

The Model Blindspot in Research & Intervention

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Introduction

When I moved to the United States in the middle of my junior year of high school, my school counselor sat with my family and me to tell us the curriculum that would be best suited for me. With the best grades sitting in the previous transcripts in her hand, she told us that she could not allow me to take the college credit English and Biology classes that I wanted to take. Surprised, we asked her what the problem was and reassured her that those two areas of education were my strongest suit in all my time in India. She gave us hesitant and convoluted answers about how she believed I would not be able to succeed in them here and suggested I be assigned to not just a regular English class but an “English as a Second Language” class. Our pleading led to no merit, and I spent my junior year of high school taking classes that reminded me of the discrimination I faced for being from a non-white country. That year on the ACT, I scored a 34 on the Reading section and later, received college credit for my Advanced Placement Biology exam. None of my excellence changed the questions I received from my peers and adults that asked, “Wow, how is your English so good?” “Do you ride on elephants to travel in India?” “Where are you really from?” None of my success changed the questions I had that asked, “When is it okay for me to fail and when is it expected for me to succeed?” “What does my family expect of me?” “What do my peers expect of me?” and “Who am I allowed to be?”

“Model Minority” was a term famously described by William Petersen in his article, ‘Success Story, Japanese American Style’ where he compared the ideal hardworking and docile nature of the Japanese Americans and pitted this population against other minorities, especially the Black community by demeaning their existence—contrasted as lazy, uneducated, and getting into trouble by choice (Pettersen, 1966). Once China became an ally to the United States in World War 2, the Chinese Exclusion Act was repealed and Chinese Americans were touted as the “good” ones and Japanese Americans were seen as the bad seeds, especially after the attack on Pearl Harbor by Japan just years prior. After the war, the Japanese Americans were released from concentration camps and told strictly to assimilate into white society (Wallace, 2021). During the Cold War, the U.S. went to war with Asian countries like Vietnam,

Korea, Cambodia, and Laos. But with the civil rights movement taking its head within the U.S., propaganda was spread within the country to show docile and hard-working Chinese and Japanese Americans as the model minority whereas the protesting Black and Brown Americans were the problems (Wallace, 2021). Peterson's 'positive stereotype' of Asian Americans being able to solve their own issues without seeking or needing help like other minorities was only a way to turn the general population against African Americans rightfully seeking government aid at the time. This comparison implied that issues like racism and poverty are born out of the personal faults of marginalized communities and a way to absolve the White population of responsibility and guilt. Conveniently, Peterson's article did not mention that the type of Asian people allowed into the country at the time due to the strict immigration laws were only the highly educated and skilled workers to benefit the United States economy. These skilled and educated workers later gained access to better jobs, housing, and opportunities with the Civil Rights Act and other successes led by Black activists. This upward mobility of certain Asian populations furthered the model minority myth while ignoring the perils of the Southeast Asian refugees that lived in terrible neighborhoods and lacked access to basic resources. By assuming all Asian Americans and future immigrants possess these same qualities and opportunities, we rob them of having their real struggles and inequalities accepted and helped with.

Historically, psychological research has focused on European and North American populations leading to a lack of representation of Asian Americans and other ethnic and racial groups. There is not only an overall lack of research on Asian Americans but especially little research studying the various subgroups of this population. In 2021, the National Institutes of Health (NIH) rejected a grant proposal to expand a study that researched the mental health challenges among over 800 Asian American families in Chicago—the largest study of its kind (Yee, 2021). Three of the reviewers made comments implying the struggles of Asian Americans were "not as bad as for Blacks and Latinos" to warrant funding the study, according to the co-investigator of the study, David Takeuchi. The lack of funding by the NIH was further backed by a study that found the level of investment in clinical research projects focusing on Asian American, Native Hawaiian, and Pacific Islander populations to only be 0.17% of the total budget, from 1992 to 2018 (Đoàn et al., 2019). While reviewers like the ones Takeuchi faced believe that the issues that Asian Americans face are not worth serious concern, the literature implies otherwise. According to the Centers for Disease Control and Prevention, suicide is the 10th leading cause of death in the U.S. (CDC, 2014). When this data is broken down by ethnicity and race, we see that White Americans constitute 70% of deaths by suicide and the monolith of Asians has a negligible suicide rate in comparison to other ethnicities. But when looking closer at the prevalence of suicide within each population, 32.5% of the total deaths of Asians were by suicide—the highest of all ethnicities and races in 2018

(Srinivasa et al., 2021). When accounting for ages, Asians between the ages of 18-34 present suicide as the second leading cause of death, under unintentional injury (CDC, 2022). Yet, a study based in an Illinois district showed how deaths by suicide were misclassified racially and when the numbers were adjusted for correct ethnicities, Asians showed the highest suicide rates among all populations (Jha et al., 2021). But what does it all mean?

The statistics on suicide are just an example of how our knowledge of this minority is limited and not studied closely. Literature reviews in medicine show that the Asian population as a whole is underrepresented in high-impact medical research studies in North America (Nguyen et al., 2021). If interventions and further research is based on just the aggregates of national data, we lose valuable information and overlook populations in need. Here are the suggestions I present for addressing the disparity in Asian American data in future research.

“Asian” is Not Enough

When sampling a population for research, it is not enough for populations to simply be segregated as “Asian” in terms of their race and ethnicity. Research including Asians usually ends up focusing on East Asians in the U.S. and it cannot be presumed that their data is generalizable to the rest of the Asian populations. There is much diversity even within subpopulations of Asians. For example, in a paper examining hopelessness, depressive symptoms, and suicidal ideation among 204 South Asian American students found that in Asian Indian American individuals, hopelessness was associated with higher levels of suicidal ideation than among their Bangladeshi American and Pakistani American peers (Lane et al., 2016). This is a significant risk factor for suicide and data that would have been lost if studied in an aggregate. Future studies must aim to further diversify the ethnic identification allowed in the demographic surveys participants take. Currently, the U.S. Census collects demographic information decennially through in-person interviews. Participants of Asian descent can enter their identity as Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian—where they can write in their subgroup classification. While this seems inclusive, the “Other” option once again remains lacking when it comes to analyzing data for research as we are left with numbers and not presented with which subgroup the people surveyed identified as. For the betterment of research and general knowledge, the Census must reveal the subgroups identified in the Other section on the national websites with Census data. Similarly, government-run websites like the National Violent Death Reporting System (NVDRS) also include similar race categories and fail to identify the subgroups of people that selected “Other” as their race. This further alienates underrepresented Asian populations, like Southeast Asians, if they do not fall under the six main categories. Researchers must take directed measures to locate and include these underrepresented groups in

their studies so we have a large enough sample size to be able to see significant trends and differences and avoid the high margin of error.

To Immigrate or Not to Immigrate

Another limitation in the accuracy of data in this population is the lack of data on the immigration status of the participants. Beyond ethnic and racial differences, previous studies have shown that immigration status affects the factors affecting mental health and treatment in Asian Americans. One study looking at how different types of therapy benefitted different groups of Asian Americans found first and second-generation Asian Americans were more receptive to problem-solving therapy over cognitive-behavioral therapy, as compared to third-generation Asian Americans (Hall et al., 2021). Another study found that Asian immigrants' trauma exposure before moving to the United States was significantly related to higher levels of psychological distress through an enhanced level of perceived discrimination after migration depending on the type of trauma, but this finding did not apply to Vietnamese Asian Americans (Li & Anderson, 2015). The authors discuss how this finding may be related to the lower levels of acculturation of this group, lower socioeconomic status, and less variance of trauma before moving to the U.S. Previous studies have also shown that U.S.-born Asian Americans report facing higher rates of discrimination than immigrant Asian Americans (Leong et al., 2013).

Immigration is an important part of the intersectionality of factors that affect the mental and physical health outcomes of the Asian American population and is necessary to be included in research studying them. Immigration status deserves to be a necessary part of the demographic questionnaire of any study assessing this population.

Where Can I Find These Populations?

While a lot of studies simply visit schools and national centers for Asians for collecting large-scale data, they may lose out on a large part of data within the community that isn't a part of such organizations or schools in certain areas. In my experience, South Asians—immigrant or not—are rarely part of these larger organizations meant to include Asians as a community. The people from this community are often engaged in religious groups present within their temples or mosques and stay largely connected within these circles. They take part in many cultural events in their communities set up by regionally segregated non-profits as well, as well as contributing to fundraisers and donation drives. While it may be intimidating and potentially difficult for non-Asian researchers to approach people at these sites, I believe it would be a crucial step to getting more data from this population. Most people are simply uneducated about this topic and the idea of scientific research as a scary thing but with a comforting explanation, I believe many would consent and understand the significance. Since college students are often the easily accessible research

population, researchers should make it a point to specifically recruit from the many Asian American cultural groups present on college campuses with an explanation of why it is important for them to participate in these studies. It is not enough to simply rely on snowballing or some random sampling when including a diverse population in studies. Research teams must therefore also take more effort to include diverse staff that allows them personal connections to these communities and an easier ‘in’.

What Can I Do to Make It All Easier?

Despite their differences, East, South, and Southeast Asian communities tend to have some similar views on mental health and the stigma attached to it. Any disruption to the peace of a family or community, physical or otherwise, is seen as an act of shame and a problem to solve as it is a big foil of a collectivist society that values peace, harmony, and saving “face” above everything, often. While physical ailments are easier to see, be accustomed to, and be solved, mental health remains a thing that can be ignored and blamed on the person struggling. The lack of education about how matters of the brain’s health can’t always be fixed with a summer walk or the advice of “just be less stressed!” drives the family conflict often present in immigrant families and their children growing up in the U.S. While there is love in wanting your family or friends to be better, the only method they’ve been taught is to “brave it and get through it” and to hide it because the lack of your ability to “just get through it” is a weakness. People in the position to educate people about mental health must make it a priority to focus on Asian populations as well, in a way that incorporates their cultural identity and doesn’t disrespect or disregard it. While it is not enough to simply tell people that mental health matters, it is the first step that is still missing. Sharing the significance of this topic will make it easier for Asian Americans to step up for themselves and be an easier population to approach for future studies. The National Asian American Pacific Islander Mental Health Association offers cultural competency and interpreter training for mental health professionals along with programs for college students.

As of 2022, many universities (UCLA, Northwestern, Washington University in St. Louis, etc.) are including courses on Asian American studies as part of their curriculum that helps increase awareness about the history, struggles, and successes of this community. Funding continues to be a problem to initiate more of these programs, but I believe there is hope for the future with the help of the media’s attention and more people in academia focusing their studies on this population. As somebody who wasn’t really taught by any faculty of color in most of my courses at University, let alone any Asian professors, it is imperative that there is a push for hiring more diverse faculty. This is not only to create a more inclusive and safer environment but in turn also to allow students to hope for a future in these careers by seeing important representation. Being part of a marginalized group in the United States comes with the distrust of the

systems usually made to help everyone as they have wronged these groups in the past several times. For many of us, even if we manage to get past the fear of seeking help for our mental health, it is difficult to find therapists or psychologists whom we trust to understand our struggles and provide solutions that align with our core values. There exist some helpful resources that facilitate the search for professional help in North America:

1. Asian Mental Health Collective: (<https://www.asianmhc.org/>) This is a therapist directory that specifically allows you to find an Asian therapist in the U.S. and Canada.
2. South Asian Therapists: (<https://southasiantherapists.org/>) This is another directory that helps you specifically find South Asian therapists near you and also allows you to learn more about therapy.
3. Asians for Mental Health: (<https://southasiantherapists.org/>) This is a directory that helps you find Asian/Pacific Islander therapists by state, insurance type, focus of therapy, age as well as language—including several East, South, and Southeast Asian languages.
4. Asians Do Therapy: (<https://asiansdotherapy.com/>) This organization works to destigmatize seeking professional help in Asian communities through suggestions on how to find the right fit therapist, sharing stories of people who have had positive experiences, etc.
5. Project Lotus: (<https://www.theprojectlotus.org/>) This organization specifically targets the model minority stereotype in relation to mental health and offers several webinars hosted by experts on these topics for people of all ages.

Conclusion

According to the Pew Research Center, East Asians, specifically Chinese Americans, and South Asians—specifically Indian Americans, are the most prevalent Asian groups in the U.S., respectively (Budiman & Ruiz, 2021). Asians are projected to become the largest immigrant group in the U.S., surpassing Hispanics by 2025-2026. This makes it imperative for us to study this population in detail if we truly aim to conduct studies and build interventions that can be truly externally reliable and useful. Decades of the model minority myth causing harm in this country have allowed the effects of discrimination faced by many Asians like me, and worse, to be lost in the wave of people who never have problems that need to be studied. As dedicated members of the field of psychology, it is our duty to create research that is most beneficial and do our part in destigmatizing mental health and its everyday effect on populations that often slip our minds.

References

- Budiman, A., & Ruiz, N. (2021). *Key facts about Asian Americans, a diverse and growing population*. Pew Research Center. Retrieved 11 November 2021, from [https://www.pewresearch.org/fact-tank/2021/04/29/key-facts-about-asian-americans/#:~:text=Chinese%20Americans%20are%20the%20largest,\(or%204.2%20million%20people\).](https://www.pewresearch.org/fact-tank/2021/04/29/key-facts-about-asian-americans/#:~:text=Chinese%20Americans%20are%20the%20largest,(or%204.2%20million%20people).)
- Đoàn, L. N., Takata, Y., Sakuma, K.-L. K., & Irvin, V. L. (2019). *Trends in clinical research including Asian American, Native Hawaiian, and Pacific Islander participants funded by the US National Institutes of Health, 1992 to 2018*. *JAMA Network Open*, 2(7). <https://doi.org/10.1001/jamanetworkopen.2019.7432>
- Centre for Disease Control and Prevention. (2014). Health, United States, 2014 with Special Feature on Adult Aged 55-64. <https://www.cdc.gov/nchs/data/hU.S./hU.S.14.pdf>
- Center for Disease Control and Prevention. (2022). Summary Health Statistics: National Health Interview Survey: 2022. Table <https://wisqars.cdc.gov/cgi-bin/broker.exe>
- Hall, G., Berkman, E., Zane, N., Leong, F., Hwang, W., & Nezu, A. et al. (2021). Reducing mental health disparities by increasing the personal relevance of interventions. *American Psychologist*, 76(1), 91-103. <https://doi.org/10.1037/amp0000616>
- Jha, A., Ahuja, M., J. Wani, R., Methipara, A., & Anderson, J. (2021). Racial Misclassification Masks True Prevalence of Suicide in South Asian Americans. *Journal Of Social Welfare And Human Rights*, 9(2). <https://doi.org/10.15640/jswahr.v9n2a1>
- Lane, R., Cheref, S., & Miranda, R. (2016). Ethnic differences in suicidal ideation and its correlates among South Asian American emerging adults. *Asian American Journal Of Psychology*, 7(2), 120-128. <https://doi.org/10.1037/aap0000039>
- Leong, F., Park, Y. S., & Kalibatseva, Z. (2013). Disentangling immigrant status in Mental Health: Psychological Protective and risk factors among Latino and Asian American immigrants. *American Journal of Orthopsychiatry*, 83(2-3), 361–371. <https://doi.org/10.1111/ajop.12020>
- Li, M., & Anderson, J. G. (2015). Pre-migration trauma exposure and psychological distress for Asian American immigrants: Linking the pre- and post-migration contexts. *Journal of Immigrant and Minority Health*, 18(4), 728–739. <https://doi.org/10.1007/s10903-015-0257-2>
- Nguyen, H.-A. T., Zheng, A., Gugel, A., & Kistin, C. J. (2021). Asians and Asian subgroups are underrepresented in medical research studies published in high-impact generalist journals. *Journal of Immigrant*

and Minority Health, 23(3), 646–649.

<https://doi.org/10.1007/s10903-021-01142-6>

Pettersen, W. (1923). Success Story, Japanese American Style. *New York Times*, p. 180. Retrieved 12 November 2021.

Srinivasa, S. R., Pasupuleti, S., Dronamraju, R., & Longoria, D. (2021). Suicide among South Asians in the United States: Perspectives, Causes, and Implications for Prevention and Treatment. *J Ment Health Soc Behav* 3(2):150. <https://doi.org/10.33790/jmhsb1100150>

Wallace, N. (2021). *Inventing the "Model Minority": A critical timeline and reading list*. Densho. Retrieved January 1, 2023, from <https://densho.org/catalyst/inventing-the-model-minority-a-critical-timeline-and-reading-list/>

Yee, A. (2021). *Research on Asian Americans and Pacific Islanders is being stifled*. Scientific American. Retrieved January 1, 2023, from <https://www.scientificamerican.com/article/research-on-asian-americans-and-pacific-islanders-is-being-stifled/>