

City University of New York (CUNY)

**CUNY Academic Works**

---

Student Theses

John Jay College of Criminal Justice

---

Spring 5-2023

## **Racialized Experiences of COVID-19: Help-Seeking Patterns in Response to Racial Discrimination among Asian American College Students**

Jeeyun Lee

*CUNY John Jay College*, [jeeyun.lee@jjay.cuny.edu](mailto:jeeyun.lee@jjay.cuny.edu)

[How does access to this work benefit you? Let us know!](#)

More information about this work at: [https://academicworks.cuny.edu/jj\\_etds/274](https://academicworks.cuny.edu/jj_etds/274)

Discover additional works at: <https://academicworks.cuny.edu>

---

This work is made publicly available by the City University of New York (CUNY).

Contact: [AcademicWorks@cuny.edu](mailto:AcademicWorks@cuny.edu)

Racialized Experiences of COVID-19: Help-Seeking Patterns in Response to Racial  
Discrimination among Asian American College Students

A Thesis Presented in Partial Fulfillment of the Requirements for the Degree of Bachelor of  
Arts/Master of Arts in Forensic Psychology  
John Jay College of Criminal Justice  
The City University of New York

Jeeyun Lee

May 2023

Racialized Experiences of COVID-19: Help-Seeking Patterns in Response to Racial  
Discrimination among Asian American College Students

Jeeyun Lee

This Thesis has been presented to and accepted by the Office of Graduate Studies, John Jay  
College of Criminal Justice in Partial Fulfillment of the Requirements for the Degree of Bachelor  
of Arts/Master of Arts in Forensic Psychology.

Thesis Committee

Thesis Advisor: Dr. Rebecca Weiss, Ph.D.

Second Reader: Dr. Veronica Johnson, Ph.D.

External Reader: Dr. Lisa Suzuki, Ph.D.

**Table of Content**

Abstract.....4

Introduction.....5

    Current Study.....13

Method.....14

    Research Design.....14

    Participants.....15

    Measures.....15

    Procedures.....19

    Positionality Statement.....20

    Data Analysis.....21

    Trustworthiness Strategies .....22

Results.....23

    Phenomenon: Distress.....24

    Causal Conditions.....26

    Responding to Distress: Coping Strategies.....28

    Consequences of Strategies.....34

    Contextual Factors.....37

    Intervening Conditions.....40

    Self-Report Measures.....43

Discussion.....45

    Limitations.....52

Conclusion.....54

References.....56

### **Abstract**

In the United States, reported anti-Asian hate crimes increased by 164% from 2020 to 2021, with New York demonstrating a difference of 223% (Center for the Study of Hate & Extremism, 2021). Ample evidence suggested its deleterious emotional impact; COVID-19-associated racial discrimination was found to be significantly associated with increased levels of mental distress, such as anxiety, depression, and PTSD symptoms (e.g., Hahm et al. 2021). With an aim of addressing the significant dearth of research on Asian Americans' help-seeking behaviors in response to COVID-19-associated racism and distress, this study employed grounded theory to explore the experiences of 10 self-identified Asian American college students during the COVID-19 pandemic. Through open, axial and selective coding, participants' responses generated an explanatory framework on how discriminatory experiences and political rhetoric exacerbated distress during the COVID-19 pandemic, leading to tendency to suppress distress or engage in limited help-seeking behaviors. Participants' responses to distress were impacted by cultural perceptions of mental illness, general distress and family tension. Psychological measures administered to provide relevant psychosocial context supported the qualitative findings and demonstrated high levels of race-based traumatic stress symptoms in domains of low self-esteem, hypervigilance, intrusion, and physical reactions, with low levels of help-seeking attitudes. Acculturation to one's culture of origin descriptively indicated lower willingness to seek help and higher stress in response to experiences with racism. Findings contributed to the understanding of race-specific emotional distress and interpersonal responses among Asian American students in reaction to experiences of COVID-19-associated direct and vicarious racial discrimination.

Racialized Experiences of COVID-19: Help-Seeking Patterns in Response to Racial  
Discrimination among Asian American College Students

According to recent demographic projections, Asian Americans, excluding Native Hawaiians and Pacific Islanders, are the “fastest-growing population” among all racial and ethnic groups in the United States (Budiman & Ruiz, 2021). Between 2000 and 2019, the population’s growth rate surged by 81%, from approximately 10.5 million to 18.9 million (United States Census Bureau, 2019). However, amid the COVID-19 pandemic, the rate of reported racial discrimination and hate crimes against this group increased even faster. Reported anti-Asian hate crimes increased by 164% from 2020 to 2021 in 16 of America’s largest cities, with New York demonstrating an increase of 223% (Center for the Study of Hate & Extremism, 2021). As reported by Stop AAPI (Asian American and Pacific Islander) Hate, a nonprofit coalition launched to track and respond to incidents of discrimination and hate against AAPI’s in the U.S., there were nearly 1,900 incidents of anti-Asian discrimination documented across the U.S. just between March 19, 2020 and May 13, 2020 (Turton, 2020). According to the organization’s report on over 1,843 self-reported incidents, forms of discrimination ranged from verbal harassment (69.3%), shunning (22.4%) to physical assaults (8.1%) and spitting or coughing (6.6%). Such incidents occurred not only at public places (38.9%) but at businesses (42.1%) and workplaces (4.8%) as well (Turton, 2020).

While Asian immigrants have historically been subjected to systemic racism manifested through outright violence (e.g., Anti-Asian Riots of 1907 in Vancouver), congressional legislations (e.g., the Chinese Exclusion Act of 1882), and other means of institutionalized, federal-level discrimination (Gee et al., 2007), the characterizations of Asians as “yellow perils” and “perpetual foreigners” were only exacerbated during the COVID-19 pandemic. Public

health-related fear arising from the novel COVID-19 fueled racial discrimination against Asian Americans, particularly Chinese Americans. It has been suggested that the potential pathways by which the COVID-19 pandemic may be related to such high rates of anti-Asian discrimination are partly through the geographic origin of the COVID-19 pathogen as well as politicians' employment of xenophobic and Sinophobic rhetoric (Devakumar et al., 2020). Then-President Trump's use of the labels "Chinese virus," "Wuhan virus," and "kung-flu" in reference to COVID-19 solidified anti-Chinese and Asian sentiments as well as perceptions that Asians—Chinese in particular—were a threat to America's public health (Cheah et al., 2020). Such sentiments and perceptions were perpetuated by the media, accumulating in the exponential rise in both in-person and online racist incidents (Chen et al., 2021).

Ample evidence supported the prevalent occurrences of COVID-19-related racism against Chinese and Asian Americans, projected in various forms of discrimination. A recent study found that a majority of Chinese immigrants and Chinese American participants reported experiencing and witnessing instances of COVID-19-related racial discrimination ( $n = 111$ , 59.4%) (Litam & Oh, 2020). More than 83% ( $n = 415$ ) of Chinese immigrant participants of another study reported hearing about racist incidents against Chinese individuals since the onset of COVID-19, with the forms of racist incidents ranging from racial slurs to physical intimidation and verbal threats (Li et al., 2023). Another study found that individuals of the Chinese American community reported an increase in incidents of people acting as if they were afraid of them since the onset of COVID-19 (Stolte et al., 2022). The target of such racial discrimination can extend beyond the Chinese community, potentially subjecting individuals of the entire Asian and AAPI populations with COVID-19-related discrimination. A range of Asian ethnic groups, including East, South and Southeast Asians, were found to be victimized by both

covert and overt anti-Asian discrimination (Hahm et al., 2021); implicit forms of discrimination included comments about Chinese/Asians being the source of COVID-19 ( $n = 95$ , 45%)

Chinese/Asian eating habits ( $n = 88$ , 41.7%), avoiding eating Chinese/Asian food in worry of contracting COVID-19 ( $n = 69$ , 32.7%), active avoidance of physical contact due to one's race or ethnicity ( $n = 58$ , 27.5%), and comments about Chinese/Asians being dirty ( $n = 49$ , 23.2%).

Explicit forms of discrimination included verbal assault ( $n = 27$ , 12.8%) and physical assault ( $n = 5$ , 2.4%). A U.S.-wide multilingual survey also found that 80% of Hmong participants ( $n = 88$ ) reported experiencing at least one discriminatory experience during COVID-19 pandemic (e.g., being treated with less respect than others, others acting superior), with high rates across ethnic groups, including 64.7% ( $n = 1,090$ ) for Chinese, 64.2% ( $n = 718$ ) for Korean, 61.3% ( $n = 106$ ) for Filipino, 57.7% ( $n = 127$ ) for Japanese, 55.7% ( $n = 534$ ) for Vietnamese, 41.5% ( $n = 119$ ) for Asian Indian, and 40.5% ( $n = 47$ ) for Native Hawaiian and Pacific Islander (Ta Park et al., 2022).

Evidently, COVID-19-related racial discrimination was not limited to a specific ethnicity nor a certain form; the Asian American/AAPI population in its entirety was at risk for various means of racial discrimination, manifested through all direct, vicarious, covert, and overt racism.

### **COVID-19 and the College Population**

College students were deemed a priority population for health promotion and disease prevention as they are highly vulnerable for rapid transmission of communicable diseases (Cohen et al., 2020). College campuses are densely populated, and students are often away from their families while living in close proximity to other students, thus, such unique settings of college campuses can have a large effect on the health of the broader population (Cohen et al., 2020; Chen et al., 2021). It was further suggested that college students were particularly vulnerable to COVID-19-related mental health problems as a result of a major unprecedented



disruption in their daily lives during an emerging developmental life stage (Oh et al., 2021; Rajkumar, 2020). A U.S.-based study found that a significant number of college students experienced moderate-to-severe levels of depression and anxiety during the pandemic (Oh et al., 2021; Wang et al., 2020), as well as a rise in stress and anxiety, which the majority reported being unable to cope adequately with. Another study found that the greater odds of having depression and anxiety experienced by U.S. college students was associated with factors relating to COVID-19, such as financial distress, COVID-19 infection, and COVID-19 concerns (Oh et al., 2021). Thus, it was suggested that the adverse mental health effects of COVID-19 itself may be exacerbated with concomitant occurrences of COVID-19-associated racial discrimination.

### **COVID-19-Associated Racial Discrimination and Mental Health**

A national survey on COVID-19-related perspectives and experiences among full-time college students found that out of the 9.2% ( $n = 101$ ) of students who reported experiencing discrimination related to the COVID-19 outbreak, a high proportion of them were Asian or Asian Americans ( $n = 67$ , 65.7%), many of whom suspected it was due to their race or ethnicity ( $n = 63$ , 94%) (Cohen et al., 2020). Another cross-sectional survey on Asian American college students found that an alarming percentage of students reported an experience of direct online and vicarious COVID-19-fueled racial discrimination, and almost 60% of 218 Asian American students described their experience with vicarious racial discrimination to be upsetting or extremely upsetting (Lu & Wang, 2021). Similarly, Haft and Zhou (2021) explored the effects of the COVID-19 pandemic on Chinese American college students and found that the onset of COVID-19 was significantly associated with greater levels of perceived discrimination. These findings all demonstrate the disturbingly prominent link between the COVID-19 pandemic and racial discrimination against Asian American students.

Experiences of COVID-19-related discrimination among Asian Americans were found to be associated with increased mental distress (Liu et al., 2020), and perceived racial discrimination was significantly linked with concurrent anxiety from both pre- and post-COVID-19 pandemic (Haft & Zhou, 2021). More specifically, a study found that Asian American college students' experiences with COVID-19-associated direct online and vicarious racial discrimination were significantly related to psychological symptoms such as depression and anxiety (Lu & Wang, 2021). Additionally, Asian American students with higher perceived racial discrimination during COVID-19 were significantly more likely to self-report symptoms of post-traumatic stress disorder (PTSD) and depression (Chen et al., 2021).

These alarming statistics suggest that Asian American students are at high risk for poor psychological outcomes in response to racial discrimination amid COVID-19 and may require immediate mental health assistance to address these pervasive concerns. Although preexisting research has supported the well-established links between COVID-19-associated racial discrimination and poor mental health among Asian Americans, the research on their experiences with mental health treatment during the pandemic remains largely limited. More specifically, very little research exists on the change in Asian American students' utilization of mental health services such as counseling, comprehensive clinical assessment, and mental health treatment from before to during COVID-19 pandemic regarding the concurrent racial discrimination against their population.

### **Underutilization of Mental Health Services**

Beyond social support, self-help resources, and other coping mechanisms, therapy in combination with medications is recognized as an effective form of treatment for alleviating individuals from emotional difficulties (Frank & Frank, 1993; Lui et al., 2021; Pescosolido &

Boyer, 1999; Snowden, 1998). In view of the well-demonstrated potency of therapy, as well as the growing concerns over the mental health of American college students, it is important to understand the prevalence of, and factors relating to, students' use of mental health services. While approximately one-third of university students experience mental health problems (Eisenberg et al., 2011), and an increase in "severe" psychological problems among college students have been reported by the majority of college counseling centers (Pedrelli et al., 2015), only a limited number of students seek professional help. For instance, a 2000 National College Health Assessment Survey study found that out of 1,464 American college students who reported having seriously considered attempting suicide, less than 15% were in therapy and 15% were on medication (Kisch et al., 2005). Further, only 19% of those who reported a history of attempted suicide were in therapy, and about 20% were on medication. Similarly, among a sample of 120 college students who reported a past suicide attempt or episode of deliberate self-harm, about 85% of them were not receiving any psychiatric treatment (Garlow et al., 2008).

To better understand the ways in which American students are discouraged from seeking professional help, researchers examined various perceived barriers to mental health treatment among college students. In addition to *provider and system-level barriers* that include structural, political, and economic factors such as lack of insurance, financial limitations, and staff cultural incompetence, *personal-level barriers* include more stigma-oriented attitudes that may undermine care seeking and service participation (Corrigan et al., 2014). Vidourek et al. (2014) found that despite some of the perceived benefits of improved mental health, reduced stress, and resolution of one's problems, American college students across ethnicities reported perceived barriers such as embarrassment, denial, and not wanting to be labeled as "crazy." Their findings also showed that students with perception of low benefits to treatment were significantly more

likely to hold stigma-related attitudes and perceive individuals who receive counseling as “mentally weak,” “crazy,” and “different from normal people in a negative way.” Similarly, students with perception of higher barriers were significantly more likely to hold stigma-related attitudes toward help-seeking behaviors (Vidourek et al., 2014). Consistent with existing research, other studies found that individuals generally held negative attitudes toward others who seek professional mental health support (Corrigan, 2004), and that perceived stigma was most likely to impact students’ help-seeking behaviors by reducing self-disclosure due to fear that they will be seen in a negative light (Eisenberg et al., 2011).

It is also suggested that race-related stress in response to perceived racial discrimination may inhibit professional help-seeking behaviors among racial/ethnic minorities (Williams et al., 2003; Woodward, 2011). Specifically, experience with discrimination can inspire feelings of powerlessness and helplessness, which can lead to an undermining of personal control and self-efficacy, ultimately reducing one’s efforts to seek help (Krieger 1999; Mustillo et al. 2004; Woodward, 2011). This may lead to delays in seeking mental health treatment, informal assistance, and/or self-medicating (Krieger 1999; Mustillo et al. 2004; Woodward, 2011).

**Asian American Population.** Consistent with the deep-rooted “model minority” myth that stereotypes Asian immigrants as an aggregate product of socioeconomic success with no evident disadvantages (Choi & Lahey, 2006), literature has well demonstrated that Asian Americans have exceedingly low engagement rates in mental health treatment, tend to underreport mental health problems, and resort to self-concealment. One of the known culture-specific factors relevant to Asian Americans’ unwillingness to seek help, particularly among Chinese Americans, is saving “face” (*mianzi* or 面子), or maintaining integrity, reputation or prestige earned in one’s social group (Hu, 1994). Within these Asian cultural contexts, seeking

mental health support indicates evidence of one's weaknesses and is accepted as a sign of failure, family shame, and a "collective loss of face" for the extended family (Parker et al., 2001, p. 862). Such cultural values have persisted Asian Americans' stigmatization of mental illnesses and treatment, denial of mental health problems, and low help-seeking intentions as well as endurance and resilience as coping strategies (Lian et al., 2020).

According to the 2018-2019 national survey reported by the U.S. Department of Health & Human Services (2021) and Substance Abuse and Mental Health Service Administration (2020), Asians are 60% less likely to receive mental health treatment compared to non-Hispanic Whites, and even the majority of those who are at high-risk for depression and suicidal behaviors do not seek professional assistance. Augsberger et al. (2015) found that 43% ( $n = 299$ ) of Asian American women between the ages 18 and 35 reported that they have either suffered from moderate to severe symptoms of depression, a lifetime history of suicidal ideation or suicide attempts. Nonetheless, more than 60% of the high-risk group did not access any mental health care and more than 80% did not receive minimally adequate care (Augsberger et al., 2015). Such a severe underutilization of mental health care of Asian American women is significantly lower than other racial/ethnic groups in the U.S. with similar mental health conditions (Wang et al., 2005), suggesting that barriers such as mental health-related, cultural stigma prohibit the group from accessing necessary care (Augsberger et al., 2015). Alegría et al. (2008) also reported that among Asian Americans diagnosed with depressive disorder, more than 68% ( $n = 78$ ) did not seek mental health treatment, outweighing the underutilization rates of Hispanic, African American, and White American groups. Asian Americans' low engagement in the mental health services extend beyond merely depressive disorder; among Asian Americans with any diagnosable mental health disorder, only 28% ( $n = 97$ ) utilized specialty mental health services

annually, including services delivered by a psychiatrist, psychologist, or any other mental health professional (Le Meyer et al., 2009). Considering the relatively high lifetime rate of mental disorders among Asian Americans (Spencer et al., 2010), there is a demonstrated need to better understand the barriers to mental health service utilization that exceed financial or geographical limitations, thereby discerning the reason for the population's underutilization in the context of the COVID-19 pandemic.

### **Current Study**

Abundant research has previously demonstrated the significant link between perceived discrimination and perceived stress, and the detrimental effects of the accumulation of the two on mental and physical health of particularly stigmatized minoritized groups (Flores et al., 2008; Meyer, 2003; Williams et al., 1994). Thus, it is critical that researchers and mental health professionals recognize the exponential rise of COVID-19-associated discrimination directed toward Asian Americans and its concomitant impact on the group's wellness and coping behaviors in response to their experiences with racism. Nonetheless, there continues to be a significant dearth of research on the specific experiences of racial discrimination and associated distress among Asian Americans during the COVID-19 pandemic, as well as the effects of such racial discrimination on their coping patterns. Specifically, to date, no study has examined the relationship between racial discrimination and Asian Americans' help-seeking attitudes and behavior amid such a psychologically detrimental period of COVID-19, both within their primary support networks as well as through the utilization of professional mental health services.

With the aim of developing an explanatory framework of the psychological help-seeking attitudes and behaviors of Asian American college students during the COVID-19 pandemic, this

study sought to gain deep, holistic, and individualized insights into Asian American students' experiences with distress and racial discrimination during the pandemic. The study further aimed to examine students' attitudes towards and experiences with help-seeking within their primary support network and professional mental health services. To test this, we employed a grounded theory approach and conducted semi-structured interviews with Asian American students at a public university in New York. Because there is limited exploration on the racialized experience of Asian American students with mental health support in the context of COVID-19, this methodology will help develop a framework that describes what influences the help-seeking attitudes and behaviors of Asian American undergraduate students amid the COVID-19 pandemic.

## **Method**

### **Research Design**

This study employed a combination of grounded theory approach and standardized self-report measures to (1) develop a theory that seeks to describe Asian American students' help-seeking attitudes and behaviors during the COVID-19 pandemic and (2) descriptively investigate the relationship between race-based traumatic stress symptoms and help-seeking attitudes of Asian American students, as well as the role of acculturation.

Areas with little previous work are most appropriate for grounded theory, where new knowledge can be generated in the form of a theory (Birks & Mills, 2015). As aforementioned, few researchers have examined Asian Americans' help-seeking patterns within the framework of the COVID-19 pandemic and COVID-19-associated racial discrimination. In fact, a systematic review of the literature revealed a significant dearth of research; combinations of keywords on PsycINFO, PsycARTICLES, PsycBOOKS, PsycEXTRA, and MEDLINE yielded 477 articles,

only 43 (i.e., 35 quantitative, 5 qualitative, 3 mixed-methods studies) of which directly examined Asian Americans, racial discrimination, mental health treatment, and COVID-19 all as an aggregate. Of the 43 studies, merely one quantitative study directly investigated help-seeking attitude and behavior. As quantitative theory requires theoretically-informed hypotheses, such the paucity of the literature is the impetus for this study. Data derived from standardized survey responses was adopted to complement the inductive, iterative process of qualitative grounded theory, and subject the emergent theoretical framework from our analysis to quantitative context (Charmaz, 2014).

### **Participants**

Participants included ten undergraduate college students with an average age of 20.2 years ( $SD = 1.03$ ; range of 18-22 years). The ethnic composition of the participants of the study was as follows: Chinese ( $n = 8$ ), Indian ( $n = 1$ ), Pakistani ( $n = 1$ ). Although gender identity was not an exclusion criterion, all ten participants identified as female. All participants reported that they had lived in the U.S. all of their lives, except for one participant who was adopted at 11 months old. Six participants reported that they were not religious. Types of religion among the remaining participants ranged from Asian Folk Religion, Agnostic to Hindu and Muslim, with religion levels of: *slightly religious* ( $n = 3$ ) and *moderately religious* ( $n = 1$ ). One participant lived with one other person in her household, one participant lived with two other people, three participants lived with three other people, and five participants lived with more than three people. Sexual orientations of the participants were as follows: *straight or heterosexual* ( $n = 5$ ), *bisexual* ( $n = 4$ ), *prefer not to respond* ( $n = 1$ ).

### **Measures**



Data collection included: (a) a semi-structured interview guide, (b) a brief demographic questionnaire, and (c) self-report questionnaires (described below) measuring the participants' race-based traumatic stress symptoms in response to their experiences with racism, help-seeking attitudes, and acculturation to the Asian and European cultures.

**Interview Guide.** The interview guide was developed from a review of the literature on help-seeking attitudes and coping skills (Carter & Forsyth, 2010; David, 2010; Kim et al., 2017; Spencer & Chen, 2004; Spencer et al., 2010; Stafford, 2018), Asian American experiences of the COVID-19 pandemic (Inman et al., 2021; Lee & Waters, 2021; Litam et al., 2021), and Asian American experiences of racism and microaggressions (Kim et al., 2017; Lee & Waters, 2021). To elicit more holistic insights and allow freedom in the participants' responses, the majority of the questions were open-ended and aimed at obtaining their real-life experiences. Questions were framed to allow for discussion of participants' responses to their lived experiences during the pandemic, potentially including experiences with both informal support and professional mental health services. Transition and focused questions were also developed to allow participants to explain previous responses. A Distress Protocol (Stafford, 2018) was developed that outlined the actions of the researcher if the participant displayed acute distress or safety concerns during the course of the interview. If the participant exhibited behaviors suggestive that the interview was too stressful or that the participant may harm themselves/others, the researcher followed the Protocol that involved actions such as: stopping the interview, offering support, assessing safety, and/or discontinuing the interview. None of the participants exhibited distress throughout the interview, not necessitating the use of the Protocol at any point during data collection.

In addition to the qualitative findings derived from individual interviews, researchers also obtained quantitative data via online survey questionnaires distributed to the participants at the

end of the interview. The surveys were conducted to standardize and contextualize participants' race-related stress symptoms, help-seeking attitudes, and acculturation.

**Acculturation.** The Asian American Multidimensional Acculturation Scale (AAMAS; Chung et al., 2004) is an orthogonal measure that assesses three cultural dimensions of: Culture of Origin (AAMAS-CO), Asian American culture (AAMAS-AA), and European American culture (AAMAS-EA). Each cultural dimension consists of 15 items with 6-point Likert scale, ranging from *1 = not very well* to *6 = very well*. Within each cultural dimension, four construct domains are measured assessing specific acculturation: cultural behavior (i.e., language and food consumption), cultural identity, and cultural knowledge. The AAMAS is supported by strong reliability and validity across the three subscales, with AAMAS-CO being the most reliable (Cronbach's  $\alpha = .92$ ), followed by AAMAS-AA (Cronbach's  $\alpha = .78$ ) and AAMAS-EA (Cronbach's  $\alpha = .75$ ). The measure's applicability across multiple Asian ethnic groups as well as its inclusion of a pan-ethnic dimension allow for greater flexibility for those who are multiethnic, and recognizes the complexity of the acculturation process (Chung et al., 2004). The AAMAS has been used with a diverse range of Asian ethnic groups including, but not limited to, Chinese, Korean, Japanese, Filipino, Vietnamese, Taiwanese, and Asian Indian.

**Race-Based Traumatic Stress Symptom.** The Race-Based Traumatic Stress Symptom Scale-Short Form (RBTSSS-SF; Carter & Pieterse, 2020) is a 22-item, 5-point Likert scale that assesses race-based traumatic stress in response to specific encounters with racism and racial discrimination. The scale measures stress in seven different domains of Depression, Intrusion, Anger, Hypervigilance, Physical Reactions, and Low Self-Esteem. The original RBTSSS is evidenced with strong reliability across all dimensions with Cronbach's  $\alpha$  ranging from .66 to .90 (Carter et al., 2013), and has been validated on a racially heterogeneous sample in both clinical

and forensic settings (Carter & Pieterse, 2020). However, given the extensive length of the original 52-item scale, we selected the short form (SF) for the advantage of a much shorter completion time. The RBTSSS-SF nonetheless assesses emotional reactivity in all of the aforesaid seven domains, and was supported with excellent reliability (Cronbach's  $\alpha = .93$ ) for our sample. The measure achieves both depth and breadth about participants' encounters with racism and responsive emotional distress by including both open-ended and dichotomous questions, as well as Likert-based items regarding their memorable racially discriminatory experiences and psychological reactivity.

**Help-Seeking Attitudes.** Adapted from Fischer and Turner's (1970) The Attitudes Toward Seeking Professional Psychological Help (ATSPPH), the ATSPPH-Short Form (Fischer & Farina, 1995) is a 10-item, 4-point Likert scale that assesses psychological help-seeking attitudes. The short form was developed from the original 29 items with the highest item-total score correlations and reliability (Fischer & Farina, 1995; Torres et al., 2021). In view of the multiple tedious survey questionnaires participants were required to undergo in addition to an hour-long, in-depth interview, we selected a shortened version to minimize the risk of lower levels of participation (Stanton et al., 2002) and measurement error (Bound et al., 2001).

With responses ranging from  $0 = disagree$  to  $3 = agree$ , higher total scores indicate more favorable attitudes toward help-seeking. With our sample, the ATSPPH-SF was supported with evidence for adequate internal consistency (Cronbach's  $\alpha = .85$ ). Despite concerns regarding the shortened version's psychometric properties including its cross-cultural validity on non-European samples (Ang et al., 2007; Fang et al., 2011), both the original and the shortened version are some of the most widely used help-seeking measures with culturally diverse populations in the U.S. with resultant translations in a number of languages (Fang et al., 2011;

Torres et al., 2021). Within the U.S., the ATSPPH-SF has been frequently used with Asian American samples (e.g., Kim & Omizo, 2003), as well as Japanese students (e.g., Masuda et al., 2005), Taiwanese students (e.g., Chang, 2007), and mainland Chinese college students (e.g., Cao, 2008) outside of the U.S.

### **Procedures**

This study relied on a sequence of selective and theoretical sampling methods where the researchers continuously recruited participants based on predetermined, yet tentative, recruiting criteria and conducted new rounds of interviews while analyzing the data. As Draucker et al. (2007) described, sampling in grounded theory is “sequential, beginning with selective sampling and moving into theoretical sampling when concepts begin to emerge” (p. 1138) due to the nature of grounded theory that employs the “method of constant comparison” (Schwandt, 2001, pg. 110-111).

Participants were recruited from a public university in an urban area of New York using the Sona Systems and a recruitment post distributed to the undergraduate Honors Program via newsletter email. Researchers recruited participants who self-identified as Asian/AAPI and reported having lived in New York since the onset of the COVID-19 pandemic (January 20, 2020, according to the Centers for Disease Control and Prevention; CDC, 2022) and for at least 1 year subsequently. Such time frames were determined as an inclusion criterion in order to assess participants who had undergone similar experiences of the pandemic. In order to best examine participants’ emotions and coping behaviors in response to their distress during the pandemic, this study only recruited participants who had reported experiencing psychological distress since the onset of COVID-19. Indication of psychological distress was determined through the APA definition of distress: "*the negative stress response, often involving negative affect and*

*physiological reactivity: a type of stress that results from being overwhelmed by demands, losses, or perceived threats."*

Eligible and interested students signed up for an hour-long, semi-structured individual online interview as well as online survey questionnaires following the online screening survey attached to the recruitment post. Participating students received a non-monetary incentive of 2 credits of psychology research and a monetary incentive of a \$30 Amazon gift card. Students of the Honors Program underwent the same sign-up process by accessing the online screening survey included in the email advertisement, but were directly contacted by the researcher using the email addresses entered at the end of the screening survey. They were only awarded with a monetary incentive for their participation.

The interviews were all recorded and transcribed. Upon completion of the interview, the researcher emailed the participant the links for the demographics survey and survey questionnaires (i.e., AAMAS, ATSPPH-SF, RBTSSS-SF). All but one of the interviews were conducted by the principal investigator and the remaining one interview was conducted by a trained research assistant due to scheduling conflicts. Transcriptions were coded by a team of three individuals and reviewed by the faculty advisor. An approval by the John Jay College Institutional Review Board (IRB) was obtained prior to data collection. The study was funded by the Office for Student Research & Creativity (OSRC) at John Jay College.

### **Positionality Statement**

Interpretation and representation of data in qualitative research can be subjected to the influence of researchers' social identities, power relationships, and positionality (Jones et al., 2014); therefore, it is encouraged that researchers acknowledge their standpoint and how it may contribute to the interpretation of data. The principal investigator is an international student from

South Korea who identifies as a South Korean female. One of the two research assistants is a U.S.-born second-generation immigrant scholar who identifies as a Chinese male. The second research assistant is a first-generation immigrant scholar from South Korea who identifies as a South Korean female. The advisor is a White woman whose research specializes in psychological assessment and treatment across linguistic and cultural variables. All three researchers and the advisor lived in New York City throughout the time period relevant for this study. Both research assistants contributed to data analysis by conducting open coding of the raw data. To mitigate influencing our interpretations of the data with our ethnoracial backgrounds, all coders including the principal investigator made utmost efforts to bracket our preconceptions and biases by writing analytical memos during the research process.

### **Data Analysis**

Participant narratives were analyzed according to the grounded theory coding technique of constant comparative method of data analysis (Glaser & Strauss, 1967), where a new theory is formulated through a structured organization of raw data into groups in accordance with their attributes. As an approach tightly integrated with the process of grounded theory, the constant comparative model incorporated the stages of *open coding*, *axial coding*, and *selective coding* of the participant interviews (Glaser & Strauss, 1967). Two research assistants were trained to partake in the process of data analysis. Through open coding, research assistants, under the guidance of the principal investigator, broke down, examined, compared, conceptualized, and categorized raw data (Strauss & Corbin, 1990). Then, by axial coding, we utilized a coding paradigm involving phenomenon, causal conditions, context and intervening conditions, action/interactional strategies, and consequences (Strauss & Corbin, 1998) to make connections between categories. Finally, through selective coding, we selected *core categories* and

systematically related them to other categories to develop a strong theoretical understanding of the Asian American students' experiences with COVID-19-associated distress and both formal and informal mental health support.

Data saturation refers to development of categories and continuous data collection until new information obtained does not further add to the understanding of the category (Creswell, 2007). Although the number of recommended interviews for data saturation in grounded theory research is 20 to 30 (Creswell, 2007), data saturation was reached by the 10th interview and it was deemed that no new categories will be emerged from additional interviews.

### **Trustworthiness Strategies**

Charmaz (2014) warned researchers of the unwitting tendency to force their preconceptions or extant theories on the data during analysis. Engaging in reflexivity about preconceptions that emanate from certain experiences or standpoints may mitigate permeating an analysis with such preconceptions. Through memo-writing during each and every step of the iterative process of data collection and coding, researchers can acknowledge their own preconceptions and contribute to the emerging analysis (Charmaz, 2014). To achieve this and engage in reflexivity, the principal investigator and research assistants maintained a memo bank (Charmaz, 2014) describing our preconceived ideas, anecdotal reactions and thoughts, and analytic decisions during the research process, which we regularly revisited, revised, and supplemented.

Trustworthiness was further ensured by assigning multiple coders for each open coding process and performing an intercoder reliability (ICR) assessment. ICR assessment ensures that data analysis was performed conscientiously and consistently, and high ICR strengthens confidence that the codes are shared constructs—and not merely an imagination of a single

investigator—that are reliable and replicable (Kurasaki, 2000). If there were substantial disagreements between coders with regard to the emerging codes, the principal investigator and research assistants met and returned to the text data to discuss the codes and our memos until consensus was achieved. Some preliminary codes and categories with high disagreements were also presented to the faculty advisor, who acted as an auditor in providing feedback and guidance to reach consensus among team members.

Guided by Kurasaki's (2000) procedures, an unstructured ICR assessment was performed by randomly selecting three of the ten (30%) interview transcripts and randomly selecting three pages from each of the three randomly selected transcripts. The average number of pages across all ten transcripts was ten, thus, three pages represented approximately 30% of an average transcript. From each page, certain lines were randomly selected and open codes were compared between two or three coders within a radius of five lines. The assessment revealed a moderate to high ICR agreement, mostly due to the *in vivo* coding technique we utilized for developing our open codes.

## **Results**

During the interviews, all ten participants of the study reported experiencing at least some distress since the onset of the COVID-19 pandemic, and nine participants reported experiencing direct incidents of COVID-19-related racial discrimination. Four participants reported that they received professional mental health services at least once in their lifetime, but no participant received professional services specifically for their race-related distress during the pandemic. Participants were equivalently acculturated to their own culture of origin (AAMAS-CO;  $M = 4.21$ ,  $SD = 0.65$ ) and the European American culture (AAMAS-EA;  $M = 4.21$ ,  $SD = 0.65$ ) with



lowest acculturation level to the pan-ethnic Asian American culture (AAMAS-AA;  $M = 3.37$ ,  $SD = 0.66$ ).

A grounded theory model for experiences of distress and help-seeking among Asian American college students was emerged from data analysis (See Table 1). The framework was modeled after Strauss and Corbin's (1998) paradigm of *phenomenon*, *causal conditions*, *strategies*, *consequences*, and *context/intervening conditions*. Findings provided a framework regarding how the phenomenon of distress was exacerbated by the pandemic and social and political discrimination. Coping strategies described largely focused on self-reliance, and benefits and drawbacks were both described. Help-seeking from others was minimized due to perceived stigma and culturally-specific conceptualizations of mental health.

### **Phenomenon: Distress**

All ten participants reported experiencing distress to some degree. Participants described feeling scared, fearful, concerned, unsettled, anxious, helpless, confused, nervous, uncomfortable, annoyed, frustrated, angry, incomprehensible, and overwhelmed. Of the participants who described experiencing such distress, many recognized that the distress was at a magnitude of necessitating professional help. For instance, Blaire described her distress during the COVID-19 pandemic and expressed, "...other depressive thoughts I was having at night stopped me from sleeping. So, I was like, those seem problems I should be talking to a therapist to." The most frequently communicated type of distress was concern and fear, specifically for one's safety. Fear of being targeted, attacked, or victimized was communicated over 30 times on the transcript, particularly regarding fear of being pushed into the subway tracks. Alice described, "...it's like subconsciously...every time I walk along the subway, I just can't help but

Table 1. *Grounded theory model for help-seeking patterns among Asian American students*

<b>Phenomenon: Distress</b>
1. Emotional distress
2. Feeling unsafe
<b>Causal Conditions</b>
1. Direct experience of racial discrimination
2. Vicarious experience of racial discrimination
3. Political rhetoric
<b>Coping Strategies</b>
1. Self-reliance
2. Questioning and self-blame
<i>a. Minimization and neglect</i>
<i>b. Ensuring safety</i>
3. Help-seeking from support network
<b>Consequences</b>
1. Benefits of help-seeking
2. Drawbacks of help-seeking
<i>a. Superficial/brief conversations</i>
<i>b. Lack of ability to relate</i>
<b>Context</b>
1. Family tension
2. General distress
3. Lack of resources
4. Asian view of mental health
<b>Intervening Conditions</b>
1. Perception of racial/ethnic identity
2. Homogenization of Asian populations
3. Female identity

think, ‘Is this person someone likely to push me into the tracks?’” and Cathy stated, “...it was the idea of like...the first woman that was pushed in the subway...I was like ‘Well, that could be me.’” Participants who have experienced direct racial discrimination often expressed concern that the incidents will be continuous and repeated. For example, for Sarah, her biggest concern and fear was that “it was going to happen again, and that someone was gonna follow us home.” Similarly, Bella described that “I can’t even go outside feeling safe anymore. Just because of that one incident thinking that others might have, will continue doing this to me and my friends.” Even in response to vicarious racial discrimination with no firsthand experience, participants responded with fear. Participants’ significant magnitude of distress, specifically concern and

fear, showcased the wide prevalence and high frequency of racial discrimination as well as participants' empathetic engagement with them, possibly suggesting a phenomenon of vicarious trauma. It was notable that the distress of anger was only marginally mentioned, with merely 4 times of communication on the transcript.

### **Causal Conditions**

Three different types of motivators emerged from the data, all considered to be causal conditions of the phenomenological experiences of distress among Asian American participants, which led to coping behavior. The motivators were: (1) the direct experience of discrimination, (2) the vicarious experience of discrimination, and (3) political rhetoric linking Asian identities to the pandemic.

**Direct Experience of Racial Discrimination.** All participants but one described direct experiences of racial discrimination that ranged from staring, questioning, racist remarks/slurs, to shunning, spitting and harassment. More implicit forms of discrimination were commonly described, with staring being the most mentioned type of discrimination. It was communicated over 17 times, and six participants mentioned that they were stared at by strangers in public at least once during the pandemic. Further, Elizabeth, who was a member of the military, described that an officer at a military training questioned of her ethnicity and citizenship, despite the fact that “[her] ethnicity has nothing to do with [her] training.” More explicit forms of racial discrimination were also described by participants, one of whom (Blair) mentioned hearing someone shout “Speak English” at her and her mom on numerous occasions, and Bella described that she was yelled racial slurs by a White man on the subway. Kristy also mentioned that a group of individuals shouted “Go back to your country,” and Anna was once told “She has COVID” on the streets. Anna further mentioned how on another occasion, strangers have walked

up to her and her Asian friend and have screamed into their faces. Such racial slurs and remarks were not limited to in-person interactions, as Cathy described that she has received “distasteful” comments online by strangers that called her “dog eater” and that she “brought COVID here.”

Blaire described experiencing a more physical form of racism, and discussed her experience of a stranger entering a public bus, directly spitting at her, and getting off immediately after.

Participants experienced racial discrimination from friends as well as strangers—Diana, a participant who identified as Indian, explained that she was shunned by her friends, who suddenly became reluctant to visit Indian and Chinese restaurants during the pandemic and made remarks that they are “dirty.” The types of racial discrimination also varied by magnitude, as Sarah described that she once found a dead, cut up bird on top of her family’s car with blood splattered everywhere in an underground public parking lot. Apparently, the experiences of racial discrimination varied in their form, overtness and covertness, virtuality, and magnitude, and was an evident phenomenon that was shared among participants.

**Vicarious Experience of Racial Discrimination.** Participants shared experiences of vicarious racial discrimination through exposure to incidents from the media. Anti-Asian hate or Stop Asian Hate were communicated over 10 times in the transcript. The types of COVID-19-related racial discrimination that participants were exposed to included: unprovoked death, hate crimes involving physical injuries, attack against elderlies, an Asian woman pushed into the subway tracks, an Asian female live streamer harassed by strangers, Atlanta shooting, and racial slurs. Cathy described, “...I think the emotional distress also came from...obviously during the rise of Stop Asian Hate, when we saw the attacks against our own people.” When describing a video on social media of an Asian individual being harassed, Elizabeth explained “...the fact that he was being racist to the woman in the video...and this is when the height of COVID was just

starting.” Similarly, Jane mentioned that “I saw stuff on the news. I saw stuff on Instagram, but never anything in person,” but nonetheless expressed fear: “I think I was just really scared because in my head... a lot of those racial hate words...they were just saying like Asian, so then I was like, ‘I’m also Asian.’” Participants also mentioned viewing statistics, social media posts and news articles in general that enhanced their awareness of the anti-Asian racial discrimination.

**Political Rhetoric.** A very specific motivator for COVID-19-related racial discrimination emerged from the participant interviews. Trump’s anti-China rhetoric was communicated 4 times in the transcript, with participants describing that it was a motivator for a national-level pursuit of hate against Chinese and Asian Americans, as well as the racial bias that Chinese people carry COVID-19. For Blaire, she believed that, after hearing about Trump’s “Chinese virus” rhetoric, her belief that she may have been racially discriminated was confirmed: “...also seeing later on the uptake of especially language about COVID...and [Trump’s] words of this ‘Chinese virus.’ It was like almost dots connecting later on that...” Many participants believed that Trump’s racist rhetoric had instigated the rise of anti-Asian hate during the pandemic, and for one participant, his rhetoric served as a form of validation that active racial discrimination against Asians was real in its existence—something tangible that now had a personal impact.

### **Responding to Distress: Coping Strategies**

Participants often reported questioning the validity of their distress and experiences. Identified distress led to three core strategies and/or responses: (1) self-reliance, (2) questioning and self-blaming, and (3) help-seeking from support network.

**Self-Reliance.** The majority of participants described a reluctance to self-disclose their experiences and distress and an active desire to keep their distress to themselves. Bella expressed her inability to discuss her personal experiences and feelings to her family members:

Family and mental health doesn't really intermingle. I feel like traditional Asian American parents, they might not take it seriously. Like, "this will pass or this will be going away -- you just endure a little bit." And I feel like I wasn't able to really talk about it much to my parents, because they would brush it away...[my siblings] are younger than me. Like 3, 3, and 10 years, so I couldn't really [talk to them] because I'm the older sister. I don't want to bring the negativity to them.

Other participants echoed the belief that they did not want to impose any negativity upon their support networks by disclosing their distress. Sarah described that her interview was the first time she ever disclosed her experience of racial discrimination to someone other than her family members:

...I just tried to keep it to myself, keep it very minimal -- maybe push it aside and maybe one day I'll forget about it... I didn't tell my friends because it scared me to make them more anxious, especially since my group of friends are majority Asian as well. So I didn't want to scare them with this story and be like, "Yeah, something like this could also happen to you."...and second, I didn't want to cause worry, especially since this was also during the height of all midterms and like, close to finals. So it was like something that they were worried about. So I didn't want to be like, "Oh, let me add another story about me that might pertain to you guys and scare you." So just kept it to myself, hoped it would get better.

Sarah further expressed that she did not want to "burden" others with her experience and possibly instigate stress or worry. Consistent with other participants, Alice explained that, conversations on anti-Asian hate in general were not "something [she] can recall having personal conversations with her friends," which she refrained from doing in order to not "create more trauma by talking more about it when they're okay." Participants expressed that discussions with others about themselves or their experiences might transpire negative feelings within people that they spoke to and alluded that others' well beings were more prioritized than their own.

When faced with racial discrimination, participants also resorted to self-reliance by neither accepting nor rejecting racism in a way that evaded confrontation. When describing her experience of being shunned by her friends, Diana stated that she kept the experience to herself “out of embarrassment,” as she “[chose] those people to be friends with.” She further expressed, “And I guess in a way it’s like no one’s fault but my own.” She also described that she “dropped the conversation” with her friends who shunned her, as “the more you dig deeper, the more uncomfortable they get.” Similarly, Elizabeth expressed that she “gave up halfway through the conversation” with the officer who questioned her ethnicity and citizenship, and Sarah reacted to racial slurs online by simply muting the speaker.

**Questioning and Self-Blame.** Many participants who experienced COVID-19-related racial discrimination responded with behaviors of questioning and self-blaming. There was a shared phenomenon of disinclination to immediately associate an incident as race-based, and only two participants explicitly referred their direct experiences as racial discrimination (i.e., Diana: “shunning me for being Indian”; Bella: “he was like yelling racial slurs”). Rather, participants responded by “[wondering] is it because I’m Asian and because of the pandemic” or “[walking] by and [hoping] that maybe they weren’t talking to me, or maybe they were just yelling that for fun.” Sarah, in response to her vivid experience, stated that she is “not sure if it was related to my race.” Further, immediately after being spat upon, Blaire asked herself whether it was an accident and recognized that her experience was racially discriminatory only after she realized that she was the only Asian person on the bus during the period of anti-Asian hate: “Honestly, first of all, it was hard for me to process it up first to think whether or not it's just necessarily what one should label as like a hate crime, and it maybe even only took me like a few hours to consider it like racial discrimination at first... It was just an instance where I was like,

‘Did I experience racial discrimination or not?’ And then I think I had to come to the conclusion that maybe I did.” When describing her concern of being perceived differently, Alice stated, “it’s kind of me creating my own stress...” and mentioned that her experiences of being stared at made her “overthink a lot.” Despite the apparent rise of anti-Asian hate that many participants were reportedly aware of, participants were concomitantly dissociating their personal experiences from the idea of racial discrimination. Further, some were even directing the burden of the incident to themselves and sought to locate a reason within themselves for being perceived or treated differently.

*Minimization of Need.* Participants directly described coping with their distress by minimizing or neglecting their distress, both implicitly and intentionally. Most of the participants who reported experiencing racial discrimination mentioned that the magnitude of distress or incident was not major and did not necessitate any special attention. Despite a variety of race-related distress that participants described experiencing, no participant had actually received mental health services regarding distress as a result of experiences of direct/vicarious racial discrimination. Blaire, when describing her experience of being spat upon, stated: “I didn’t think that was enough to warrant...even the police calling or mental health professional, because I was like, at the end of the day, I guess it wasn’t bad, or like it wasn’t too bad, and I didn’t think there were long-term implications of that happening.” Before such statement, Blaire mentioned that the experience made her “still feel unsettled about that to this day, despite talking about it a few times already,” suggesting that she was implicitly minimizing the impact of the incident. Elizabeth similarly expressed that viewing a video of racial discrimination “upset me, but I thought it wasn’t really a big deal to tell other people about it, and then I just forgot about it until like just now...And I just didn’t say anything about it...I think it’s just a normalized experience



that [my support network] would have been like, ‘Oh, that's pretty normal.’” She further described, “...everyone experiences racism. So, like, part of the deal being a person...And I think like, as an Asian, you've experienced racism so long that, like, you're just used to it.” The commonness of experience was highly communicated by participants as the reason for their lack of discussion and how its normalcy does not necessarily *warrant* one to self-disclose or seek help. Sarah also communicated the aspect of *necessitation* of help: “So the idea of mental health being something so small in the Asian community, definitely demeans me into thinking like, ‘Oh, this is something that shouldn't happen,’ or ‘I shouldn't get it fixed because it's not really a big problem.’” Participants who seemingly experienced distress at some magnitude tended to describe that they intentionally neglected their distress. Sarah described that, following her experience, she and her brother “did not talk about this at all” but rather “tried to find a different alternative to our conversations instead of focusing it back on this.” She stated: “it was really nice for him to be someone who try to change the topic and take my mind off of it.” Further, Cathy described that she was “a little upset” after receiving race-based negative comments online but “learned to cope and deal with it” and “kind of ignore it after a while.” Cathy expressed a sense of helplessness as the reason for her self-coping through neglect when she stated, “But at the same time, I was just like, we can't do much.”

***Ensuring Safety.*** Unlike emotional responses, participants expressed greater willingness to engage in active strategies to ensure physical safety. Participants expressed a number of different ways in which they undertake to stay safe from being victimized or targeted. For instance, participants described that they try to be careful or cautious in public, act more vigilant, de-escalate any tension and not confront anyone, keep to themselves and not stand out, avoid taking night walks, and circulate resources such as pepper sprays, tasers, or advertisement on

self-defense. Regarding her behaviors, Alice expressed: “I’d be more afraid to get involved in anything. Even if somebody was asking for change, or if somebody was approaching me, like that already gets me on guard. I’m like, ‘Why is this person approaching me?’” Even in response to racial slurs on the streets, such tendency of cautiousness and hypervigilance was expressed, as stated by Blaire: “I would try not to acknowledge it especially if we were in the street... I wouldn’t confront people who shouted some version of “speak English” to me and my mom, because then, if this turns into a confrontation, I don’t want anything physically to happen.” It is suggested that participants’ own strategies to ensure their safety were advocated by the amount of violent hate crimes and physical attacks they were exposed to by the media.

**Help-Seeking from Support Network.** Participants also coped with their race-related distress by help-seeking from family, friends, college peers, and coworkers. Particularly, help-seeking from friends regarding race-related stress was communicated 10 times in the transcript while help-seeking from family was mentioned 3 times, suggesting a support network that participants tended to lean toward. Interactions described by participants entailed both in-person and digital (i.e., text, phone call) discussions of experiences of racial discrimination, emotions, and general thoughts toward anti-Asian hate, as well as group discussions held by the college. However, no participants reported a willingness to seek professional help. Many participants acknowledged that they did not view their discussion with friends as “help-seeking” per se, but expressed that it was something customary for them to do. For instance, Kristy described that talking to her best friend “wasn’t like I was seeking help. It was just like she was just there.”

Some participants reported receiving numerous check-ins from their support networks, including friends, professor and college peers, in response to participants’ experience of racial discrimination or a publicization of incident of an anti-Asian hate crime, particularly the Atlanta

shooting. After the publication of her personal experience on the college newspaper, Blaire described that her advisor and professor reached out with sympathy. Also, Alice described that her friends reached out after the Atlanta shooting, and Cathy explained that her online friends who lived out of state checked in: "...if they would hear something what happened in New York... they were like, 'Is everything okay? We heard about the thing that happened...'"

### **Consequences of Strategies**

Participants' perception of help-seeking included benefits and drawbacks can be informed by the type of responses participants received when they reached out. The described benefits predominantly related to validation and distraction. The drawbacks predominantly were described when the participants were invalidated or misunderstood.

**Benefits.** Participants described a wide range of helpful aspects and benefits of their interactions with their support network regarding their race-based distress. Some of the benefits included: having a listener, receiving validations, relief, sympathy, acknowledgement and support, an outlet to rant, feeling safer and related, a distraction, recognizing issues, management of the feeling of helplessness, knowing accessibility to different options, proactive conversations about solutions, and deeper personal conversations. Particularly, validation was communicated over 10 times and was commonly accepted as one of the biggest benefits, as participants agreed that they were not being judged negatively for their distress and that their emotions were recognized, accepted, and heard. Alice stated: "...my biggest support is...if I needed to talk about these things, I have some friends to share my concerns where we can be like, 'Wow, this is really scary.' Or, if you change your habits, you're not gonna wonder why you're doing this or like, why you're so scared...like they're not gonna gaslight you and to be like, 'Oh, you're overthinking'...like knowing where, we all are aware of this..." For Alice, her fear for safety as

an Asian American during the pandemic was pervasive, and she found words of validation and acknowledgment from her friends to be helpful because she was not questioned for her behaviors or concerns. Blaire also echoed the importance of validation: “When it came to talking to my close friends about this, they seem to very much validate my feelings of anger... in my close group of friends, I want to say, the majority of us are Asian females. And I think we just were like, ‘Any one of us could have been a victim,’ or like ‘Any one of us could have experienced what you’ve gone through,’ and so in that sense they were like, ‘We’re very worried for you and mad for you.’” Similarly, Sarah, when questioning her family’s actions that warranted an incident to their car, described that her mom listening to the incident “definitely added to like, ‘Oh, like, we didn’t do anything wrong.’” Kristy also described that interactions with her friend also served as a distraction, as she described that “meeting with my best friend was like my escape,” parallel to Sarah who thought that it was helpful that her brother tried making jokes and “tried to find a different alternative to [their] conversation,” which took her “mind off of” her distress at the time.

Within the spheres of both informal support network and formal support, participants described that other individuals’ characteristics such as understanding, attentive, reassuring, and aware of one’s emotions would have been beneficial when seeking help. While not always directly experienced, participants reported a desire for others to: providing distraction, asking guiding questions and extracting personal responses, less judgmental attitude, professional advice, assistance on stress and anxiety management, and problem solution.

**Drawbacks.** Participants also described drawbacks to help seeking behavior. These largely fell into two groups: brief or superficial conversations and other’s lack of ability to relate to their experiences.

***Brief or Superficial Conversation.*** While many participants described their experiences of help-seeking from their support network, they also mentioned that the conversations remained brief and/or superficial. For instance, Anna described that, when explaining her experience of receiving racial remarks to her coworkers, one of them responded, “Something like that happened to me,” and according to the participant, “she was so casual about it.” Cathy also mentioned that her friends responded to her race-related concern by saying “You’ll be okay,” which “[brushed] off” the source of her stress.

With regards to her family, Alice described that their interactions did not entail disclosure of personal feelings or “meaningful conversation,” but rather cautionary advice. Sarah also agreed in response to her experience of a dead bird: “[My family and I] did definitely converse about what happened, and what possibly would have went on, as well as what we were feeling at the time. But it was just like the bare...the most common feeling. So we were like, ‘Oh, it was upsetting that it happened,’ but that was about it...I think that's where we like, ended the line.” Sarah described her father responded to their experience by saying “Let’s forget about it,” “Let’s push this aside,” and that “nothing big is happening.” Cathy also mentioned that her conversation with her friend was “very brief,” resonating the lack of profoundness in discussions that other participants mentioned.

***Lack of Ability to Relate.*** Participants also described limitations to their help-seeking, which largely stemmed from others’ non-Asian ethnicities and lack of understanding or relatability due to different experiences. When explaining her experience of a group discussion on campus, Bella mentioned, “...maybe like other races that were also in this that were listening, couldn’t relate to it that much. So I felt like in terms of Asians relating were able to, but other groups were not able to understand as much.” Cathy also acknowledged the drawback of

interracial relationship: "...she was White, so I think there was also like, she couldn't fully understand. And validation can only go so far." Elizabeth agreed and described that, "...because she's White. She doesn't get the racial like, things against her, but she can sympathize. So I wish I could talk to someone that was like my age, or at least like someone I could talk to about it within in my race, I guess." Alice even expressed that she experienced feeling "pressured" when asked by a White individual about her emotions in a college group discussion:

...maybe there are like five students in total, but only like half of us was Asian and the other half was just like people there to support...if they could have brought somebody in that was also Asian, I feel like that would have been so much better...when these like White people are asking you like how you're feeling in response this situation, you're just like -- I don't know...I felt almost pressured to talk...just doesn't feel the same as somebody that is going through what you're going through...

While participants agreed on the advantages of validation and sympathy from their support network, they also acknowledged that those benefits have limited help; as Kristy mentioned, her friend was not Asian and it "bothered me because she couldn't really relate to what I experienced." Evidently, participants' perception of relatability stemmed from having similar experiences, which would be most understandable and empathetic only if the persons have same racial or ethnic identity, especially on a race-sensitive matter.

### **Contextual Factors**

Contextual factors relate to the circumstances relevant to the phenomenon and coping strategies. It is notable that the participants described race-based distress in the context of broader stressors. For participants, these included family tensions, general distress, barriers to mental health, and culturally-specific views relating to mental health.

**Family Tensions.** Participants strongly communicated the increase of tensions and conflicts with their family upon the onset of the pandemic. The experience of family tensions was communicated over 24 times in the transcripts, and described by the participants as one of

the biggest stressors of their distress during the pandemic. The sudden increase of frequency and degree of contact and interaction with family members were described as the cause for such tensions. The types of conflicts varied: parents' and siblings' invasion of personal space and time, tensions between parents, trash-talking, arguments, and fights. Blaire explained that "I was living in a space where I didn't have my own space. I shared a room with my mom..." and Jane also described, "...I was sharing my room with two of my siblings, and I really like to appreciate my personal space a lot." The lack of personal space not only seemed to trigger tensions among family members, it interfered with participants' academics, which exacerbated school-related distress. Further, Diana stated, "...my parents fight a lot. And I feel like this was definitely a time when I found out that their marriage was not the happiest thing ever..." and Kristy described that arguments between her family were "toxic" because "we were around each other 24/7."

**General Distress.** Participants experienced a range of distress from anxiety, stress, depression (i.e., depressive phase, thoughts, episode) to insomnia, amotivation, helplessness, and loneliness during the pandemic that were not related to their race or racial discrimination. Participants' self-recognitions or acknowledgments from others regarding the severity of the participants' distress were communicated 6 times in the transcript. Additionally, four participants had mentioned that they received professional mental health services for general/pre-existing distress that was not explicitly described as relevant to experiences of COVID-19-related racial discrimination. Some of the sources or reasons for such distress were social isolation, family tensions, and academic adjustment. Participants also expressed that their social skills were impacted by the COVID-19 pandemic with concomitant quarantine and distress, which may have intervened with their coping and help-seeking patterns in response to their race-related distress.

**Lack of Resources.** Several barriers were identified that hindered participants from seeking help. For instance, financial issues were communicated 6 times when discussing why participants were discouraged from seeking professional mental health support, for both race-related and general distress. Perception of professional support as laborious was also identified as a barrier, as well as lack of resources and information. Jane expressed, "...after my therapy ended with my actual therapist that I got through insurance, I knew that I could not afford to pay that much money for sessions...I was looking for something, I just didn't know how to go about it." Blaire described that "it just felt like, this is a lot of work to find a therapist or a therapist that will work for me." While Blaire attempted to find mental health services, both within and outside of college, the program websites seemed "impersonal" with just "phone numbers and descriptions," and "[she] wasn't sure what the next step was."

**Asian View of Mental Health.** The perception of a tendency to stigmatize mental health treatment and belittle mental health struggles within Asian culture—which was largely permeated from their parents—was described as a barrier to seeking help in general. According to Bella, "I feel like traditional Asian American parents, they might not take it seriously...I feel like I wasn't able to really talk about it much to my parents, because they would brush it away." Similarly, Anna also described that, "...you never really think about seeking for help as like the first thing you do when you experience something. And I feel like a lot of that has to do with just family traditions and values as well." Elizabeth also recognized the cultural view among Asians that stigmatizes mental health support, particularly professionals: "I think it's just like a culture thing where, we don't seek therapists...I think it's just a cultural or a racial bias that like, we shouldn't be seeking mental health at all." Participants communicated about negative stereotypes



associated with mental health support that stem from traditional Asian values across a range of help-seeking, from informal support to professional services.

Participants also elaborated on the implicit influence of the Asian view of mental health on their coping and help-seeking patterns, reflecting their internalization of the Asian values. For instance, Jane described that her mental health treatment history is often used as a target by her siblings in fights: “because there's such a big taboo in our household... my therapy was always like, a weak point of myself...[going to therapy] is a good thing, but it is something that shows your weakness.” When discussing her fear of seeking help from her friends, she also mentioned that, “...in my household, these things are private...I can't even talk about them in front of my parents. Like that's the kind of environment they've created that I was like, ‘I can't tell anyone outside of my house,’ like, ‘They're going to judge me.’ Because I was so fearful in my own household, I was like, ‘I’m never going to tell my friend.’” Elizabeth also had seemingly internalized the Asian culture that values self-reliance and views professional mental health support as a last resort: “I want to deal with my stress on my own, and like, set my own paths...I could probably do it a lot my own way, instead of a therapist...going to a therapist just speeds up that process.” Elizabeth emphasized her preference towards autonomy and self-coping, and expressed her belief that mental health struggles can probably be resolved with no outside support.

### **Intervening Conditions**

Intervening conditions relate to general attributes that can impact experience and responses to distress. For participants, while an enhanced identity as Asian American was often described as a strength, the homogenization of Asian populations and identifying as female led to increased fears.

**Perception of Racial/Ethnic Identity.** Participants elaborated on the meaning of their racial and ethnic identity during this time period, and how it had an impact on their awareness of their own Asian identity. Elizabeth described that being an Asian during the COVID-19 pandemic had influenced her experiences in that “if I was White, Hispanic, or Black, I would have been treated a lot differently.” Alice also expressed that, “I’m Asian, I look Asian, I’m like what people think of when they think of Asian people, which is like East Asian, and specifically, I’m also Chinese...it’s definitely something that has been kind of being more aware of, like how my race affects me.” In furtherance of an increased awareness of their racial/ethnic identity, participants also described that they experienced a transition of their attitude towards their own race. Cathy, who was reportedly a transracial adoptee and grew up in a predominantly White environment, expressed how the pandemic had an impact on her perception:

...I can't explain it, but growing up with my environment, I kind of wasn't aware I was Asian. I know that sounds silly, but it was almost kind of like, it's in the back of my head, kind of thing. So I kind of always denied that, even though, like my face is quite largely Chinese... I felt like [COVID-19] gave me empowerment in the sense that I finally accepted that I was Asian, and I was kind of proud to be. Because for a long time I wasn't. Because growing up in a White environment, like, I was bullied, and I was kind of put down and shamed for it. And I wanted to be there to support others like me...

Anna echoed the similar belief and transition, which she had discussed with her Asian peers:

“...we were able to connect, and that really opened us to deeper conversations about our Asian identity, and how we really felt about being an Asian American from like then to now, and the shift of being sort of ashamed of being Asian to like, I'm proud of like who I am today.”

**Homogenization of the Asian Populations.** The idea of homogenization and misidentification of Asian ethnicities were often communicated by the participants. Participants believed that much of the anti-Asian hate crimes and racial discrimination during the COVID-19 pandemic were rooted from others’ inability to distinguish between Asian ethnicities, particularly

Chinese from other East Asians. A Chinese participant, Elizabeth, explained that, "...everyone can't tell the difference between East Asian people...like Korean people, Chinese and Japanese people. East Asian people could probably tell us, other East Asian people, apart...other people can't." Elizabeth believed that, due to such homogenization based on similar racial traits, non-Chinese East Asians are "still getting racist bias from other people." Cathy also elaborated on the meaning of having facial features that are stereotypically representative of her race: "...some areas I did see it was kind of a setback in the sense that I understand a lot of people will judge you...that's the first thing they're gonna see, and that's the first thing they're gonna think about you." A South Asian participant, Jane, also agreed: "I've had friends that are Korean, and they were like, 'People are hating against us because they think we're Chinese because they don't even know...that there's so many other countries out there.'"

This concept of ethnic homogenization was not limited to a discussion of individual-level racism, but to systemic-level as well. Elizabeth explained about her conceptualization of cultural homogenization and its meaning within the context of COVID-19-related racial discrimination: "I saw a TikTok about a statistic during the height of COVID and how people were ordering out, but the [profit] of Asian food, Korean, Japanese, and Chinese food, went down. Even like, Southeast Asian food...it still was lumped as East Asian...it went down a significant amount of profits." Elizabeth recognized the significant economic downturn among Asian American food businesses during the pandemic, and indicated that Asian businesses other than East Asians' were also impacted due to the general public's homogenization of Asian cultures. She suggested that it had stemmed from the stereotypes associated with East Asian food, most likely referring to the stigmatization of Chinese and East Asian communities and restaurants as "dirty," partly due to the deeply-rooted racist rhetoric that portrays Chinese people as "bat eaters." Elizabeth

believed that such homogenization was “racist,” and that it is rooted from the systemic racism during the World War II and the Japanese Internment: “...they have to like, put up signs where it says, ‘This is what Japanese people look like, and this is what Chinese people look like.’ And there could have been like, Chinese people or Korean people in the mix, and that itself was very racist.”

**Female Identity.** Participants’ female identity was communicated over 4 times, and how their fear and concern for safety were exacerbated by their gender. Anna mentioned, “I try to be careful when I’m going places, especially being a woman as well,” and Cathy also expressed, “But also made me fear being a woman, like in this world. Especially like an Asian female...” She further added, “...like as an Asian person, I don't really feel safe, like, you know the city, anything can happen. It's very large. I'm also a female.”

### **Self-Report Measures**

Participants’ responses to the AAMAS, ATSPPH-SF, and RBTSSS-SF were collected in order to descriptively investigate the relationship between their help-seeking attitudes and race-based traumatic stress symptoms with acculturation as a moderator. Scale scores of the AAMAS across the three domains and ATSPPH-SF are presented in Table 2. Participants were generally unwilling to seek professional help, with a mean ATSPPH-SF scale score of 1.81 ( $SD = 0.54$ ). Although the sample size precluded the power needed for quantitative analyses, descriptively, participants who were more acculturated to their culture of origin generally had lower help-seeking scores. Consistent with Carter & Sant-Barket’s (2015) RBTSSS score interpretation strategy, we only focused on participants’ responses to the stress symptoms right *after* their experiences of racial discrimination. Table 3 presents participants’ *after* responses to the RBTSSS-SF with T scores for all seven domains of stress, as well as their interview responses

Table 2. AAMAS and ATSPPH-SF Scale Scores

Pseudonyms	Ethnicity	AAMAS-CO	AAMAS-AA	AAMAS-EA	ATSPPH-SF
Anna	Chinese	3.87	3.87	4.53	1.8
Alice	Chinese	3.93	3.93	3.73	1.4
Blaire	Chinese	5.53	4.27	4.93	2.6
Bella	Chinese	5.27	3.40	4.20	2.0
Cathy	Chinese	2.53	2.67	4.73	1.7
Diana	Indian	4.67	2.87	4.67	2.3
Kristy	Chinese	2.27	2.07	2.73	1.6
Elizabeth	Chinese	4.80	3.40	4.60	1.5
Sarah	Chinese	5.27	3.67	4.00	0.8
Jane	Pakistani	5.13	3.53	4.00	2.4

*Note.* AAMAS = Asian American Multidimensional Acculturation Scale; CO = Culture of Origin; AA = Asian American; EA = European American; ATSPPH-SF = Attitudes Toward Seeking Professional Psychological Help-Short Form

regarding their experiences of racial discrimination. Mean T scores across seven reaction domains were marginally different from each other, but the four highest mean scores were demonstrated from low self-esteem ( $M = 50.02, SD = 10.01$ ), hypervigilance ( $M = 50.01, SD = 10.00$ ), intrusion ( $M = 50.01, SD = 10.00$ ), and physical symptoms ( $M = 50.01, SD = 9.99$ ).

According to the responses to the RBTSSS-SF among participants who completed the survey, four participants (44%) experienced distress at an elevated level (T score > 60) as per Carter’s (2007) conceptualization of substantial race-based traumatic stress. This was inconsistent with interview responses which indicated that all ten participants experienced race-related distress.

For participants who did not include qualitative responses in the RBTSSS-SF (i.e., Bella and Diana), we assumed that their quantitative responses to the RBTSSS-SF pertained to the same encounter of racial discrimination that was elaborated during the interview. Bella, during her interview, reported that she received racial slurs and was subsequently depressed (T = 62.00), avoidant (T = 63.05), and had hypervigilance (T = 64.24) and low self-esteem (T = 61.59). Diana experienced being shunned by her friends and was depressed (T = 71.38) and had intrusive thoughts (T = 61.23), physical reactions (T = 70.28) and low self-esteem (T = 69.40) as a result.

Sarah reported that someone targeted her family's car by leaving a killed bird and splattering blood, for which she experienced hypervigilance ( $T = 61.19$ ) as a result. Jane reported receiving race-related verbal remarks and was angry ( $T = 67.69$ ), but such experiences were not related to the COVID-19 pandemic. It was notable that Bella and Diana, the only two participants who explicitly referred their experiences as incidents of racial discrimination during the interview, were also two of the four participants who had scale elevations in the RBTSSS-SF. It was further notable that descriptively, participants who were more acculturated to their culture of origin generally had higher total scores of the RBTSSS-SF across all reactive stress domains.

### **Discussion**

Due to the paucity of relevant literature, this study utilized grounded theory to examine Asian American students' help-seeking responses to distress during the COVID-19 pandemic. Through open, axial, and selective coding, several motivators for distress as well as many barriers to help-seeking behaviors were produced. Participant distress was exacerbated by direct and vicarious discriminatory experience and political rhetoric. The experience of distress was also impacted by family tensions, preexisting distress, as well as gender and ethnic identity. The participants predominantly described self-reliance as a coping strategy, but also described benefits to informal support networks. Professional outreach was limited due to logistical difficulties and stigma. The emerging theory were partially supported by the standardized measures; 60% of participants ( $n = 6$ ) demonstrated unwillingness to engage in professional help-seeking through ATSPPH-SF scores less than 2.0. Nonetheless, two other participants scored high on the ATSPPH-SF but did not receive professional services, emphasizing the difference between professional help-seeking *attitudes* and actual *behaviors*. Further, while all ten participants reported experiencing at least some distress in their interviews and four of whom

indicated that their distress necessitated help, only 44% of participants ( $n = 4$ ) showed score elevations of symptom scales in the RBTSSS-SF.

Participants of this study expressed a tendency to employ a variety of help-seeking behaviors in a manner consistent with previous literature, despite reported increases in distress due to the pandemic. For instance, regardless of the source of distress, less than half of the participants had received professional mental health services at least once, consistent with prior research that supported Asian Americans' underutilization of mental health services. Many participants had also internalized the Asian view of mental health that stigmatizes mental health treatment and values self-reliance and self-coping; participants generally had positive attitudes toward mental health treatment, reflected self-recognition of their distress, and yet many of them never considered professional help as an option at a personal level and relied on coping with themselves or within their support network. Participants' lack of consideration for professional help-seeking was notable, considering the fact that all ten participants were college students with access to free psychological services through the college counseling center. One of the most communicated personal-level deterrents of professional help-seeking was the perception that the level of their distress was not severe enough to warrant professional help, or comparatively minor. Diana's statement encompassed this mindset, despite her reported distress when grieving her great grandmother's death during the pandemic: "...I felt like, if my mom didn't need [therapy], I wouldn't need it. It would be bad for me to go after it because my mom, definitely, it was like a 'who suffered more' kind of thing. I felt like my mom would have been the person to go, not me." Participants believed that if their distress was relatively less severe than others', they were not deserving of special attention such as professional help or even discussion within their support network directed at resolving their problems.

Table 3. *Experiences with Racism and RBTSSS-SF Responses*

Pseudonyms	Ethnicity	Encounters with racism: <i>Interview Response</i>	Encounters with racism: <i>RBTSSS-SF Response</i>	Depression	Intrusion	Anger	Hyper-vigilance	Physical Symptoms	Low Self-esteem	Avoidance
Anna	Chinese	Staring; Verbal remarks	A boy yelling “She has Corona! Run!”; A man yelling into my face; Others staring on subway trains	43.22	36.99	40.22	42.90	44.22	40.76	42.92
Alice	Chinese	Staring	Dealing with model minority stereotypes	43.22	53.15	53.96	36.80	44.22	43.36	42.92
Blaire	Chinese	Staring; Verbal remarks; Spitting	Someone yelling “Speak English!”; A man spitting on me; A man shouting racial slurs	43.22	49.11	48.46	55.09	46.59	53.78	46.28
Bella	Chinese	Racial slurs	N/A	<b>62.00*</b>	57.19	59.45	<b>64.24*</b>	58.44	<b>61.59*</b>	<b>63.05*</b>
Cathy	Chinese	Staring; Negative comments online	Others staring; Being bullied; Fear of being harmed	43.22	34.97	40.22	48.99	41.85	40.76	42.92
Diana	Indian	Shunning	N/A	<b>71.38*</b>	<b>61.23*</b>	56.70	58.14	<b>70.28*</b>	<b>69.40*</b>	59.70
Elizabeth	Chinese	Staring; Questioning	Military	47.91	41.03	42.97	42.90	44.22	43.36	42.92
Sarah	Chinese	Harassment	Someone targeting my family car by tossing a killed pigeon and splattering blood	47.91	57.19	40.22	<b>61.19*</b>	58.44	51.17	46.28
Jane	Pakistani	No direct experience	Being called a terrorist and Indian; Being asked “Where I’m really from”	47.91	59.21	<b>67.69*</b>	39.85	41.85	45.96	42.92

*Note.* Kristy did not complete the RBTSSS-SF. \*elevated scale score (Carter & Sant-Barket, 2015)



Regarding their race-related distress, participants mainly did not seek help also because they perceived their experiences of discrimination and distress as a norm. This suggested that participants presumed that their perceived prevalence of the problem may be an underestimate of actual problems (Lee et al., 2009). This is also consistent with prior research that suggested that Asian Americans use formal mental health services as a last resort and delay seeking professional support until their symptoms are perceived as severe and reach crisis proportions (Ihara et al., 2014). It is also suggested that participants perceived distress as an inevitable part of life and an outcome of one's lack of willpower that can be overcome by a strong will, rather than require professional help (Bernstein, 2007).

Participants also actively expressed their ingrained discomfort associated with disclosing personal or distressing information even within their family or friends, which prevented them from viewing professional support as an option. Reasons for such apprehensions were that they (1) believed that self-disclosure meant burdening others with negativity and distress and (2) feared others' negative judgment. It is suggested that, within these cultural contexts, family integrity, group conformity and collective harmony are emphasized, placing an expectation upon individuals to manage their own problems and avoid burdening the family (Bernstein et al., 2011). Consistent with the same collectivist values persistent within the Asian society, participants also alluded that others' wellbeing were prioritized than their own, hence their inclinations toward concealing their problems from others and being less interpersonally open. This was also consistent with prior literature on Asian American communities' devaluation of excessive self-disclosure and strong emotional expression (Masuda et al., 2009), as well as the stigmas associated with mental disorders (e.g., Augsberger et al., 2015). Specifically, Masuda

and Boone (2011) found that among Asian Americans, mental health stigma and self-concealment were significant predictors of less favorable help-seeking attitudes.

A type of race-related distress that was notable among participants was a sense of helplessness, particularly when discussing the rise and prevalence of anti-Asian racial discrimination; participants seemed to view that, on a personal level, no actions can be taken to effectively resolve the problem of racism against Asians. This may be consistent with prior research that suggested that perceived discrimination can inhibit help-seeking behaviors among racial/ethnic groups by instilling feelings of powerlessness and helplessness, and leading one to delay treatment or seek self-mediation and informal support (Krieger, 1999; Mustillo et al. 2004; Woodward, 2011). Correspondingly, many participants expressed that problem solving or distraction could be beneficial for their distress, indicating their need for assistance regarding an issue they perceive to be beyond their control.

When discussing the benefits and drawbacks of help-seeking, participants strongly communicated the need for intra-racial relationships. Participants viewed that others' non-Asian ethnicity prevented the facilitation of validation, empathy, relatability and understanding, which further inhibited them from disclosing their personal information and experiences. This is consistent with the well-established importance of multiculturalism in therapeutic alliance and intra-racial and intra-cultural affiliation (e.g., Wang & Kim, 2010). Especially within the collectivist culture with kinship-based community and social relations (Lee, 1985), Asian communities have a monolithic culture and a homogeneous mentality, and might require culturally competent mental health services through intra-racial therapeutic relationship. Because participants' race-based distress was largely derived from the racial discrimination against

Asians, this discussion of race in particular, was most likely a topic that participants were apprehensive toward discussing with persons not of their race or ethnicity.

Findings of this study significantly supported an understanding of Asian American students' help-seeking patterns as an outcome of a plethora of culture-related reasons as well as provider- and system-level barriers. Through holistic, in-depth interview responses as well as contextualized data from self-report measures, this study contributed to a deeper understanding of Asian Americans' distress and help-seeking attitudes in the context of the COVID-19 pandemic. The findings suggested that help-seeking tendencies are facilitated when others are keenly aware of the impact of racial discrimination on the individuals' mental health, indicating the need for culturally competent mental health care practitioners and services suitable for the Asian populations. Participants' perceived barriers relating to financial reasons and lack of resources and information also supported the need for an increased access to treatment and dissemination of basic information. The deeply ingrained cultural barriers to help-seeking further suggest the need for demystification and normalization of professional help-seeking and experiences of psychological distress, which is a critical element of psychosocial education and outreach services (Masuda et al., 2009).

While the sample size of the present study prevented us from running statistical analyses using the self-report measures, the participants' scores across all three surveys provided some additional insights to the relationship between their help-seeking attitudes and race-based traumatic stress symptoms with the moderating role of acculturation. First of all, although differences were marginal, participants' highest mean T scores of the RBTSSS-SF were low self-esteem, physical reactions, hypervigilance, and intrusion, all suggesting the presence of exposure to racial trauma (Carter, 2007). Consistent with the emergent theoretical framework that revealed

a high tendency of denial or minimization of personal discrimination among participants, participants also demonstrated higher scores under the domain of low self-esteem that indicated an attribution of experience to their own personal flaw or characteristic (Ruggiero & Taylor, 1997). Research has suggested that consistent with the attributional styles of Asians, Asians have a high tendency to minimize discrimination and blame themselves for the negative outcome, which in turn, was found to be associated with low performance state self-esteem (Ruggiero & Taylor, 1997). Further, Carter (2007) proposed that while severity of exposure to racism could range from life-threatening physical violence to indirect stereotypes, the most severe race-based stressors consistent with the parameters of PTSD are physical in nature; however, he also suggested that non-physical microaggressions, either through cumulative and chronic exposure or memorable and lasting impact, can nonetheless produce psychological harm or injury. For instance, subtle forms of discrimination can potentially lead to harmful physical reactions (Carter, 2007), suggesting that participants' higher scores in the reactive stress domain of physical reaction may be a product of chronic or accumulative experiences of racial discrimination beyond the context of the COVID-19 pandemic. This may further be consistent with prior research suggesting that Chinese individuals generally express mental illness and psychological distress as somatic symptoms (e.g., dizziness, stomach pain), largely due to the culture's legitimization of help-seeking for physical health, rather than mental health problems (Lian et al., 2020). Participants' high scores under the hypervigilance and intrusion domains further suggest the presence of racial trauma and psychological injury, most likely in response to COVID-19-associated racial discrimination that constituted more hostile forms of racism (e.g., verbal assaults, harassment) than avoidant discrimination (e.g., being stereotyped) in everyday settings (Carter & Pieterse, 2020). Prominent reaction of hypervigilance on the RBTSSS-SF was

also supported by the participant interviews, which was a highly communicated distress when discussing one's fear for physical safety. Also consistent with the interview responses, a reaction of anger was not a noteworthy distress in the RBTSSS-SF. The seeming lack of relationship between the participants' RBTSSS-SF and ATSPPH-SF scores suggested that one's race-related distress did not have much impact on the help-seeking tendencies, indicating that there are factors beyond race-related distress that discourage individuals from seeking professional help. However, there were some notable influences of the acculturation level; participants who were reportedly more acculturated to their culture of origin generally had lower help-seeking scores, which may be relevant to prior research that found that third and later generation immigrants are more likely to utilize mental health services than first-generation immigrants (Ihara et al., 2014). Participants' AAMAS-CO and RBTSSS-SF scores further suggested that those who are more acculturated to their culture of origin are more likely to respond to their experiences of racism with higher stress.

### **Limitations**

The current study has several limitations, specifically regarding the demographics of the sample. First, the ethnic composition of the sample was entirely East and South Asians, with Chinese ethnicity being the overwhelming demographic. As a study driven by the diversified impact of the COVID-19 pandemic on the heterogeneous sphere of the Asian ethnic identities, this demographic composition severely limited us from drawing holistic conclusions on the divergent and convergent experiences of participants based on ethnicity. Without the perspective from individuals of more varied ethnicities, we cannot know if the themes described by our participants would be redundant or if additional themes would arise from more varied participants. Additionally, the inclusion criteria were only established to self-identified Asians

and/or Pacific Islanders in order to prevent preconceived judgment of the participants' race and ethnicity in ways that could permeate bias or stereotype, or invade their privacy. Therefore, researcher did not request documentations or any other forms of proof to ensure that the participants were of Asian descent, which prevented us from systematically assessing a participant's background origin. This also introduced the possibility of inclusion of participants with multiracial identities who may report Asian as their racial identity even though it may be a more distant ancestry. While no participant of the study disclosed multiple racial/ethnic identities, different themes could have arisen from multiracial individuals due to the unique challenges multiracial communities face, including identity shifting and idiosyncratic experiences of racial discrimination (Miller et al., 2019). Secondly, the study was further limited by the inclusion of only female participants, limiting the conclusions that can be derived about variations in experiences of distress, help-seeking and mental health support by gender. This limited the generalizability of the findings and developed a theory that may be atypical or dissimilar to individuals of other ethnicities and gender. Lastly, all of the participants of the study reported that they have lived in the U.S. all of their lives, with the exception of one participant who was adopted at 11 months old. This prevented us from examining within-group differences between first-generation immigrant participants and U.S.-born participants. Considering the plethora of factors associated with immigrant identity such as acculturation, linguistic abilities and idiosyncratic experiences, different themes could have been generated if first-generation immigrant participants were included in the study. Notwithstanding the foregoing limitations, the criterion of generalizability has acquired a quantitative meaning, and qualitative research has been aimed to gain an in-depth understanding of contextualized human experience rather than generalizability (Carminati, 2018). In grounded theory, formulation of a

new theory and its power of generalization depend on the researcher's abstraction of contextualized data through intensive within-case and across-case analyses (Ayres et al., 2003; Carminati, 2018); therefore, generalizability of findings in qualitative research is a distinct kind of analytic or theoretical form of generalization (Polit & Beck, 2010; Carminati, 2018).

Additional limitations of the study involved its unique time frame of the COVID-19 pandemic. First, we did not adopt the questionnaire items to the COVID-19 pandemic, yielding many qualitative survey responses of the RBTSSS-SF that were not within the context of the pandemic. This introduced the possibility that participants' help-seeking and race-based traumatic stress symptom scores may all vary in the range, period, or points in time. While the use of retrospective interviews enabled for the production of rich, in-depth data on the emotional outcome of participants' experiences during the COVID-19 pandemic, use of retrospective accounts may be limited by the passage of time. For instance, many participants indicated that they are unable to recall some details of specific experiences during the COVID-19 pandemic, hindering the generation of more detail-oriented and precise data that could have been yielded through contemporaneous accounts.

### **Conclusion**

This study is one of the first to systematically investigate the help-seeking and coping patterns in response to diverse experiences of COVID-19-related racial discrimination as well as COVID-19-related distress among Asian American college students. Asian American students of this study have been impacted by the pandemic that generated a range of emotional distress and interpersonal responses that reflected their cultural values, norms as well as barriers that hindered them from seeking adequate help. The Asian American students' negative psychological outcomes in response to the exponential rise of anti-Asian hate amid the pandemic are prevalent

and significant, rightfully deserving clinical and systematic attention. Policymakers are responsible for effectively addressing and combatting the still-prevalent anti-Asian racial discrimination in order to prevent future victimization; mental health care providers also have a duty to address their distress within their cultural contexts and provide catered care. Finally, outreach programs must make ongoing efforts to increase racial/ethnic minorities' and college students' access to mental health services by spreading awareness, providing more information and resources, and making services more accessible and cost-effective. Examinations of Asian American individuals' COVID-19- and race-related distress and help-seeking attitudes across ethnicities, gender and generations are avenues for future research.



### References

- Alegría, M., Chatterji, P., Wells, K., Cao, Z., Chen, C., Takeuchi, D., Jackson, J., & Meng, X.-L. (2008). Disparity in depression treatment among racial and ethnic minority populations in the United States. *Psychiatric Services (Washington, D.C.)*, *59*(11), 1264–1272.  
<https://doi.org/10.1176/ps.2008.59.11.1264>
- Ang, R. P., Lau, S., Tan, A.-G., & Lim, K. M. (2007). Refining the Attitudes Toward Seeking Professional Psychological Help scale: Factorial invariance across two Asian samples. *Measurement and Evaluation in Counseling and Development*, *40*(3), 130–141.  
<https://doi.org/10.1080/07481756.2007.11909810>
- Ayres, L., Kavanagh, K., & Knafl, K. (2003). Within-case and across-case approaches to qualitative data analysis. *Qualitative Health Research*, *13*(6), 871–883.  
<https://doi.org/10.1177/1049732303013006008>
- Augsberger, A., Yeung, A., Dougher, M., & Hahm, H. C. (2015). Factors influencing the underutilization of mental health services among Asian American women with a history of depression and suicide. *BMC Health Service Research*, *15*(542).  
<https://doi.org/10.1186/s12913-015-1191-7>
- Bernstein, K. S. (2007). Mental health issues among urban Korean American immigrants. *Journal of Transcultural Nursing*, *18*(2), 175–180.  
<https://doi.org/10.1177/1043659606298610>
- Bernstein, K. S., Park, S.-Y., Shin, J., Cho, S., & Park, Y. (2011). Acculturation, discrimination and depressive symptoms among Korean immigrants in New York City. *Community Mental Health Journal*, *47*(1), 24–34. <https://doi.org/10.1007/s10597-009-9261-0>

- Birks, M., & Mills, J. (2015). *Grounded theory: A practical guide* (2nd ed.). Los Angeles, CA: Sage.
- Bound, J., Brown, C., & Mathiowetz, N. (2001). Measurement error in survey data. *Handbook of Econometrics*, 5, 3705–843, [https://doi.org/10.1016/S1573-4412\(01\)05012-7](https://doi.org/10.1016/S1573-4412(01)05012-7)
- Budiman, A. & Ruiz, N. G. (2021, April 29). *Key facts about Asian origin groups in the U.S.* Pew Research Center. <https://www.pewresearch.org/fact-tank/2021/04/29/key-facts-about-asian-origin-groups-in-the-u-s/>
- Cao, J. (2008). *The credibility of psychotherapy: Psychological reactance and Chinese students' impressions of directive and nondirective approaches*. [Doctoral dissertation, State University of New York at Albany]. ProQuest Dissertations Publishing.
- Carminati, L. (2018). Generalizability in qualitative research: A tale of two traditions. *Qualitative Health Research*, 28(13), 2094–2101. <https://doi.org/10.1177/1049732318788379>
- Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist*, 35(1), 13–105. <https://doi.org/10.1177/0011000006292033>
- Carter, R. T., & Forsyth, J. (2010). Reactions to racial discrimination: Emotional stress and help-seeking behaviors. *Psychological Trauma: Theory, Research, Practice, and Policy*, 2, 183-191. <https://doi.org/10.1037/a0020102>
- Carter, R. T., Mazzula, S., Victoria, R., Vazquez, R., Hall, S., Smith, S., Sant-Barket, S., Forsyth, J., Bazelais, K., & Williams, B. (2013). Initial development of the Race-Based Traumatic Stress Symptom Scale: Assessing the emotional impact of racism. *Psychological Trauma*, 5(1), 1–9. <https://doi.org/10.1037/a0025911>

- Carter, R. T., & Pieterse, A. L. (2020). *Measuring the Effects of Racism: Guidelines for the Assessment and Treatment of Race-Based Traumatic Stress Injury*. Columbia University Press. <http://www.jstor.org/stable/10.7312/cart19306>
- Carter, R. T. & Sant-Barket, S. M. (2015). Assessment of the impact of racial discrimination and racism: How to use the Race-Based Traumatic Stress Symptom Scale in practice. *Traumatology* (Tallahassee, Fla.), *21*(1), 32–39. <https://doi.org/10.1037/trm0000018>
- Casagrande, S. S., Gary, L. T., LaVeist, T. A., Gaskin, D. J., & Cooper, L. A. (2007). Perceived discrimination and adherence to medical care in a racially integrated community. *Society of General Internal Medicine*, *22*, 389–395. doi:10.1007/s11606-006-0057-4.
- CDC (2022). *CDC museum COVID-19 timeline*.  
<https://www.cdc.gov/museum/timeline/covid19.html#:~:text=January%2020%2C%202020,January%2018%20in%20Washington%20state>.
- Center for the Study of Hate & Extremism (2021). *Report to the nation: Anti-Asian prejudice & hate crime. New 2020-21 first quarter comparison data*.  
<https://www.csusb.edu/sites/default/files/Report%20to%20the%20Nation%20-%20Anti-Asian%20Hate%202020%20Final%20Draft%20-%20As%20of%20Apr%2030%202021%206%20PM%20corrected.pdf>
- Chang, H. (2007). Depressive symptom manifestation and help-seeking among Chinese College students in Taiwan. *International Journal of Psychology*, *42*, 200–206.  
doi:10.1080/00207590600878665.
- Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). SAGE Publications. Charissa S.L.

- Cheah, C. S., Wang, C., Ren, H., Zong, X., Cho, H. S., & Xue, X. (2020). COVID-19 racism and mental health in Chinese American families. *Pediatrics*, *146*(5), e2020021816. <https://doi.org/10.1542/peds.2020-021816>
- Chen, A. C., Han, S., Li, W., Leong, K. J., & Ou, L. (2021). COVID-19 and Asian American college students: Discrimination, fear, and mental health. *Journal of Emergency Management*, *19*(9), 121-131. <https://doi.org/10.5055/jem.0598>
- Cheng, H.-L., Kwan, K.-L. K., & Sevig, T. (2013). Racial and ethnic minority college students' stigma associated with seeking psychological help: Examining psychocultural correlates. *Journal of Counseling Psychology*, *60*(1), 98–111. <https://doi-org.ez.lib.jjay.cuny.edu/10.1037/a0031169>
- Choi, Y. & Lahey, B. B. (2006). Testing the model minority stereotype: Youth behaviors across racial and ethnic groups. *Social Service Review*, *80*(2), 419-452. <https://doi.org/10.1086/505288>
- Chung, G., Kim, B. S. K., & Abreu, J. M. (2004). Asian American Multidimensional Acculturation Scale: Development, factor analysis, reliability, and validity. *Cultural Diversity & Ethnic Minority Psychology*, *10*(1), 66–80. <https://doi.org/10.1037/1099-9809.10.1.66>
- Cohen, Hoyt, L. T., & Dull, B. (2020). A descriptive study of COVID-19-related experiences and perspectives of a national sample of college students in spring 2020. *Journal of Adolescent Health*, *67*(3), 369–375. <https://doi.org/10.1016/j.jadohealth.2020.06.009>
- Corrigan, P. W. (2004). How stigma interferes with mental health care. *American Psychologist*, *59*, 614–625. <https://doi.org/10.1037/0003-066X.59.7.614>

- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest: A Journal of the American Psychological Society*, *15*(2), 37–70.  
<https://doi.org/10.1177/1529100614531398>
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.
- David, E. J. (2010). Cultural mistrust and mental health help-seeking attitudes among Filipino Americans. *Asian American Journal of Psychology*, *1*, 57-66.  
<https://doi.org/10.1037/a0018814>
- Devakumar, D., Shannon, G., Bhopal, S. S., & Abubakar, I. (2020). Racism and discrimination in COVID-19 responses. *The Lancet*, *395*, 1194. [https://doi.org/10.1016/S0140-6736\(20\)30760-1](https://doi.org/10.1016/S0140-6736(20)30760-1)
- Draucker, C. B., Martsof, D. S., Ross, R., & Rusk, T. B. (2007). Theoretical sampling and category development in grounded theory. *Qualitative Health Research*, *17*(8), 1137–1148. <https://doi.org/10.1177/1049732307308450>
- Eisenberg, D., Hunt, J., Speer, N., & Zivin, K. (2011). Mental health service utilization among college students in the United States. *Journal of Nervous and Mental Disease*, *199*(5), 301–308.
- Fang, K., Pieterse, A. L., Friedlander, M., & Cao, J. (2011). Assessing the psychometric properties of the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form in mainland China. *International Journal for the Advancement of Counselling*, *33*(4), 309–321. <https://doi.org/10.1007/s10447-011-9137-1>

Fischer, E. H. & Farina, A. (1995). Attitudes Toward Seeking Professional Psychological Help:

A shortened form and considerations for research. *J. Coll. Stud. Dev.* 36, 368–373.

Fischer, E. H., & Turner, J. I. (1970). Orientations to seeking professional help: Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology*, 35(1p1), 79–90. <https://doi.org/10.1037/h0029636>

Flores, E., Tschann, J. M., Dimas, J. M., Bachen, E. A., Pasch, L. A., & de Groat, C. L. (2008). Perceived discrimination, perceived stress, and mental and physical health among Mexican-origin adults. *Hispanic Journal of Behavioral Sciences*, 30(4):401–424. <https://doi.org/10.1177/0739986308323056>

Frank, J. D., & Frank, J. B. (1993). *Persuasion and healing: A comparative study of psychotherapy*. JHU Press.

Garlow, S. J., Rosenberg, J., Moore, J. D., Haas, A. P., Koestner, B., Hendin, H., & Nemeroff, C. B. (2008). Depression, desperation, and suicidal ideation in college students: Results from the American Foundation for Suicide Prevention College Screening Project at Emory University. *Depression and Anxiety*, 4(2), 482–488. <https://doi.org/10.1002/da.20321>

Gee, G. C., Spencer, M.S., Chen, J., Yip, T., & Takeuchi, D. T. (2007). The association between self-reported racial discrimination and 12-month DSM-IV mental disorders among Asian Americans nationwide. *Soc Sci Med*, 64(10): 1984–1996. <https://doi.org/10.1016/j.socscimed.2007.02.013>

Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Mill Valley, CA: Sociology Press.

- Haft, S. & Zhou, Q. (2021). An outbreak of xenophobia: Perceived discrimination and anxiety in Chinese American college students before and during the COVID-19 pandemic. *International Journal of Psychology, 56*(4), 522-531. <https://doi-org.ez.lib.jjay.cuny.edu/10.1002/ijop.12740>
- Hahm, H. C., Ha, Y., Scott, J. C., Wongchai, V., Chen, J. A., & Liu, C. H. (2021). Perceived COVID-19-related anti-Asian discrimination predicts post traumatic stress disorder symptoms among Asian and Asian American young adults. *Psychiatry Research, 303*, 114084–114084. <https://doi.org/10.1016/j.psychres.2021.114084>
- Hu, H. C. (1944). The Chinese concepts of “face”. *American Anthropologist, 46*(1), 45–64. <https://doi.org/10.1525/aa.1944.46.1.02a00040>
- Ihara, E. S., Chae, D. H., Cummings, J. R., & Lee, S. (2014). Correlates of mental health service use and type among Asian Americans. *Administration and Policy in Mental Health and Mental Health Services Research, 41*(4), 543–551. <https://doi.org/10.1007/s10488-013-0493-5>
- Inman, E. M., Bermejo, R. M., McDanal, R., Nelson, B., Richmond, L. L., Schleider, J. L., & London, B. (2021). Discrimination and psychosocial engagement during the COVID-19 pandemic. *Stigma and Health, 6*(4), 380–383. <https://doi.org/10.1037/sah0000349>
- Jones, S. R., Torres, V., & Arminio, J. (2014). *Negotiating the complexities of qualitative research in higher education: Fundamental elements and issues* (2nd ed.). Routledge.
- Kim, B. S. & Omizo, M. M. (2003). Asian cultural values, attitudes toward seeking professional psychological help, and willingness to see a counselor. *The Counseling Psychologist, 31*(3), 343–361. <https://doi.org/10.1177/0011000003031003008>

- Kim, P. Y., Kendall, D. L., & Cheon, H.-S. (2017). Racial microaggressions, cultural mistrust, and mental health outcomes among Asian American college students. *American Journal of Orthopsychiatry*, 87(6), 663–670. <https://doi.org/10.1037/ort0000203>
- Kisch, J., Leino, E. V., & Silverman, M. M. (2005). Aspects of suicidal behavior, depression, and treatment in college students: Results from the spring 2000 national college health assessment survey. *Suicide & Life-Threatening Behavior*, 35(1), 3–13. <https://doi.org/10.1521/suli.35.1.3.59263>
- Krieger, N. (1999). Embodying inequality: A review of concepts, measures, and methods for studying health consequences of discrimination. *International Journal of Health Services*, 29(2), 295–352. <https://doi.org/10.2190/M11W-VWXE-KQM9-G97Q>
- Kurasaki K. S. (2000). Intercoder reliability for validating conclusions drawn from open-ended interview data. *Field Methods*, 12, 179–194. <https://doi.org/10.1177/1525822X0001200301>
- Lee, I. S. (Ed.). (1985). *Korean American women: Toward self-realization*. Mansfield, OH: Han Geul Printing Co.
- Lee, S., Juon, H. S., Martinez, G., Hsu, C. E., Robinson, E. S., Bawa, J., & Ma, G. X. (2009). Model minority at risk: expressed needs of mental health by Asian American young adults. *Journal of Community Health*, 34(2), 144–152. <https://doi.org/10.1007/s10900-008-9137-1>
- Lee, S., & Waters, S. F. (2021). Asians and Asian Americans' experiences of racial discrimination during the COVID-19 pandemic: Impacts on health outcomes and the buffering role of social support. *Stigma and Health*, 6(1), 70–78. <https://doi.org/10.1037/sah0000275>



- Le Meyer, O., Zane, N., Cho, Y. I., & Takeuchi, D. T. (2009). Use of specialty mental health services by Asian Americans with psychiatric disorders. *Journal of Consulting and Clinical Psychology, 77*(5), 1000–1005. <https://doi.org/10.1037/a0017065>
- Li, Y., Yang, H., Dong, F., & Cui, N. (2023). The COVID-19 pandemic, racism, and sleep among Chinese immigrants in the United States. *Journal of Psychosocial Nursing and Mental Health Services, 61*(4), 45–47. <https://doi.org/10.3928/02793695-20220906-02>
- Lian, Z., Wallace, B. C., & Fullilove, R. E. (2020). Mental health help-seeking intentions among Chinese international students in the U.S. higher education system: The role of coping self-efficacy, social support, and stigma for seeking psychological help. *Asian American Journal of Psychology, 11*(3), 147–157. <https://doi.org/10.1037/aap0000183>
- Litam, S. D. & Oh, S. (2020). Ethnic identity and coping strategies as moderators of COVID-19 racial discrimination experiences among Chinese Americans. *Counseling Outcome Research and Evaluation, 13*(1), 101–115. <https://doi.org/10.1080/21501378.2020.1814138>
- Liu, Y., Finch, B. K., Brenneke, S. G., Thomas, K., & Le, P. D. (2020). Perceived discrimination and mental distress amid the COVID-19 pandemic: Evidence from the understanding America study. *American Journal of Preventive Medicine, 59*(4), 481–492. <https://doi.org/10.1016/j.amepre.2020.06.007>
- Lu, Y. & Wang, C. (2021). Asian Americans' racial discrimination experiences during COVID-19: Social support and locus of control as moderators. *Asian American Journal of Psychology, 13*(3), 283–294. <https://doi.org/10.1037/aap0000247>
- Lui, P. P., Katedia, S., Pham, S., Giadolor, W., Gobrial, S., Stonebarger, M., Adams, N., & Garcia, O. (2021). Short-term changes in internalizing symptoms and help-seeking

- attitudes during the coronavirus pandemic. *Journal of Social & Clinical Psychology*, 40(5), 448–480. <https://doi-org.ez.lib.jjay.cuny.edu/10.1521/jscp.2021.40.5.480>
- Masuda, A., L. Anderson, P., Twohig, M. P., Feinstein, A. B., Chou, Y.-Y., Wendell, J. W., & Stormo, A. R. (2009). Help-seeking experiences and attitudes among African American, Asian American, and European American college students. *International Journal for the Advancement of Counselling*, 31(3), 168–180. <https://doi.org/10.1007/s10447-009-9076-2>
- Masuda, A. & Boone, M. S. (2011). Mental health stigma, self-concealment, and help-seeking attitudes among Asian American and European American college students with no help-seeking experience. *International Journal for the Advancement of Counselling*, 33(4), 266–279. <https://doi.org/10.1007/s10447-011-9129-1>
- Masuda, A., Suzumura, K., Beauchamp, K. L., Howells, G. N., & Clay, C. (2005). United States and Japanese college students' attitudes toward seeking professional psychological help. *International Journal of Psychology*, 40(5), 303–313. <https://doi.org/10.1080/00207590444000339>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Miller, B., Rocks, S., Catalina, S., Zemaitis, N., Daniels, K., & Londono, J. (2019). The missing link in contemporary health disparities research: A profile of the mental and self-rated health of multiracial young adults. *Health Sociology Review*, 28(2), 209–227. <https://doi.org/10.1080/14461242.2019.1607524>
- Mustillo, S., Krieger, N., Gunderson, E. P., Sidney, S., McCreath, H., & Kiefe, C. I. (2004). Self-reported experiences of racial discrimination and black-white differences in preterm and

- low-birthweight deliveries: The CARDIA study. *American Journal of Public Health*, 94(12), 2125–2131. <https://doi.org/10.2105/AJPH.94.12.2125>
- Oh, H., Marinovich, C., Rajkumar, R., Besecker, M., Zhou, S., Jacob, L., Koyanagi, A., & Smith, L. (2021). COVID-19 dimensions are related to depression and anxiety among US college students: Findings from the Healthy Minds Survey 2020. *Journal of Affective Disorders*, 292, 270–275. <https://doi.org/10.1016/j.jad.2021.05.121>
- Parker, G., Gladstone, G., & Chee, K. T. (2001). Depression in the planet's largest ethnic group: The Chinese. *The American Journal of Psychiatry*, 158(6), 857–864. <https://doi.org/10.1176/appi.ajp.158.6.857>
- Pescosolido, B. A., & Boyer, C. A. (1999). *How do people come to use mental health services? Current knowledge and changing perspectives*. Cambridge University Press.
- Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College students: Mental health problems and treatment considerations. *Academic Psychiatry: The Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry*, 39(5), 503–511. <https://doi.org/10.1007/s40596-014-0205-9>
- Polit, D. F., & Beck, C. T. (2010). Generalization in quantitative and qualitative research: Myths and strategies. *International Journal of Nursing Studies*, 47, 1451–1458. [doi:10.1016/j.ijnurstu.2010.06.004](https://doi.org/10.1016/j.ijnurstu.2010.06.004)
- Rajkumar, R. P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry*, 52, 102066–102066. <https://doi.org/10.1016/j.ajp.2020.102066>
- Ruggiero, K. M. & Taylor, D. M. (1997). Why minority group members perceive or do not perceive the discrimination that confronts them: The role of self-esteem and perceived

- control. *Journal of Personality and Social Psychology*, 72(2), 373–389.  
<https://doi.org/10.1037/0022-3514.72.2.373>
- Schwandt, T.A. (2001). *Dictionary of qualitative inquiry* (2nd ed.). Thousand Oaks, CA: Sage.
- Snowden, L. R. (1998). Racial differences in informal help seeking for mental health problems. *Journal of Community Psychology*, 26(5), 429–438. [https://doi.org/10.1002/\(SICI\)1520-6629\(199809\)26:5<429::AID-JCOP3>3.0.CO;2-M](https://doi.org/10.1002/(SICI)1520-6629(199809)26:5<429::AID-JCOP3>3.0.CO;2-M)
- Spencer, J. C., Gee, G. C., Fabian, C. G., & Takeuchi, D. T. (2010). Discrimination and mental health-related service use in a national study of Asian Americans. *American Journal of Public Health* (1971), 100(12), 2410–2417. <https://doi.org/10.2105/AJPH.2009.176321>
- Spencer, M. S., & Chen, J. (2004). Effect of discrimination on mental health service utilization among Chinese Americans. *American Journal of Public Health*, 94(5), 809–814, [doi:10.2105/AJPH.94.5.809](https://doi.org/10.2105/AJPH.94.5.809).
- Stafford, A. M. (2018). *The Unfolding of Depressive Symptoms, Disease Self-Management, and Treatment Utilization for Latina Adolescents* [Doctoral dissertation, Indiana University]. ProQuest Dissertations Publishing. <http://dx.doi.org/10.7912/C2/1305>
- Stanton, J. M., Sinar, E. F., Balzer, W. K., & Smith, P. C. (2002). Issues and strategies for reducing the length of self-report. *Personnel Psychology*, 55(1), 167–194.  
<https://doi.org/10.1111/j.1744-6570.2002.tb00108.x>
- Stolte, A., Nagy, G. A., Zhan, C., Mouw, T., & Merli, M. G. (2022). The impact of two types of COVID-19-related discrimination and contemporaneous stressors on Chinese immigrants in the US south. *SSM - Mental Health*, 2, 100159–100159.  
<https://doi.org/10.1016/j.ssmmh.2022.100159>

Strauss, A., & Corbin, J. M. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Sage Publications, Inc.

Strauss, A., & Corbin, J. M. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Sage Publications, Inc.

Substance Abuse and Mental Health Service Administration (2020, September 11). *2019 NSDUH detailed tables*. <https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables>

Ta Park, V. M., Dougan, M. M., Meyer, O. L., Nam, B., Tzuang, M., Park, L. G., . . . Tsoh, J. Y. (2022). Discrimination experiences during COVID-19 among a national, multi-lingual, community-based sample of Asian Americans and Pacific Islanders: COMPASS findings. *International Journal of Environmental Research and Public Health*, *19*(2), 924. <https://doi.org/10.3390/ijerph19020924>

Torres, L., Magnus, B., & Najar, N. (2021). Assessing the psychometric proprieties of the Attitudes Toward Seeking Professional Psychological Help Scale–Short Form (ATSPPH-SF) among Latino adults. *Assessment* (Odessa, Fla.), *28*(1), 211–224. <https://doi.org/10.1177/1073191119899470>

Turton, N. (2020, June 9). *Anti-Asian incidents across U.S. near 1,900 over 8-week period*. Chinese for Affirmative Action. <https://caasf.org/press-release/anti-asian-incidents-across-u-s-near-1900-over-8-week-period/>

United States Census Bureau (2019). *State population by characteristics: 2010-2019*. <https://www.census.gov/data/tables/time-series/demo/pepsect/2010s-state-detail.html>

U.S. Department of Health & Human Services (2021, May 19). *Mental and Behavioral Health - Asian Americans*. Office of Minority Health Resource Center. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=54>

- Vidourek, R. A., King, K. A., Nabors, L. A., & Merianos, A. L. (2014). Students' benefits and barriers to mental health help-seeking. *Health Psychology & Behavioral Medicine*, 2(1), 1009–1022. <https://doi.org/10.1080/21642850.2014.963586>
- Wang, Gee, G. C., Bahiru, E., Yang, E. H., & Hsu, J. J. (2020). Asian-Americans and Pacific Islanders in COVID-19: Emerging disparities amid discrimination. *Journal of General Internal Medicine: JGIM*, 35(12), 3685–3688. <https://doi.org/10.1007/s11606-020-06264-5>
- Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. *Arch Gen Psychiatry*, 62(6), 629–40. <https://doi.org/10.1001/archpsyc.62.6.629>
- Wang, S. & Kim, B. (2010). Therapist multicultural competence, Asian American participants' cultural values, and counseling process. *Journal of Counseling Psychology*, 57(4), 394–401. <https://doi.org/10.1037/a0020359>
- Williams, D. R., Lavizzo-Mourey, R., & Warren, R. C. (1994). The concept of race and health status in America. *Public Health Reports*, 109, 26-41.
- Williams, D. R., Neighbors, H. W., & Jackson, J. S. (2003). Racial/ethnic discrimination and health: Findings from community studies. *American Journal of Public Health*, 93, 200–208. [https://doi.org/10.2105/AJPH.98.Supplement\\_1.S29](https://doi.org/10.2105/AJPH.98.Supplement_1.S29)
- Woodward, A. T. (2011). Discrimination and help-seeking: Use of professional services and informal support among African Americans, Black Caribbeans, and non-Hispanic Whites with a mental disorder. *Race and Social Problems*, 3(3), 146–159. <https://doi.org/10.1007/s12552-011-9049-z>