

Chinese-American Attitudes Toward Mental Illness:
How Culture, Family, and Experience Influence Perceptions of Stigma

Johan Qin

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ABSTRACT

My thesis explores the critical intersection between psychological research on Asian-American mental health and the sociology of mental illness. It seeks to both investigate the impact of culture, family, and experience on Chinese-American attitudes toward mental illness and contribute to existing literature on Chinese-American mental health. My study was conducted at a midwestern university where I interviewed 21 Chinese-American undergraduate students on their attitudes toward mental illness and their perceptions of mental illness stigma. I found that while all three factors influence mental illness attitudes, personal experience has the strongest impact. My research marks an important step towards a more qualitative approach to studying Asian-American mental health. Future studies should look to expand on such qualitative methods to garner a more accurate and in-depth understanding of the complexities facing the field of Asian-American mental health.

INTRODUCTION

As per Sue et al. in “Asian-American Mental Health: A Call to Action”, The U.S. Surgeon General’s report in 2001, “*Mental Health: Culture, Race, and Ethnicity - A Supplement to Mental Health: A Report of the Surgeon General*,” was “arguably the best single scholarly contribution on the mental health of ethnic minority groups in the United States” (pg. 532). The report is indeed exemplary in its “consideration of the relevance of history and culture to our understanding of mental health, mental illness, and disparities in services” (Office of the Surgeon General, 2001). It highlights the roles that culture, race, and ethnicity play in influencing minority reception of mental health treatment, and it also endeavors to provide a thoroughly comprehensive overview of the information, or lack thereof, that we have considering each racial minority group and its relation to U.S. mental health services.

Much is indeed known about Asian-American mental health. It is known that Asian-Americans seek help and utilize mental health services at a lower rate than their respective representation in the U.S. It is also known that numerous barriers impact Asian-American utilization of mental health services, and that cultural biases in reporting as well as methodological differences in research design pose significant challenges in verifying research on Asian-American mental health (Chu & Sue, 2011). Much is still not known about Asian-American mental health, however. We don’t understand within-group differences among Asian-Americans well enough, we don’t have definitive rates of mental disorders among the Asian-American population given its heterogeneity and constantly changing demographics, and we don’t know well enough how various factors consolidate to affect Asian-American mental health on both a personal and larger social basis (ibid.).

This is the gap in knowledge that I have come to face and which I seek to delve into through my research and findings. Asian-American mental health is an incredibly broad and diverse field; there are as many as 43 different ethnic groups that constitute the Asian-American population, each of which possess its own unique history, culture, and values (Department of Health and Human Services, 2001, pg. 107). Any research conducted on Asian-American mental health must take these myriad differences into account. As such, the breadth of the Asian-American population makes it difficult to make definitive conclusions and generalizations that hold true across the entire population.

That is why I decided to focus my research on the Chinese-American population specifically. Chinese-Americans are the largest ethnicity constituting the Asian-American population. Also, among groups with a population of one million or higher, the Chinese-American population is the fifth-fastest growing (U.S. Census Bureau, 2010, pg. 16). The sheer number and growth of the Chinese-American population makes any research on the group highly significant and utilizable. This is not to minimize the issues that other Asian-American groups face, but rather to express the possible impact of research on Chinese-Americans.

In composing my thesis, my central research question was: How do culture, family, and experience influence Chinese-American attitudes of mental illness and perceptions of mental illness stigma? Through this question, I sought to investigate the impact of those three sociological factors on how Chinese-Americans develop their attitudes of mental illness and perceptions of stigma. My peculiar interest in this topic is roused by both my personal experience with mental illness growing up in a Chinese-American family as well as the conversations and discussions I've had with fellow Chinese-Americans regarding mental illness stigma in the

Chinese-American community. Coming to college, I was particularly interested in understanding whether the family environment I grew up in, along with the values that my parents instilled in me, had an impact on my attitude towards, development of, and personal experience with mental illness.

Altogether, my thesis will progress through five sections: Literature Review, Methods & Data, Findings, Discussion, and Conclusion. In the literature review, I discuss the sociology of mental health, mental illness and its theories, Asian-American mental health, and Chinese culture. These are the four spheres within which my thesis is situated. In Methods & Data, I share my methodology and provide a quantitative analysis of the data I collected. In Findings, I share the most salient themes that arose from my interviews. In Discussion, I discuss these themes and how they tie back to the literature and research question. Finally, in the conclusion, I share the implications of my research and discuss possible directions for future research.

LITERATURE REVIEW

Sociology of Mental Health

The field of mental health is a sphere that has been, for a long time, dominated by the natural sciences and the contributions of psychologists, biologists, and geneticists. Significant advances in these sciences in the past decades have drawn the attention of media and professionals towards the role of genetic factors in mental health and illness. As doctors tend to hold heavy influence in the mental health field, primacy is usually given to ideas and findings from the natural sciences over those from the human and social sciences (Busfield, 2000, p. 543).

It is important not to forget, however, the role that environmental factors and social inequalities play in determining health outcomes (Adler, 1999; Lynch, 2000). Busfield asserts that social processes are crucial to understanding mental health and disorders in three particular ways. First, social processes shape the very concepts of mental health and disorder. Second, social processes play an important part in the etiology of mental disorders, as any mental disorder is the product of both genetics and environment. And third, social processes play a vital part in influencing mental health practice. It is for these three reasons that it is crucial to recognize the importance of qualitative research and sociological method design in better understanding mental health and illness.

Mental Illness Stigma and Its Theories

The study of stigma was founded in 1963 with Erving Goffman's foundational "Stigma: Notes on the Management of Spoiled Identity." In "Stigma," Goffman provides the original definition of stigma, namely "an attribute that is deeply discrediting" and that "reduces the bearer

from a whole and usual person to a tainted, discounted one” (pg. 3). He also identifies three types of stigmas - stigma of character traits, physical stigma, and stigma of group identity - and the different ways in which individuals may respond to stigma.

Link and Phelan (2001) have elaborated on the definition of stigma in “Conceptualizing Stigma.” In the article, they argue that since Goffman’s seminal work, numerous definitions of stigma have arose that differ considerably in their elaborations of what constitutes stigma. Thus, in composing “Conceptualizing Stigma,” Link and Phelan define stigma as when “elements of labeling, stereotyping, separation, status loss, and discrimination occur together in a power situation that allows them” (pg. 377). This is the definition that I will be working with in my thesis.

In addition to defining stigma, there are sociological models of mental illness stigma. One of the most prominent is labeling theory, an explanatory framework rooted in the symbolic interactionist tradition of sociology. Labeling theory essentially asserts that the meaning of social objects are “socially constructed” or labeled (Markowitz, 2005, p. 130). Relating this to mental illness stigma, Becker asserts in “Outsiders: Studies in the Sociology of Deviance” (1963) that deviance is not “a quality of actions, but rather results from others’ definitions of those acts.” Some social groups have the power to set and impose definitions of what constitutes deviant behavior; thus, a deviant is “one to whom the label has been successfully applied” (pg. 9).

There are numerous other sociological models of mental illness such as the links modified labeling theory, the integrated stigma/recovery model, or the Rosenfield model of mental illness stigma (Markowitz, p. 132). However, for the purposes of my thesis, I will be

working with Goffman, Link, and Becker's definitions of mental illness stigma and how they relate to Chinese-American conceptions of mental illness.

Asian-American Mental Health

The field of Asian-American mental health has been traditionally dominated by the psychological sciences over the past several decades. There have been numerous seminal studies conducted on Asian-American mental health - some of which have been immensely significant - but few of them have utilized qualitative methods. Nonetheless, I will discuss some of these seminal works and how they have contributed to both this field and my research.

First is Chu & Sue's (2011) "Asian-American Mental Health: What We Know and What We Don't Know." This review enumerated some of the most important and consistent findings on Asian-American mental health over the past two decades. Some of these findings include the knowledge that few Asian-American utilize the mental health system and that those who do are severely disturbed in terms of psychiatric disorders. Other findings include the assertion that the "constantly changing characteristics of the population" have made it difficult to ascertain rates of mental disorders" (pg. 2). The article cites cultural biases in reporting styles and "methodological issues stemming from the heterogeneity of Asian-American populations" as challenges facing the Asian-American mental health field (ibid.).

Another seminal article is "Asian-American Mental Health: A Call to Action" (2012). In addition to citing a lot of what "Asian-American Mental Health: What We Know and What We Don't Know" cited, the article calls for innovation and further research, especially utilizing both quantitative and qualitative approaches, in order to approximate the mental health needs of the

Asian-American population and “account for errors or biases in the finding of low prevalence rates of mental illness among Asian-Americans” (pg. 542). My research takes this call into account through the use of a qualitative research method.

Third and last is Kung’s (2004) article, “Cultural and Practical Barriers to Seeking Mental Health Treatment for Asian-Americans,” that details cultural and practical barriers that Asian-Americans face in seeking and receiving mental health treatment. The article discusses how the underutilization of mental health services by Asian-Americans has been well documented in the past three decades, but such low utilization does not necessarily mean there is a low demand (pg. 27). Kung goes on to list and illuminate how such barriers - including but not limited to language, knowledge of access, and credibility of mental health treatment - pose significant challenges to Asian-Americans in need of mental health services. Kung’s article made me aware of the numerous barriers that Asian-Americans face when it comes to mental illness. It also galvanized me to better understand the significance of further mental health research among Asian-American youth and families.

Chinese Culture and Confucianism

Chinese culture is strongly influenced by Confucianism, a moral philosophy that has “exerted profound influence on Chinese political and social culture for over a thousand years” (Lam et al., 2010, pg. 35). Under Confucianism, values such as filial piety, harmony, and moral excellence are stressed and the maintenance of social and familial harmony is valued above all else. Under such a philosophy, one’s destiny “depends mainly on one’s moral effort and a negative outcome is solely due to one’s moral failure” (ibid., pg. 36). As a result, mental illness

is framed as a fate that is “defined by one’s relationships” and that is handed down by destiny.

Although other philosophies and religions such as Taoism and Buddhism have made a profound impact on Chinese culture, Confucianism is the one most strongly tied to Chinese culture and also the only philosophy cited by participants when referring to Chinese culture during the interviews.

If an individual or family member develops a mental illness, it can cause a great deal of distress to the other family members and even relatives. This is because such illnesses are viewed as the result of moral transgressions of ancestors or the family. Thus, a mental illness is not just an individual issue but also a familial responsibility. Stigma attached to families can affect even marriage prospects and social status. Mental illnesses “tarnish family honor, name, and ancestors” (Ng, 1997, pg. 385).

Finally, there is a concept of “face” that is very prevalent in Chinese culture. “Face” can essentially be defined as a person’s moral standing in the community (Yang & Kleinman, 2008, pg. 399). Face is incredibly important in China and among Chinese communities as it determines an individual and family’s standing within a community and their status in general. A loss of “face” can result in possible “social death” or exclusion from other members of the community. Such a loss of “face” can be garnered by possessing a status or experiencing an event that might bring about “bad luck.” For example, families that have recently experienced a death may not be invited to happy events for some time due to “fears of spreading bad luck or moral contamination” (ibid., pg. 402). This is the extent to which “face” and fears of breaking social norms run within the Chinese-American community.

METHODS & DATA

Methods

The majority of past research on mental illness has been psychological and quantitative in nature. Thus, in an effort to explore the qualitative and social aspects of mental illness, I utilized the interview method.

My target demographic was Chinese-American undergraduate students. For recruitment, I sent an email containing a research blurb to the secretary of Asian-American student organizations at a midwestern university. The secretaries then forwarded the blurb to the organization in their weekly listserv emails. My blurb summarized my research and the reason I needed student participation. I offered a \$20 compensation, courtesy of a research grant, for participation in my study. The grant boosted interest and participation in my study as before I offered compensation, I received no e-mails of interest in participation. Altogether, I was able to recruit 21 participants.

Interviews with participants were audio-recorded and conducted at a private location in the university library. Before I began the interview, I had the participant read the consent form and sign it. Then, I had them fill out a short demographic survey with a few fill-in-the-blank questions including name, school year and major. The interview lasted 45 minutes on average.

During the interview, I asked the participant questions about their background and their parents' background. I also asked about their experience growing up in America, their attitude towards mental illness, their perception of mental illness stigma, and their experience with mental illness. Overall, these questions were aimed to gain an understanding of the participant's thoughts regarding culture, family, and experience of mental illness and how these factors

impacted the participant's perception of mental illness stigma. I compensated the participant after the interview.

For analysis, I selectively transcribed quotes and sections from each audio-recorded interview based on notes and codes that I recorded on a notebook during the interviews. I also recorded the demographic information of the participants on a spreadsheet. The spreadsheet was used for demographic analysis as well as to garner an understanding of how my data influence my results. Please note that pseudonyms have been created for the university, hometowns, and all participant names. This is to ensure confidentiality and to respect the participation of my participants.

Data

Please see Figure 1 in the Appendix for a chart detailing my demographic data.

14 out of 21 (66%) of my participants were female, and 11 out of 21 (52%) of my participants were sophomores. Also, 18 out of 21 (86%) of my participants were born in the United States. I acknowledge a possible skew in the gender make-up of my data due to one of the contacted organizations consisting primarily of female sophomores.

There was a dearth of male participation and interest in my study. 13 out of 14 (93%) of the females in my study reached out to me personally through e-mail, while only 2 out of 7 (29%) of the males in my study personally reached out to me. Thus, in an effort to minimize the gender ratio gap, I reached out to five male friends of mine to ask if they would be interested in participating in my study.

A possible cause for the gender ratio gap is that Asian men may not care or be as invested in mental health issues as Asian women. However, this is just a speculation and should not be taken too seriously. My data set was small so I cannot generalize or make conclusions based on this alone. It is, however, an interesting theory that could be possibly explored in future research.

For mental health, 7 of the 21 (33%) participants revealed to me that they had had some sort of experience with mental health issues or mental illness. After analyzing my data, this statistic had nothing to do with whether the participant was born in the U.S. or what part of the country they come from. This result is not statistically significant, but it indicates that at least at least one-third of my participants had a personal experience with mental health issues.

Also, all of them think a mental illness stigma exists. I probed by asking “Do you think there is a mental illness stigma?”. The question was left intentionally vague in order not to lead the participants and instead gauge how they developed their ideas of stigma. All of my participants think there is a stigma in some shape or form in our society.

FINDINGS

The Cultural Impact of the Cultural Revolution

Chinese-American culture is influenced by Chinese culture, and Chinese culture is influenced by the myriad developments, historical and social, that occurred in China over its long history. One of the most significant events to transpire in recent Chinese history was the Cultural Revolution, a turbulent and sociopolitically significant revolution instigated by Mao ZeDong from 1966 to 1976. The revolution shook the nation to its roots and caused much violence. Many Chinese fled China during this time to seek refuge in other nations such as America. This is the narrative that serves as a backdrop to many Chinese-American families.

A number of my participants mentioned the Cultural Revolution when referring to their parents' background. This theme was especially prominent when my participants referred to their fathers. Because of the traumatic experience of living through the Cultural Revolution, it seems Chinese parents tended to have less empathy for their child's struggles:

In general, the older Asian generation tends to not really think [mental illness] is a real problem. Especially because, I kind of understand because the times they went through were so rough going through the Cultural Revolution, I know those were hugely traumatic experiences. So for them, a potential attitude is I went through it, you're not going through anything as bad as this, so why is this an issue for you? - Scott

Essentially, Scott thinks Chinese parents' lack an understanding of why their children would have mental health issues if they themselves went through the Cultural Revolution. This is a significant point made by Scott as it highlights the generational - as well as cultural - gap that exists between parents who grew up in China under the Cultural Revolution and their children

who grew up in America. The stark difference between the two cultures results in a possible misunderstanding - and resultant lack of empathy - in Chinese-American families.

Emotional Struggle as Lack of Discipline

As touched on in the literature review, Chinese culture is strongly influenced by Confucianism and its associated values of harmony, filial piety, and morality. Under such a culture, emotional outbursts are discouraged and mental illnesses are stigmatized. Mental illnesses can be perceived as a moral familial flaw as well as a lack of discipline or appreciation of the parents' efforts. As one of my participants describes:

... I'd say my dad probably doesn't really believe in [mental illness]. He's a sort of pull-yourself-by-bootstraps kind of guy by virtue of his background. Sometimes I've talked to him about feeling really upset about school - I don't talk to my parents very often. Something made me upset or I had been having some arguments with my friends. And he'll say - or if I haven't been feeling motivated to do work - he'd say 'you just lack discipline.' He talks about discipline a lot, like all the time. Like you lack discipline, and the problem is that you aren't ambitious or disciplined enough. - Sarah

Such parenting can affect the child's mental illness attitude and mental health:

I think some of my dad's discipline thing has gotten to my head. For instance, freshman year, the first half of the year I started taking a lot of naps. It wasn't really because I was tired, it was just because I felt so sad I didn't know what to do. But then I would think and lie on my bed instead of doing stuff. And I'd be like, "I'm wasting my time, I need to do my homework for my classes and whatnot." It never got really bad. I'd eventually get out of bed and do my homework. This idea, though, that I had to... if I was just mentally strong enough I could just get through it. ... there's a sense from my dad that whatever emotional or mental hardship I may be feeling is not as real or as terrible as the hardship he had to go through to get out of that village. - Sarah

Because parents have such a strong influence on their children, parental attitudes strongly influence child attitudes. As can be gleaned from the quote above, Sarah internalized her father's

attitude towards emotional struggle and feels guilty for feeling sad and lethargic. Such guilt caused her to lack compassion and empathy for her own emotions.

Mental Illness Perceived as Crazy or Shamed

Those struggling with a mental illness in Chinese society may be perceived as crazy or shamed. The following are three quotes from my participants exemplifying how this is so.

The first is from Patricia, who shares how her family talks about a cousin with depression:

In my family I have a cousin who has pretty severe depression and she has been suicidal in the past. And just whenever my parents talk about that cousin, there's always that change in tone when they refer to her. It's almost as if they want to brush it off. Their tone isn't of compassion, it's more almost of embarrassment.

The second one is from Lori, whose sister is in medical school:

Lori: My sister is in medical school now. And one of the things you can do is be a psychiatrist. But in general, she doesn't want to do it. And my parents are like, don't do that.

Johan: Do you know why they said that?

Lori: Because if you're always talking to people about their problems, eventually you'll go crazy is according to what my mom said.

Third is a quote from Tim, whose parents are from an urban city in China:

... for Chinese people there's always, I feel a negative way of seeing mental illness. As in, that guy has a mental illness, you should be careful of them or something like that. The instinct isn't as much to try to help them, but more like, this family had this happen, it's kind of bad. Even when we went back to China on the streets, if my mom saw someone who seemed like they weren't right or were doing things that were kind of out of the ordinary, she would be like "that guy's not right in the head we should stay away." Even in Chinese media, or even in American media a little bit, mental illness is portrayed as something like your

choice to be mentally ill or not. That definitely affected my view of it for a long time.

These three quotes exemplify the way Chinese parents view mental illness: as something to be avoided lest it make you crazy as well. This attitude contributes to the mental illness stigma in Chinese-American communities and discourages any speck of empathy or understanding for the mentally ill.

Lack of Emotional Intimacy

There was a theme of a lack of emotional intimacy in the family among my participants. It seems this lack of emotional intimacy was contrived from an imbalanced parent-child relationship as well as a lack of sympathy for struggle. One of my participants, Nicholas, shared the following when I asked whether there really was a lack of intimacy in his family:

I think it's a little bit of both [an actual and perceived lack of intimacy]. I think that's part of why it's difficult to speak openly because it's almost like you grow up and you know your opinion and your words are a little less valid and respected in that environment. I definitely got that. It seemed pretty clear that my father wanted to be the ultimate authority figure within the family. He wanted to make it clear what he said was the final word.

The patriarch's desire for respect created an unequal relationship between Nicholas and his father. Nicholas' father did not respect Nicholas' feelings and opinions as much as his own, thus destroying any sense of emotional intimacy that could have been possibly created.

This environment of a lack of emotional intimacy can create challenging issues for the child if he or she develops mental health issues:

I think it's coupled with the whole lack of intimacy and openness. I think it's also the expectation, that if you have a problem you're expected to persevere and overcome it. It's almost like, you shouldn't complain because they have all these

high expectations for you, you have all these things you need to achieve. So it's just another bump in the road on the road there, that's how it's viewed. - Nicholas

Because of the lack of intimacy, Nicholas feels like he can't openly lament about problems that he's facing. It is as if the inherent expectation is for Nicholas to overcome his problems without any difficulty.

There is a difference in how physical and mental illnesses are viewed in Chinese culture.

As Scott says:

Say I was going through depression versus if I broke a leg or I was diagnosed with cancer or something. That would be much more severe and apparent to them, like we need to do something about this, whereas if I was diagnosed with a chronic mental illness, it would be like, what does that mean and what do we even do? Is this even a problem? - Scott

Because physical illnesses can be seen, they are taken seriously. But because mental illnesses are more abstract and invisible to the eye, Scott thinks Chinese parents wouldn't seem to understand how to deal with it.

Rationalization & Invalidation: Lack of Mental Health Discussion

All of this leads to a lack of discussion about mental health in Chinese-American households. Shockingly, none of my participants shared that mental health is a commonly discussed topic in their families. They said that usually, if it was mentioned, it was brief in passing and not strongly regarded. Families where the parents had an understanding of mental illness and an unstigmatized attitude towards it were in the minority.

Melissa shares an extremely poignant perspective regarding how her family treats mental illness:

I think [mental illness] is tricky because my mom in particular doesn't really believe in mental illness. I know my sibling had struggled with depression throughout high school and [my mom] refused therapy or psychiatry or any sort of professional help because she thought [the mental health services] would turn [my sibling] into the enemy. Like don't go against your family. ... My sibling and I, we both haven't really gotten any professional help for problems and we don't talk about mental health, we don't share feelings that sort of thing. Emotional vulnerability and physical affection are just not things in our family at all.

Melissa also continues to share how her mom reacts when the topic of mental health or suicide is brought up:

I know whenever we talk about suicide or whatever, then my mom will laugh. Sometimes in more casual stuff like talking about - there's definitely been times where my sibling or I are in states of distress and my mom won't really take it seriously. She won't see it as a serious problem. She just think it's being irrational or something like that. I mean there's definitely been times where we're talking about it and she'll just like laugh awkwardly or play it off as a joke.

In such a family environment, mental illness is rationalized or invalidated as something that shouldn't be taken seriously. Especially the fact that Melissa's mother laughs when talking about suicide shows the severe lack of gravity with which her mom views the issue.

There are parents who are understanding, however. Megan shared about how she is able to talk to her mother about her mental health struggles:

My mom is actually surprisingly understanding about it. The rest of my family has no idea about it though. I think there's a reason for that. She can also see how it can be difficult for them to understand so she's agreed to not tell anybody. Which is also hard for her because she can't talk about that to anyone.

Because mental illness is so stigmatized, it is hard on Megan's mother. She can't even share it with other family members. The struggle is kept secret.

Altogether, these stories paint a picture of the struggles Chinese-American youth face when it comes to mental health in Chinese-American families. A combination of factors

including invalidation, shame, and lack of emotional intimacy consolidate and form a family environment in which it is difficult to share or express emotional and mental struggles. Such an environment results in stigmatized attitudes toward mental illness, which only serve to perpetuate mental illness stigma among Chinese-Americans.

So far, I've only covered mental health in Chinese-American families and Chinese culture. I will now discuss the influence of American education and personal experience on mental illness attitudes.

Living in America: Education and Exposure to Different Perspectives

Although the familial unit is the main source of Chinese influence on Chinese-Americans, living in America also impacts Chinese-American attitudes. Social media, psychology classes, and organizations dedicated to mental health and reducing mental illness stigma expose Chinese-Americans to different perspectives and attitudes toward mental illness.

For Scott, whose family never really talked about mental health, his experience with peer educator programs opened his eyes to the implications of mental health:

We had peer educator program and students that would go and teach certain topics like alcohol, sex, mental health, time management, sleep, etc. I joined that program because I was really interested in the purpose of it without necessarily knowing that much about each of the individual topics. But we went through training and that's stuff we became exposed to over time. That was my first real exposure of the full-blown implications of mental health and mental wellness in a classroom experience where I was actively being taught about it instead of experiencing it myself.

Another participant, Frances, also shared her thoughts on student groups dedicated to mental health at her university:

I think being at a university like Milton is interesting because these colleges are more liberal so people have all these perspectives. And then when you get back to, when I go home to Beresford, it's really different. So at Milton, it seems like there are a lot of student groups that are focused on tackling mental illness, like Active Minds... So I think people are definitely making the effort...

Lastly, Amanda shared how social media and a psychology class she took helped her realize the stigmatized attitude that she still possesses:

I think being on a lot of social media, especially the ... last four years, where people have a bigger presence, more acceptance and openness about mental health issues. That's kind of where I see more of other people's perspectives. Because before I didn't really have much exposure to it. So you kind of just go with the stigmas that are around you. But reading other people's perspectives have helped.

Later in the interview:

Johan: Did this psychology course change your perception of mental illness at all, and if so, how did you see it before you took this course?

Amanda: I would say it hasn't changed my opinion too much. I kind of already knew about stigmas and how people don't really talk about it and how there's a lot of suffering that goes on because of stigma and all the social and psychological repercussions. But taking this course made me realize how much stigma I still kind of have even though I am aware of it. I also think recognizing that you have that instinct is a step towards overcoming it."

Exposure to different perspectives through classes, social media, student organizations, and mental health programs has an impact on mental health attitudes. For some, these experiences are students' first exposure to an unstigmatized perspective towards mental illness. Education in America and social media resultantly feed into students' perspectives of mental illness stigma.

Experiences with Mental Illness

Despite the influence of culture and family on mental illness attitudes, I argue that experiences with mental illness, either personally or those of family and friends, have the strongest impact on attitudes and perceptions.

The following are quotes from several participants on how their experiences with mental illness have impacted their perceptions:

I think mental illness is pretty serious. Personally, I try to stay positive about things and I wouldn't say I've struggled with it a lot, but I had friends in high school who struggled a lot with it. Being very close to them, I know how real it is and how much that affected them. So even though personally I don't have as many experiences with that, I've seen other people have it and how that's affected them.
- Tim

When I questioned my own mental health and when I talk to my friends, I realized that just because people aren't talking about it, or other people seem okay, doesn't mean that their mental health is perfectly fine. It still means people are still struggling. These interactions have really opened my eyes to what mental illness and mental health really mean. - Patricia

I've had experience with mental illness. Sometimes it's hard even for myself to validate that. This was a real issue and something I really struggled with. And while I feel like I can relate to other people, I can better understand where they're coming from, I can see how difficult it is, I can also see how it is difficult for other people to understand it if they don't have experience with it. - Megan

These three quotes speak powerfully to the impact of experience with mental illness. Whether it was personal or the experiences of friends, such encounters opened their eyes and revealed how serious of an issue mental illness is to them.

Discussion

Theory: How Perceptions of Mental Illness Stigma Develop

My findings detailed how culture, family, and experience influence Chinese-Americans and their attitudes toward mental illness. Now, I will discuss the theoretical model that I developed in understanding how perceptions of mental illness stigma develop. Please see Figure 2 in the Appendix for this model.

Culture, family, and experience are all factors that operate in social spheres. They do not function in isolation but rather in a social context that resultantly impact individual and communal lives. Culture is the broadest sociological factor and influences the beliefs, values, and attitudes of those who live within that culture. For Chinese parents that grew up in China, they were influenced by the surrounding culture and its prevailing attitudes and beliefs. Their attitudes toward mental illness were not born out of ignorance but were rather due a general lack of knowledge and discussion regarding mental health during their time in China.

Chinese parents brought their views and attitudes toward mental illness with them when they migrated from Asia to America. Settling down and starting a family, Chinese parents' values and expectations shaped the family environment within which the Chinese-American was raised. As Chinese-Americans grow up in this family environment, their original attitudes and beliefs about mental health as well as academics and success are shaped by their parents' attitudes.

However, once in America, Chinese-Americans are exposed to different influences. Schooling in America, as well as the ubiquity of social media, expose Chinese-Americans to different values, perspectives, and attitudes. For one, the existence of psychology classes that

discuss mental illness in primary education make an impact on Chinese-American attitudes toward mental illness. Resultantly, Chinese-Americans' attitude towards mental illness may clash with their parents' attitude towards mental illness.

Further, Chinese-Americans are exposed to direct and personal experiences with mental illness. They may either develop a mental illness or know a friend or family member that is experiencing one. This experience may have a direct and immediate impact on the Chinese-American's mental illness attitude and perception of mental illness stigma due to the relevancy and adjacency of the experience. If the Chinese-American is surrounded by people intolerant of mental illness, they may come to believe that there is a heavy and intolerant stigma surrounding mental illness in America. If they are surrounded by supportive people and positive messages surrounding mental illness, however, they may come to believe that the stigma is not as severe. Ultimately, though, the fact that all of my participants think that there is a stigma in some shape or form in our society shows how much work still needs to be done to combat stigmatized attitudes.

Tying my theory back to the sociological models of mental illness provided in the literature review, the stigma of mental illness is a label that society places on those afflicted by it. Stigmas are not born out of isolation, but rather through the confluence of social and cultural factors. As Goffman eloquently defined in 1963, a stigma is an attribute that is "deeply discrediting" and that "reduces the bearer from a whole and usual person to a tainted [and] discounted one" (pg. 3). Indeed, for Chinese-Americans that experience mental illness, they face the brunt exclusion and isolation of stigma bestowed upon them by their family and culture. The severity of stigma cannot be understated as it can negatively affect the lives of Chinese-

Americans and their families, especially those living in Chinese-American communities or with strong ties to their roots. Thus, it will be paramount in the future to focus on breaking down the stigma in Chinese-American communities living in America and exposing them to differing perspectives and attitudes. As this has worked for the current generation of Chinese-Americans, I believe it will also work for future generations. In my belief, future generations of Chinese-Americans will hold less stigma towards mental illness as they become acculturated to America and its contrasting attitude towards mental illness. Exposure and awareness are the first steps in overcoming mental illness stigma in the Asian-American community.

CONCLUSION

Future research on Asian-American mental health needs to increase usage of qualitative methods and design. While psychological and quantitative methods are useful, they have dominated the field of mental health and illness for decades. The lack of qualitative studies has resultantly left a gap of knowledge that needs to be filled with more social scientific research. My study provides an exploratory and investigative step in better understanding the sociological factors that influence Chinese-American mental health and attitudes.

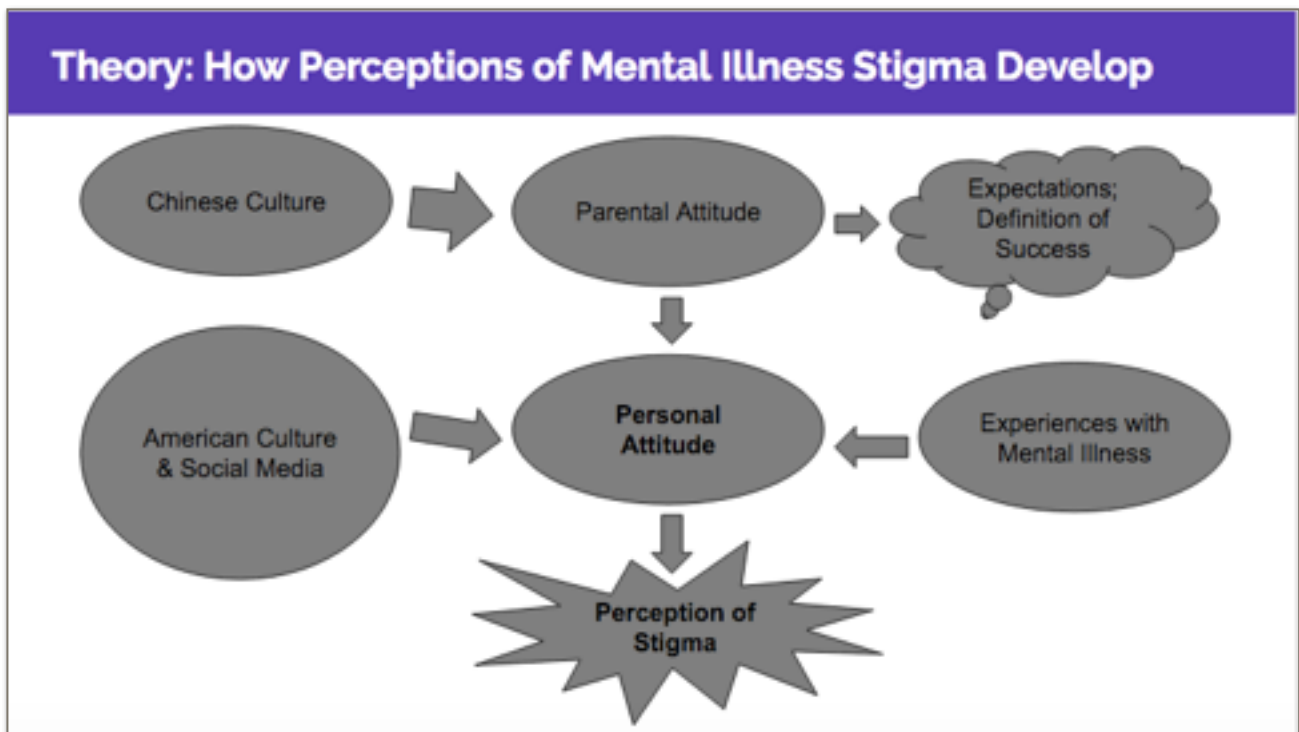
Ultimately, my research shines a light on the amount of stigma that still persists among Chinese-Americans today. Hopefully, future research can draw upon both my findings and theoretical model to test whether it holds true for Chinese-Americans in other contexts as well as other Asian-American ethnicities. If so, we can begin to develop and create more knowledge that incorporates findings from social scientific research. Although there is still much to be known about Asian-American mental health, I am optimistic that we will see a future that retains less stigma towards individuals with mental illness.

APPENDIX

Figure 1

Demographic Data			
Total	21	Mean Age	19.95
Male	7		
Female	14	Born in U.S.?	
		Yes	18
Freshman	1	No	3
Sophomore	11	Experienced MH or MI?	
Junior	5	Yes	7
Senior	4	No	14

Figure 2



REFERENCES

- Adler, Nancy E. and Joan M. Ostrove. 1999. "Socioeconomic Status and Health: What We Know and What We Don't." *Annals of the New York Academy of Sciences* 896(1):3-15.
- Atkinson, Donald R. and Ruth H. Gim. 1989. "Asian-American Cultural Identity and Attitudes toward Mental Health Services." *Journal of Counseling Psychology* 36(2):209-12.
- Brown, Tony N. 2003. "Critical Race Theory Speaks to the Sociology of Mental Health: Mental Health Problems Produced by Racial Stratification." *Journal of Health and Social Behavior* 44:292-301.
- Busfield, Joan. 2000. "Introduction: Rethinking the Sociology of Mental Health." *Sociology of Health & Illness* 22(5):543-58.
- Chang, Luke, Richard F. Morrissey, and Harold S. Koplewicz. 1995. "Prevalence of Psychiatric Symptoms and Their Relation to Adjustment among Chinese-American Youth." *Journal of the American Academy of Child & Adolescent Psychiatry* 34(1):91-9.
- Cheon, Bobby K. and Joan Y. Chiao. 2012. "Cultural Variation in Implicit Mental Illness Stigma." *Journal of Cross-Cultural Psychology* 43(7):1058-62.
- Chu, Joyce P. and Stanley Sue. 2011. "Asian American Mental Health: What We Know and What We Don't Know." *Online Readings in Psychology and Culture* 3(1):1-18.
- Corrigan, Patrick W. and Amy C. Watson. 2002. "Understanding the Impact of Stigma on People with Mental Illness." *World Psychiatry* 1(1):16-20.
- Corrigan, Patrick W., Fred E. Markowitz, and Amy C. Watson. 2004. "Structural Levels of Mental Illness Stigma and Discrimination." *Schizophrenia Bulletin* 30(3):481-91.
- Hampton, Nan Zhang and Seneca E. Sharp. 2014. "Shame-Focused Attitudes Toward Mental Health Problems The Role of Gender and Culture." *Rehabilitation Counseling Bulletin* 57(3):170-81.
- Hoeffel, Elizabeth M., Sonya Rastogi, Myoung Ouk Kim, and Hasan Shahid. 2012. "The Asian Population: 2010." *2010 Census Briefs*:1-23.
- Horwitz, Allan V. 2002. "Outcomes in the Sociology of Mental Health and Illness: Where Have We Been and Where Are We Going?" *Journal of Health and Social Behavior* 43(2): 143-51.

- Kim, Isok, Juan Chen, and Michael S. Spencer. 2012. "Social Determinants of Health and Mental Health Among Asian Americans in the United States." *Journal of the Society for Social Work and Research* 3(4):346–61.
- Kramer, Elizabeth J., Kenny Kwong, Evelyn Lee, and Henry Chung. 2002. "Cultural Factors Influencing the Mental Health of Asian Americans." *Western Journal of Medicine* 176(4): 227–31.
- Kung, Winnie W. 2004. "Cultural and Practical Barriers to Seeking Mental Health Treatment for Chinese Americans." *Journal of Community Psychology* 32(1):27–43.
- Lam, Chow S., Hector W. H. Tsang, Patrick W. Corrigan, Yueh-Ting Lee, Beth Angell, Kan Shi, Shenghua Jin, and Jonathon E. Larson. 2010. "Chinese Lay Theory and Mental Illness Stigma: Implications for Research and Practices." *Journal of Rehabilitation* 76(1):35-40.
- Lee, Sunmin et al. 2008. "Model Minority at Risk: Expressed Needs of Mental Health by Asian American Young Adults." *Journal of Community Health* 34(2):144–52.
- Leong, Frederick T. L. and Anna S. L. Lau. 2001. "Barriers to Providing Effective Mental Health Services to Asian Americans." *Mental Health Services Research* 3(4):201-14.
- Leong, Frederick T. L., Helen H. W. Kim, and Arpana Gupta. 2011. "Attitudes toward Professional Counseling among Asian-American College Students: Acculturation, Conceptions of Mental Illness, and Loss of Face." *Asian American Journal of Psychology* 2(2):140–53.
- Leong, Frederick T. L. and Sumie Okazaki. 2009. "History of Asian American Psychology." *Cultural Diversity and Ethnic Minority Psychology* 15(4):352–62.
- Leu, Janxin, Emily Walton, and David Takeuchi. 2010. "Contextualizing Acculturation: Gender, Family, and Community Reception Influences on Asian Immigrant Mental Health." *American Journal of Community Psychology* 48(3-4):168–80.
- Link, Bruce G. and Jo C. Phelan. 2001a. "Conceptualizing Stigma." *Annual Review of Sociology* 27:363-85.
- Link, Bruce G., Elmer L. Struening, Sheree Neese-Todd, Sara Asmussen, and Jo C. Phelan. 2001b. "Stigma as a Barrier to Recovery: The Consequences of Stigma for the Self-Esteem of People with Mental Illnesses." *Psychiatric Services* 52(12):1621-26.
- Lopez, Steven Regeser and Peter J. J. Guarnaccia. 2000. "Cultural Psychopathology: Uncovering the Social World of Mental Illness." *Annual Review of Psychology* 51:571-98.

- Lui, P. Priscilla. 2015. "Intergenerational Cultural Conflict, Mental Health, and Educational Outcomes Among Asian and Latino/a Americans: Qualitative and Meta-Analytic Review." *Psychological Bulletin* 141(2):404-46.
- Lynch, John W., George Davey Smith, George A. Kaplan, and James S. House. 2000. "Income Inequality and Mortality: Importance to Health of Individual Income, Psychosocial Environment, or Material Conditions." *British Medical Journal* 320(7243):1200-04.
- Major, Brenda and Laurie T. O'Brien. 2005. "The Social Psychology of Stigma." *Annual Review of Psychology* 56:393-421.
- Markowitz, Fred E. 1998. "The Effects of Stigma on the Psychological Well-Being and Life Satisfaction of Persons with Mental Illness." *Journal of Health and Social Behavior* 39(4):335-47.
- Markowitz, Fred E. 2005. "Sociological Models of Mental Illness Stigma: Progress and Prospects." Pp. 129-44 in *On the Stigma of Mental Illness: Practical Strategies for Research and Social Change*, edited by P. W. Corrigan.
- Martin, Jack K., Bernice A. Pescosolido, and Steven A. Tuch. 2000. "Of Fear and Loathing: The Role of 'Disturbing Behavior,' Labels, and Causal Attributions in Shaping Public Attitudes toward People with Mental Illness." *Journal of Health and Social Behavior* 41(2):208-23.
- Masuda, Akihiko and Matthew S. Boone. 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):266-79.
- Miller, Matthew J., Minji Yang, Kayi Hui, Na-Yeun Choi, and Robert H. Lim. 2011. "Acculturation, Enculturation, and Asian American College Students' Mental Health and Attitudes toward Seeking Professional Psychological Help." *Journal of Counseling Psychology* 58(3):346-57.
- Ng, Chee Hong. 1997. "The Stigma of Mental Illness in Asian Cultures." *Australian and New Zealand Journal of Psychiatry* 31(3):382-90.
- Office of the Surgeon General (US), Center for Mental Health Services (US), and National Institute of Mental Health (US). 2001. *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*. Rockville (MD): Substance Abuse and Mental Health Services Administration (US). Retrieved March 1, 2016 (<http://www.ncbi.nlm.nih.gov/books/NBK44243/>).

- Rogers-Sirin, Lauren and Taveeshi Gupta. 2012. "Cultural Identity and Mental Health- Differing Trajectories Among Asian and Latino Youth." *Journal of Counseling Psychology* 59(4): 555-66.
- Shen, Bing-Jiun and David T. Takeuchi. 2001. "A Structural Model of Acculturation and Mental Health Status Among Chinese Americans." *American Journal of Community Psychology* 29(3):387-418.
- Spencer, Michael S. and Juan Chen. 2004. "Effect of Discrimination on Mental Health Service Utilization Among Chinese Americans." *American Journal of Public Health* 94(5):809-14.
- Sue, Stanley and Derald W. Sue. 1971. "Chinese-American Personality and Mental Health." *Amerasian Journal* 1:36-49.
- Sue, Stanley, Janice Ka Yan Cheng, Carmel S. Saad, and Joyce P. Chu. 2012. "Asian American Mental Health: A Call to Action." *American Psychologist* 67(7):532-44.
- Takeuchi, David T., Rita Chi-Ying Chung, Keh-Ming Lin, Haikang Shen, Karen Kurasaki, Chi-Ah Chun, and Stanley Sue. 1998. "Lifetime and Twelve-Month Prevalence Rates of Major Depressive Episodes and Dysthymia Among Chinese Americans in Los Angeles." *American Journal of Psychiatry* 155(10):1407-14.
- Tsai, Jeanne L., Yu-Wen Ying, and Peter A. Lee. 2000. "The Meaning of 'Being Chinese' and 'Being American': Variation among Chinese American Young Adults." *Journal of Cross-Cultural Psychology* 31(3):302-32.
- Vega, William A. and Rubén G. Rumbaut. 1991. "Ethnic Minorities and Mental Health." *Annual Review of Sociology* 17(1):351-83.
- Yang, Lawrence Hsin and Arthur Kleinman. 2008. "'Face' and the Embodiment of Stigma in China: The Cases of Schizophrenia and AIDS." *Social Science & Medicine* 67(3):398-408.
- Ying, Yu-Wen and Leonard S. Miller. 1992. "Help-Seeking Behavior and Attitude of Chinese Americans Regarding Psychological Problems." *American Journal of Community Psychology* 20(4):549-56.
- Zhaojiang, Guo. 1995. "Chinese Confucian Culture and the Medical Ethical Tradition." *Journal of Medical Ethics* 21:239-46.
- Zheng, Ping and Matt J. Gray. 2015. "Posttraumatic Coping and Distress An Evaluation of Western Conceptualization of Trauma and Its Applicability to Chinese Culture." *Journal of Cross-Cultural Psychology* 46(5):723-36.