage culture important and (2) creating relationships in or learning about the dominant culture important. Individuals who report maintenance of heritage culture and openness to the dominant culture as important are categorized under the integration mode. Individuals who report heritage culture maintenance is important and dominant culture learning is unimportant are categorized under the separation mode. In contrast, individuals who report that heritage culture maintenance is unimportant, while believing in the importance of learning about the dominant culture are categorized under the assimilation mode. Finally, if neither heritage culture maintenance nor dominant culture learning are important, the individual is categorized under the marginalization mode (Berry, 2003). Whereas many studies conceptualize acculturation as a unilateral process (i.e., high/low acculturation), in the present study we adopt a multidimensional approach, which adds greater complexity to our knowledge of how Asian Americans experience racial harassment.

Acculturation and Racism

Two common frameworks that have been used to help understand minority experiences of racism are the *minority stress model* and the *rejection-identification model*. The *minority stress model* proposes that “individuals from stigmatized social categories are exposed to excess stress as a result of their social, often a minority, position” (Meyer, 2003a, p. 676). One component of the model identifies prejudicial events (e.g., racial discrimination or harassment) as mediators between minority status and negative mental health outcomes. In partial support of this model, minority stressors in general (Wei, Liao, Chao, Mallinckrodt, Tsai, & Botello-Zamarron, 2010; Wei, Ku, & Liao, 2011), and racial discrimination and harassment in particular, have been associated with poor mental and physical health among ethnic minority individuals (Brondolo, Rieppi, Kelly, & Gerin, 2003; Clark, Anderson, Clark, & Williams, 1999; Contrada et al., 2000; Dion, 2002; Landrine, Klonoff, Corral, Fernandez, & Roesch, 2006; Myer 2003).

Because minority status is both socially constructed and imposed upon individuals by members of the dominant culture (Sanchez & Chavez, 2010), it is possible that experiences of minority stress (e.g., racial harassment) may vary according to an individual’s ability to navigate the mainstream culture. Successful integration into the mainstream society may diminish an individual’s “foreignness,” resulting in fewer negative experiences with the dominant group (see Byrne, 1971, for similarity hypothesis). Empirical studies have found that perceived racial discrimination is related to acculturation; however, findings from existing studies are mixed. For instance, de Castro, Gee, and Takeuchi (2008), found that length of U.S. residency was negatively related to experiences of racially based work discrimination among Filipino Americans. However, Goto, Gee, and Takeuchi (2002) found that more acculturated Chinese American immigrants were more likely to report frequent racial discrimination. Ying, Lee, and Tsai (2000) similarly revealed a positive relationship between reports of discrimination and

mainstream cultural orientation among Chinese American immigrants. One possible explanation for these mixed findings is differences in background characteristics of the samples (e.g., geographic region, ethnic density, age, socioeconomic status, and contact with the dominant society) or potential limitations in existing measures of perceived racial discrimination, which will be discussed later. Accordingly, the minority stress model predicts that individuals with integration and assimilation acculturation styles may have fewer experiences of racial harassment. Furthermore, individuals who experience fewer instances of racial harassment will have better mental health regardless of identification with heritage culture.

An alternative framework to the minority stress model is the *rejection-identification model* (Branscombe, Schmitt, & Harvey, 1999), which explains how experiences of discrimination lead ethnic minorities to increase ingroup identification. When faced with an event that may potentially threaten an individual's social identity, the model suggests that those who enhance minority group identification will fare better than those who do not. Empirical studies with various ethnic groups such as Arab Americans/Middle Eastern Americans, Latino Americans, and African Americans support this model (Awad, 2010; Branscombe, Schmitt, & Harvey, 1999; McCoy & Major, 2003); however, few studies have examined the extent to which racism affects the process of cultural adaptation and adjustment among Asian Americans. In one exception, a longitudinal study of Chinese American adolescents living in San Francisco found that initial levels of discrimination predicted slower orientation toward the mainstream culture over time (Juang & Cookston, 2009). As follows, it is plausible that minorities may respond to racial discrimination or harassment by decreasing orientation toward the mainstream culture. More frequent experiences of racial harassment, therefore, may lead to the separation mode of acculturation, which may lead to better mental health outcomes.

Measuring racial harassment and discrimination

The majority of existing studies examining negative race-based experiences utilize potentially problematic measures that prompt participants to report how often they have perceived themselves to be the target of discrimination, broadly defined (e.g., Finch, Hummer, Kolody, & Vega, 2001, Kessler, Mickelson, & Williams, 1999; Noh et al., 1999; Pernice & Brook, 1996; Gee, 2002). However, measures of perceived racial discrimination, defined as the subjective experience of prejudicial treatment based on a person's race/ethnicity (Jackson, Brown, & Kirby, 1998), are limited to the perceptions of the target and whether or not the target labeled the experience as discrimination based on his or her race. As such, they may not fully capture Asian American experiences of racism or offer sufficient clarity in regard to the nature and context of the experience. First, vague perceived racial discrimination items (e.g., "People dislike me because of my race") that do not specify the types of behaviors experienced may lead respondents to refer to vastly different types or dimensions of racial discrimination that may be associated with more or less severe outcomes (Yoo & Lee, 2009). One responder may endorse this item referring to overhearing a racial joke, whereas another may endorse this item in reference to being socially excluded, and a third in reference to a physical assault. A second limitation to existing perceived racial discrimination studies is the continued conflation of racial discrimination and harassment despite efforts to differentiate the two (see Bergman, Palmieri, Drawsgow & Omerod, 2007, or Harrick & Sullivan, 1995, for distinctions), which may both be the result of and a contributor to limited knowledge in regard to racial harassment experiences among ethnic minorities. Lastly, a number of perceived racial discrimination measures lack specificity in assessing the context within which the experiences occurred. As such researchers

are unable to determine whether or not respondents are reporting experiences that occurred at work, in stores, at school, etc.

Research on sexual harassment and gender discrimination (two concepts similar to racial harassment and racial discrimination, respectively) have faced similar challenges in scale construction. In a review of such measures Arvey and Cavanaugh (1995) argued against the use of measures of perceived discrimination and encouraged the use of behaviorally-based measures of specific harassing and discriminatory behaviors (e.g., “Touched you in a way that made you feel uncomfortable?”; Sexual Experiences Questionnaire; Fitzgerald et al., 1988). Similarly, Fitzgerald and Shullman (1993) highlighted the importance of using behavioral items in measuring sexual harassment to ensure uniform interpretation across responders by providing clear references to different types or dimensions of sexual harassment. Given that sensitivity to perceptions of racism differ among Asian Americans (Garrod & Kilkenny, 2007), behaviorally-based racial harassment measures may provide a more stable assessment of their experience. A second challenge addressed by Buchanan and Fitzgerald (2008) argued that aggregating negative gender-related experiences across a variety of contexts limits one’s ability to assess the impact these experiences have on many outcomes. For example, outcomes that are necessary for establishing that discrimination has occurred or assessing the extent to which individuals feel negatively toward their organization and its leadership (both key factors in determining liability and appropriate legal redress) cannot be assessed unless participants are referring to experiences that occurred in a particular work or school environment where responsibility for preventing their occurrence is clear. Further, the valence of such experiences may differ as a result of the investment an individual has in that context. For example, negative treatment at work or school may be more distressing than a random event at a store. Thus, reports of negative outcomes

following such experiences may be attenuated or exacerbated as a result of the context in which the harassment or discrimination occurred. In light of these recommendations, the use of racial harassment scales (e.g., Racial Acts, Crimes, and Experiences Scale, RACES; Bergman & Buchanan, 2008; Buchanan et al., 2009) that specify types and dimensions of racism, as well as the context from which participants should report experiences (e.g., school-based experiences only) may facilitate a greater understanding of racism among Asian Americans.

Previous studies using measures of perceived racial discrimination have significantly contributed to our understanding of the psychological underpinnings of racism among Asian Americans; however, the current study seeks to address some of their limitations. Most notably, this study will incorporate a measure of negative race-based experiences that requires respondents report only those experiences that occurred at school with the past 12 months and uses behavioral items rather than items dependent on the individual respondent's perception of the event.

Current Study

The present study aims to test two competing models, the minority stress model and the rejection-identification model, with a behavioral measure of racial harassment. To accomplish this aim, we plan to examine the extent to which: (1) racial harassment mediates the relationship between acculturation and mental health (minority stress model) and (2) acculturation mediates the relationship between racial harassment and mental health (rejection-identification model). We plan to test these models using two alternative hypotheses. The first hypothesis, drawn from the minority stress model, suggests that integration and assimilation modes of acculturation will lead to fewer instances of racial harassment resulting in better mental health outcomes. In contrast, the alternative rejection-identification hypothesis predicts that greater instances of racial

harassment will result in the separation mode of acculturation and better mental health outcomes in turn.

Testing Alternative Models

Minority Stress Model. In support of the minority stress model, the following three hypotheses must be supported. First, higher integration and assimilation scores should predict fewer experiences of racial harassment, whereas higher separation and marginalization scores should predict greater experiences of racial harassment (H1). Second, greater reports of racial harassment should predict better mental health (H2). Third, following the recommendations for mediation outlined by Hayes (2009), the indirect effects of acculturation (integration, assimilation, separation, and marginalization) are statistically significant (H3). Thus, for high mainstream culture orientation we expect to find integration and assimilation to be negatively related to racial harassment, racial harassment to be positively related to mental health, and integration and assimilation to be positively related to mental health and mediated by racial harassment. For low mainstream culture orientation, we expect to find separation and marginalization to be positively related to racial harassment, racial harassment to be negatively related to mental health, and separation and marginalization to be negatively related to mental health and mediated by racial harassment.

To test this model, four sets of analyses for each acculturation mode will be conducted using INDIRECT, an SPSS script developed by Preacher and Hayes (2008), to examine the direct and indirect effects of acculturation (integration, assimilation, separation, and marginalization scores) on mental health (BSI, BDI-II, and PTSD checklist scores) through racial harassment (RACES score). As recommended by a number of scholars (e.g., Hayes, 2009; Shrout & Bolger, 2002), a bootstrapping procedure will be used and confidence intervals will be

analyzed to assess the mediation model. A significant indirect effect is demonstrated by the absence of zero between the upper- and lower-bound 95% confidence interval. If integration and assimilation are negatively related to racial harassment, separation and marginalization are positively related to racial harassment, racial harassment is positively related to poor mental health, and the indirect effect of mainstream culture orientation on mental health through racial harassment is significant, then the minority stress model is supported.

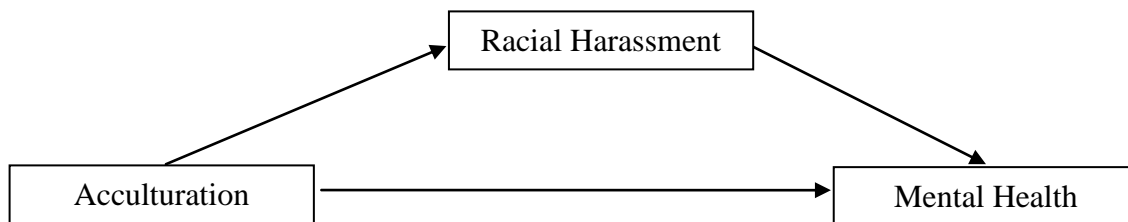


Figure 1. Hypothesized relationships of main study variables in the minority stress model.

Rejection-Identification Model. In support of the rejection-identification model, the following hypotheses must be met. First, greater racial harassment should predict higher separation and marginalization scores, and lower integration and assimilation scores (H4). Second, higher separation and marginalization scores should predict better mental health, whereas higher integration and assimilation scores should predict worse mental health (H5). Finally, the indirect effects of acculturation (integration, assimilation, separation, and marginalization) through racial harassment should be statistically significant (H6).

To test the rejection-identification model, we will use INDIRECT specifying racial harassment as the independent variable, acculturation (integration, assimilation, separation, and marginalization) as the mediator, and mental health (BSI, BDI-II, and PTSD checklist scores) as the dependent variable. A bootstrapping procedure will be used and confidence intervals will be analyzed to assess the mediation model. A significant indirect effect is demonstrated by the absence of zero between the upper- and lower-bound 95% confidence interval. If racial

harassment is positively related to separation and marginalization, and positively related to integration and assimilation (H4); separation and marginalization and is related to better mental health, and integration and assimilation are related to poor mental health (H5); and the indirect effects of racial harassment through acculturation are significant (H6), then the rejection-identification model is supported.

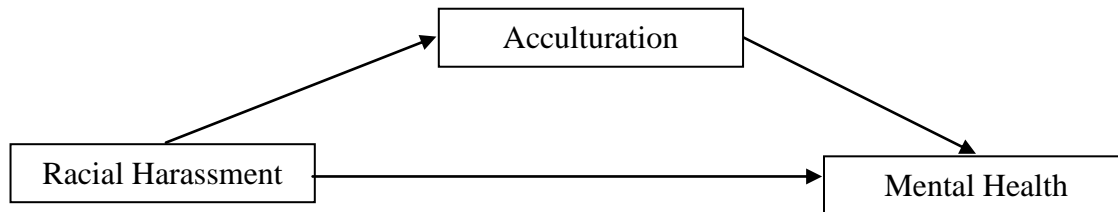


Figure 2. Hypothesized relationships between main study variables in the rejection-identification model.

Methods

Participants and Procedures

Participants were drawn from a larger survey of undergraduate students from a large, Midwestern university (N=2990) that completed an on-line survey on their experiences in college. Participants that self-reported their ethnic membership as Asian/Pacific Islander (n=193, 6.5% of the total sample) were retained for the present study. The mean age of the retained sample was 20.59 years (SD=2.87; range: 16-40), and was comprised of more women (n=134, 69.4%) than men (n=59, 30.6%). Participants were recruited via the departmental research subject pool and received course credit as compensation for their time. The questionnaire began by asking demographic and school-related information (sex, age, education, ethnicity and race, grade point average, and major). Then, psychological, health, and academic outcome measures appeared, followed by the measure of racial harassment. This order was used to minimize the influence of memories of racial harassment on outcome measures.

Measures

Unless stated otherwise, measures were coded such that higher scores indicate greater endorsement of the construct.

Acculturation. Acculturation was measured using a modified version of the East Asian Acculturation Measure (EAAM; Barry, 2001). The EAAM is a 25-item self-report questionnaire that measures acculturation as a multidimensional construct. Changes were made to the wording of the original EAAM to generalize to all ethnic groups. For instance, “Most of the music I listen to is Asian” was changed to “Most of the music I listen to is from my own racial/ethnic background.” The EAAM was used for the current study because it provides comprehensive coverage of assimilation as measured using eight items (e.g., “I feel more comfortable socializing with Americans than I do with people of my own ethnicity”), integration as measured using four items (e.g., “I feel that both people from my own ethnicity and Americans value me”), marginalization as measured using seven items (e.g., “I find that both people from my own ethnicity and Americans often have difficulty understanding me”), and separation as measured using six items (e.g., “People of my ethnicity should not date people of another ethnicity”) subscales. Items are scored using a 5-point Likert-type scale (1=strongly disagree, 5=strongly agree). The integration subscale has been found to be significantly correlated with length of time the person has been in the new culture (Barry, 2001), allowing it to act as a proxy measure of biculturalism. In a sample of East Asian immigrants, Barry (2001) found a subscale reliability of .77, .76, .85, and .74 for assimilation, separation, marginalization and integration, respectively. For the current study, we found subscale reliability coefficients of .79, .76, .87, and .71, for assimilation, separation, marginalization, and integration, respectively. One item (“I tell jokes in

English and in another language”) was found to have poor psychometric reliability and was dropped from the previous integration subscale analysis.

Racial harassment. The frequency of racial harassment was measured using the Racial Acts, Crimes, and Experiences Scale (RACES; Bergman & Buchanan, 2008). Modeled after the Sexual Experiences Questionnaire (SEQ; Fitzgerald, Gelfand, & Drasgow, 1995; Fitzgerald et al., 1988), the RACES asks respondents to report the number of times they experienced 24 specific unwanted race-based behaviors during the past 12 months. Items are structured such that they are applicable to all respondents, regardless of their race, such as “Told jokes or stories which were racist or depicted your race negatively,” “Made statements suggesting that people of your race are inferior,” “Made offensive remarks about your appearance (for example, about skin color, hair) based on your race?,” “Physically threatened or intimidated you because of your race?”. Respondents indicated the frequency of these behaviors using a 5-point Likert-type scale from 0 (never) to 4 (many times). To avoid bias related to labeling themselves as victims of discrimination or harassment, the phrase “racial harassment” was not used until the end of the scale. The scale has been shown to have strong internal consistency (Buchanan et al., 2009); with the present sample, the Cronbach’s alpha coefficient was .96.

General clinical symptoms. The 28-item Brief Symptom Inventory (BSI; Derogatis, 1993; Derogatis & Melisaratos, 1983) was used to measure the frequency of clinical symptoms across five areas (Depression, Anxiety, Somatization, Phobic Anxiety, and Paranoid Ideation) within the past week. Items were rated using a 5-point Likert scale from 0 (not at all) to 4 (extremely). The summed items yielded a General Severity Index indicating severity of psychological distress. Based on the norms of a predominantly White sample of non-patients (Derogatis & Melisaratos, 1983), over 38.7% of our sample met the clinical cutoff for high

distress as indicated by scores greater than 65T. In the present study, the internal consistency coefficient was .94.

Depression. Symptoms of depression were measured using the Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996). The 21-item self-report measure assesses depression according to criteria found in the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; American Psychiatric Association, 1994). Respondents report the presence and severity of depressive symptoms within the past two weeks by choosing one of four statements for each item. For instance, for feelings of pessimism, participants are asked to choose which statement best represents their feelings: “I am not discouraged about my future;” “I feel more discouraged about my future than I used to be;” “I do not expect things to work out for me;” “I feel my future is hopeless and will only get worse.” Items are scored on a 3-point Likert scale from 0 (least severe) to 3 (most severe). Twenty percent of our sample scored greater than 20 suggesting moderate levels of depression and 7.6 percent scored higher than 30 suggesting severe levels of depression. In the present study, the internal consistency coefficient was .94.

Trauma-related symptoms. Trauma-related symptoms were measured using the PTSD Checklist (Weathers & Ford, 1996), a 17-item self-report measure of posttraumatic stress symptoms according to Diagnostic and Statistical Manual of Mental Disorders (4th ed.; American Psychiatric Association, 1994) criteria. Unlike the other well-being measures, the PCL was presented after RH items; instructions were modified slightly to inquire about reactions within the last month to harassment experiences. Responses ranged from 0 (*Not at all*) to 4 (*Extremely*). Example items include “repeated, disturbing memories, thoughts, or images of your stressful experience” and “suddenly acting or feeling as if any of those stressful experiences were

happening again.” Less than one percent of our sample met the clinical cutoff for PTSD. In this study, the internal consistency coefficient was .97.

Table 1

Descriptive Statistics and Bivariate Correlations

	1	2	3	4	5	6	7	8	9
1. Age	--								
2. Marginalization	.02	(.82)							
3. Separation	-.01	.32*	(.77)						
4. Integration	-.18**	-.18**	-.15*	(.70)					
5. Assimilation	-.22**	.06	-.11	.57**	(.79)				
6. Racial Harassment	-.08	.28**	.12	-.22**	-.07	(.96)			
7. General Clinical Symptoms	-.04	.24**	.08	-.18**	-.05	.33**	(.94)		
8. Depression	-.10	.23**	-.03	-.06	.07	.30**	.72**	(.92)	
9. PTSD	.00	.30**	.19**	-.16*	-.08	.30**	.40**	.31**	(.97)
<i>M</i>	20.46	17.80	16.88	15.31	25.02	11.82	20.47	13.32	6.34
<i>SD</i>	2.89	5.09	4.29	2.98	5.74	14.41	16.53	9.62	11.29
<i>Range</i>	16-40	-----	-----	-----	-----	-----	0-75	0-46	0-59
<i>%</i>	-----	-----	-----	-----	-----	-----	38.7%	7.6%	0.4%

Note. Numbers in parentheses are Cronbach's alphas. %=Percent that met clinical cut off

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

Results

Descriptive statistics, bivariate correlations, and Cronbach alphas are shown in Table 1. Consistent with Berry's (2003) fourfold acculturation framework, we find some evidence of the inverse relationship between high and low mainstream culture orientations. Integration was negatively related to separation and marginalization, and positively related to assimilation. Furthermore, separation was positively related to marginalization. These findings suggest that integration and assimilation may be measuring high mainstream culture orientation, whereas separation and marginalization may be measuring low mainstream culture orientation. Although the EAAM was intended to be a multidimensional measure of acculturation, our results indicate that it may be measuring acculturation unidimensionally in our sample. In other words, the EAAM appeared to be measuring the degree to which individuals orient toward the mainstream culture.

We also found relationships between acculturation and mental health consistent with the existing literature. Marginalization was positively related to general clinical symptoms, Depression, and PTSD. In contrast, integration was negatively related to general clinical symptoms and PTSD, and separation was positively related to PTSD. Thus, high mainstream culture orientation (integration and assimilation) predicted better mental health than low mainstream culture orientation (marginalization).

As expected, racial harassment was positively related to general clinical symptoms, depression, and PTSD. Racial harassment was also positively correlated with marginalization and negatively correlated with integration. Because the assimilation and separation modes of acculturation were not found to be significantly related to racial harassment, subsequent

mediation analyses to test the minority stress model focus on the integration and marginalization modes of acculturation.

Main Findings

To test the minority stress model, we assessed whether frequency of racial harassment experiences mediate the relationship between acculturation and mental health. Specifically, we tested this model using a regression-based analysis with integration and marginalization as the predictors, general clinical symptoms, depression, and PTSD as the mental health outcomes, and racial harassment as the mediator. Two separate set of analyses using INDIRECT, an SPSS macro developed by Preacher and Hayes (2008), were run to examine the relationship between acculturation, racial harassment, and mental health.

Table 2

Indirect effects of Integration and Marginalization through Racial Harassment

Outcome Variable	Integration			Marginalization		
	Bootstrap Estimate (CI)	SE	Adjusted R^2	Bootstrap Estimate (CI)	SE	Adjusted R^2
BSI	-0.51 (-1.10, -0.16)	0.22	0.17	0.29 (0.11, 0.60)	0.12	0.17
BDI	-0.36 (-0.75, -0.11)	0.16	0.20	0.20 (0.07, 0.38)	0.08	0.21
PTSD	-0.20 (-0.55, -0.03)	0.12	0.04	0.10 (0.01, 0.27)	0.06	0.08

Note: Based on 5,000 bootstrap samples. Indirect effects are significant if the range of the upper and lower 95% CI does not contain zero (CI are in parentheses).

CI=confidence interval. BSI = General Psychological Health, BDI = Depression, PTSD = PTSD symptoms.

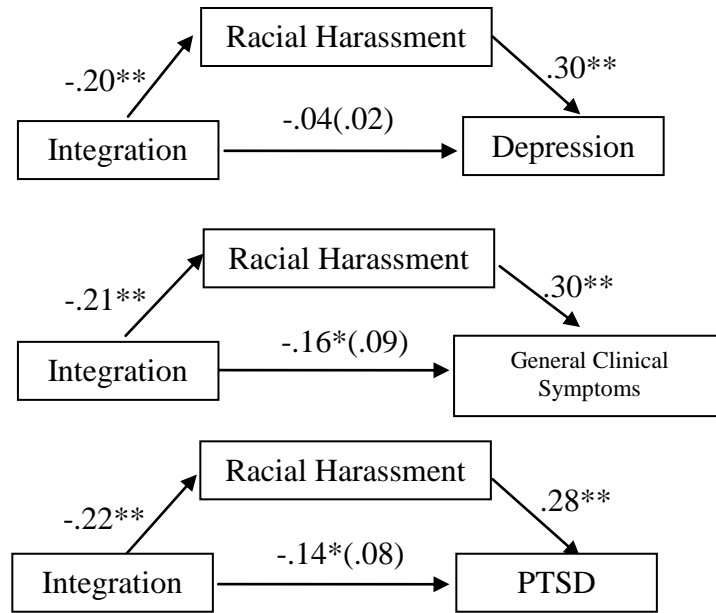


Figure 3. The mediating role of racial harassment in the relationship between integration and mental health.

Note. Coefficients are standardized and coefficients in parentheses are direct effects holding racial harassment constant. $*p < .05$, $**p < .01$

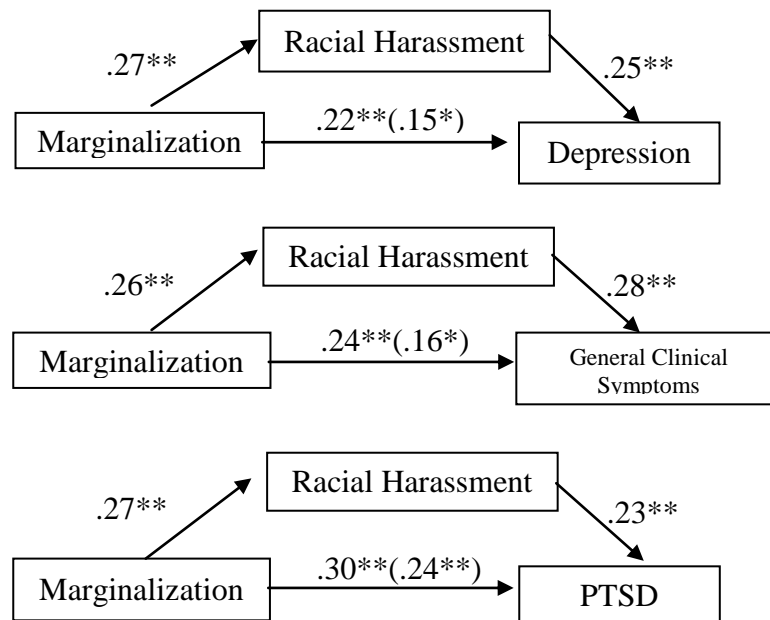


Figure 4. The mediating role of racial harassment in the relationship between marginalization and mental health.

Note. Coefficients are standardized and coefficients in parentheses are direct effects holding racial harassment constant. $*p < .05$, $**p < .01$

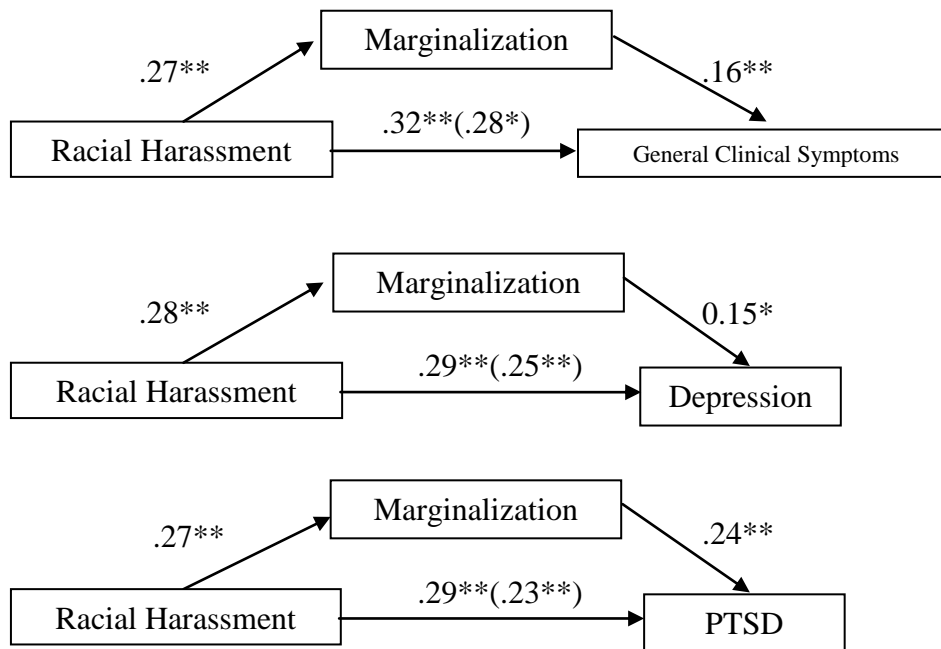


Figure 5. The mediating role of marginalization in the relationship between racial harassment and mental health

Note. Coefficients are standardized and coefficients in parentheses are direct effects holding racial harassment constant. $*p < .05$, $**p < .01$

Our results provided partial support for the minority stress model, which predicted that integration and assimilation would lead to fewer experiences of racial harassment, which would be related to better mental health. First, the integration and marginalization modes of acculturation significantly predicted frequency of racial harassment experiences (H1; Figures 3 and 4). Integration was negatively related to racial harassment and marginalization was positively related to racial harassment. Second, racial harassment significantly predicted poor mental health for both the integration and marginalization modes (H2). Finally, based on the 95% confidence intervals of the indirect effects, racial harassment significantly mediated the effects of integration and marginalization on all three mental health measures (H3; Table 2). Specifically, racial harassment fully mediated the effects of integration on general clinical symptoms (Figure 3b), and PTSD symptoms (Figure 3c), and partially mediated the effects of

marginalization on depression (Figure 4a), general clinical symptoms (Figure 4b), and PTSD symptoms (Figure 4c). In sum, individuals who scored high on the integration scale experienced fewer instances of racial harassment, which was associated with better mental health.

Individuals who scored high on the marginalization score, in contrast, experienced more instances of racial harassment, which was associated with poorer mental health.

Our results did not support the rejection-identification model, which was an alternative hypothesis that proposed that individuals who increase ingroup identification in response to racial harassment will have better mental health than those who increase outgroup identification in response to racial harassment. Racial harassment significantly predicted integration and marginalization (H4), and marginalization was significantly associated with depression and PTSD symptoms (H5). However, the indirect effect of racial harassment on mental health through the integration, assimilation, and separation modes of acculturation were not significant. Marginalization was the only acculturation mode that significantly mediated the relationship between racial harassment and mental health (Table 3). However, the direction of the relationship between marginalization and mental health did not provide evidence to support the rejection-identification model. Racial harassment was positively related to marginalization, which was positively related to general clinical symptoms (Figure 5). Thus, this finding suggests that individuals who decrease both mainstream and heritage culture orientation when experiencing racial harassment experience worse mental health outcomes.

Table 3

Indirect effects of Racial Harassment through Acculturation

Acculturation Mode	Outcome					
	BSI		BDI		PTSD	
	Bootstrap Estimate (CI)	SE	Bootstrap Estimate (CI)	SE	Bootstrap Estimate (CI)	SE
Integration	0.02 (-0.02,0.07)	0.02	0.00 (-0.02,0.03)	0.01	0.00(-0.03, 0.02)	0.01
Assimilation	0.00 (-0.02, 0.01)	0.01	0.00(-0.03, 0.01)	0.01	0.00(-0.01, 0.03)	0.01
Separation	0.00 (-0.03,0.02)	0.01	-0.01(-0.04, 0.01)	0.01	0.00(-0.01, 0.04)	0.01
Marginalization	0.05 (0.01, 0.11)	0.03	0.03(0.01, 0.08)	0.02	0.05(0.02, 0.10)	0.02

Note: Based on 5,000 bootstrap samples. Indirect effects are significant if the range of the upper and lower 95% CI does not contain zero (CI are in parentheses). CI=confidence interval. BSI = General Psychological Health, BDI = Depression, PTSD = PTSD symptoms.

Discussion

The present study examined the relationship between four modes of acculturation, racial harassment, and mental health. Specifically, we aimed to test two competing models: the minority stress model and the rejection-identification model. The minority stress model proposed that racial harassment mediates the effects of acculturation and mental health. Conversely, the rejection-identification model posited that acculturation would mediate the effects of racial harassment on mental health. Our results provided partial support for the minority stress model and did not support the rejection-identification model.

Partially consistent with the minority stress model, racial harassment significantly mediated the mental health effects of two of the four modes of acculturation. The results indicated that integration (high mainstream culture orientation, high heritage culture orientation) was associated with fewer instances of racial harassment, which was related to less depression and PTSD symptoms. In contrast, marginalization (low mainstream culture orientation, low heritage culture orientation) was associated with more instances of racial harassment, which was

related to psychological distress, depression, and PTSD symptoms; racial harassment partially mediated the mental health effects of marginalization suggesting that individuals who scored high on the marginalization scale may be experiencing other stressors that contribute to their poor mental health. Finally, racial harassment did not mediate the mental health effects of the separation (low mainstream culture orientation, high heritage culture orientation) or assimilation (high mainstream culture orientation, low heritage culture orientation) modes of acculturation.

The significant findings highlight the importance of assessing acculturation in the study of racial harassment among Asian American college students. Consistent with earlier findings that less acculturated individuals experience greater racial discrimination (de Castro, Gee, & Takeuchi, 2008), the current study reveals within group differences among Asian American college students with regard to racial harassment. In particular, integration was negatively associated with racial harassment, whereas marginalization was positively associated with racial harassment. These findings suggest that individuals who subscribe to the mainstream culture, as evidenced by their high mainstream orientation, may behave similarly to the dominant society, thus diminishing perceptions of “foreignness” and influencing their minority status (Meyer, 2003a). Those who are more similar to the dominant society may experience better treatment than those who are not (Byrne, 1971). This is in line with cognitive studies that find that bicultural Asian Americans possess greater cognitive flexibility and self-efficacy than their monocultural counterparts (Kim & Omizo, 2005). Bicultural individuals or individuals categorized in the integration mode of acculturation, who subscribe to both heritage and mainstream cultural values, may perceive themselves as able to navigate and cope with the demands of novel situations. Furthermore, the bivariate findings that show integration significantly predicted fewer PTSD symptoms and better general psychological health further

affirms the robust nature of biculturalism (Miller, Yang, Hui, Choi & Lim, 2011). Thus, bicultural individuals may not only be able to successfully integrate into the dominant society, but also possess the cognitive ability to detect and diffuse potentially hostile interactions (e.g., racial harassment) before they escalate. However, an alternative explanation for these findings may reason that less acculturated individuals are more sensitive to racism leading them to report more frequent racial harassment (Ying, Lee, & Tsai, 2000).

Surprisingly, racial harassment did not mediate the effects of the assimilation and separation modes of acculturation. This is a particularly interesting finding because we would expect assimilation (high mainstream culture orientation, low heritage culture orientation) to represent individuals who actively seek to blend in with the dominant society. In fact, because our measure of acculturation specifically taps into behavioral and attitudinal domains of acculturation, we expected a strong main effect between assimilation and racial harassment. However, the effect of assimilation and separation may not have been captured due to our small sample size. Berry (2003) characterizes integration as the healthiest mode of acculturation, marginalization as the unhealthiest, and assimilation and separation somewhere in between. Because we were able to find significant mediation for the integration and marginalization modes, it is possible that with greater statistical power we might be able to reveal significant effects for assimilation and separation.

Contrary to the alternative rejection-identification model, solely increasing identification with the heritage culture to the exclusion of mainstream culture, did not lead to better mental health. Based on previous studies that suggest that disidentification with a discriminating outgroup may serve as a buffer against racial discrimination (Awad, 2010; Branscombe et al., 1999; McCoy & Major, 2003), we expected separation to mediate the relationship between racial

harassment and mental health. Because the acculturation modes were not linked to mental health in the hypothesized direction, it follows that we would not find evidence to support the rejection-identification hypothesis. The integration and assimilation modes of acculturation were negatively related to mental health, whereas the separation and marginalization modes were positively related to poor mental health. Further, our findings suggest that racial harassment is related to disidentification with the mainstream culture *and* heritage culture (marginalization), which is associated with poor mental health. Although inconsistent with the rejection-identification model, this particular finding highlights the deleterious effects of marginalization. Marginalized groups may be so removed from the dominant and heritage society that they lack the social support system to cope with threatening situations.

Our current findings also highlight the importance of assessing behavioral experiences of racial harassment. We were able to reveal a relationship between experiences of specific race-related incidents, namely racial harassment, with acculturation and mental health among Asian American college students. It is possible that our findings are a result of the use of a scale that addressed the limitations of previous racial discrimination scales. As recommended by a number of scholars who study sexual harassment (Arvey & Cavanaugh, 1995; Buchanan & Fitzgerald, 2008; Fitzgerald & Shullman, 1993), we utilized a scale that assessed specific types of race-related incidents to ensure uniform interpretation across participants and specified the context within which the experiences occurred to increase our understanding of racial harassment within a college campus¹. In addition, we also followed the recommendation of past racial/ethnic harassment researchers and narrowed our focus to racial harassment to further the scant research on the phenomenon.

¹ We acknowledge the possibility that similar results might have been obtained using a measure of perceived racial discrimination; however our study questions focused on racial harassment.

Strengths and Limitations

The present study is the first to examine the relationships between racial harassment, acculturation, and mental health among Asian American college students. By using a multidimensional measure of acculturation and a behavioral measure of racial harassment, we were able to reveal a relationship between acculturation and racial harassment where previous studies using proxy or unidimensional measures of acculturation did not. We were also able to demonstrate the importance of assessing acculturation in assessing the impact of racial harassment.

It is also important to note that a number of limitations exist. First, all of the data collected used self-report measures. As with many cross-sectional studies, the cause-effect relationship of the mediation analyses must be interpreted with caution. We are unable to make definitive statements about the temporal nature of the rejection-identification model or the minority stress model because racial harassment experiences occurring longer than a year ago were not assessed. It is possible that our findings do not capture prior racial harassment experiences that may have influenced the acculturation process. Future studies aiming to explore the temporal relationship between acculturation and racial harassment should consider longitudinal designs. Thus, the current study findings should be considered preliminary, but informative for future directions. Furthermore, the use of self-report racial harassment measures that assess retrospective experiences in the past year may be subjected to memory biases. However, adequately reliable and valid measures are robust to these types of distortions (Miller, Cardinal, & Glick, 1997) and the RACES (Bergman & Buchanan, 2008) is a measure developed to address potential limitations of existing perceived discrimination scales. Future studies should consider study designs that use daily journals or thought records to tap into instantaneous

experiences of racial harassment. Second, we did not assess nativity or language ability. However, given that the participants attend a large mid-western university, it is possible that they may have similar English language proficiencies.

Second, our sample consisted of various Asian subgroups, which may not capture the unique racial harassment experiences of particular populations. For instance, refugee populations with unique immigration histories may have additional stressors. Thus, future studies should attempt to study Asian subgroups and other ethnic minority populations due to potential differences in how they are perceived by the dominant society. Third, our findings may not be generalizable to Asian Americans in different geographical regions because we examined the experiences of Asian Americans at a predominantly White, large, mid-western university. It is possible that experiences of racial harassment may differ on ethnically diverse college campuses. Future studies should consider recruiting from community samples, as rates of racial harassment within college campuses may be a conservative estimate of race-related stressors minority individuals' experience.

Finally, we used a multidimensional measure of acculturation that may not tap into all four modes of Berry's (2003) model of acculturation. One limitation of the EAAM is the potential for responders to fall within different groups. Because the scale uses four subscales to measure acculturation, it assumes responders will score high on one subscale and low on others to determine membership in one of the four modes. However, it is possible that responders may score high or low on multiple subscales, thus creating difficulty in interpreting the results. A second limitation is that the EAAM may only be measuring one dimension of acculturation rather than two. Our findings were somewhat similar to Barry (2001) such that we found significant patterns of negative associations between integration and marginalization, and

integration and separation; however, we did not find a significant negative relationship between assimilation and separation. Thus, our findings may only provide insight into the relationship between racial harassment, mainstream culture orientation, and mental health. Future studies should consider further validating the psychometric properties of the EAAM.

Future Directions

In addition to the previously mentioned recommendations for future research, we propose two directions to extend our knowledge of acculturation and racism among Asian American populations. A number of previous studies examine the coping process among Asians who experience racial discrimination (Liang, Alvaraez, Juang, & Liang, 2007; Noh et al., 1999; Yoo, 2005); however, little is known about the coping process with regard to racial harassment among immigrant Asian Americans. It is possible that the use of coping styles incongruent with an individual's cultural orientation may exacerbate experiences of racism. Thus, future research endeavors should seek to study this phenomenon. Second, the acculturation literature is fraught with various acculturation scales, yet consensus and consistent use of a single measure is lacking. Given the overwhelming number of measures, future studies should seek to validate or identify psychometrically sound measures that allow for better cross study comparisons.

Conclusion

The current racism-related literature with Asian Americans focuses on racial discrimination or racial microaggressions, but rarely examines the deleterious effects of racial harassment. The present study is the first to examine the Asian American experience of racial harassment through an acculturative lens. Our results were able to highlight disparate treatment due to the acculturation process and the deleterious effects of racial harassment. Testing two alternative hypotheses, we were able to provide partial support for the minority stress model, but

not the rejection-identification model. In summary, our findings underscore the mental health implications of racial harassment and the importance of successful adaptation and adjustment in new cultural settings.

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