

The Hidden Social Variables Influencing Asian Americans Socioemotional Wellbeing and Mental Health

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ABSTRACT

Past and current research on the sociocultural variables of mental health has been disproportionately focused on Black/White relations. In an effort to see how subjective social status and microaggressions uniquely impact Asian Americans, this paper accounts for changes and indicators in mental health, physiological stress, and emotional intensity. The first sociocultural variable analysed in the paper for effects on emotional health and mental well-being are the ways others perceive Asian Americans and the ways they perceive themselves in the social hierarchy; this is quantified through the use of subjective social status. It is found that Asian Americans (especially children) perceive themselves with lower social status than their white counterparts, and this has negative consequences on self-esteem. It is also concluded that other races perceive Asian Americans as “less American”, which can have negative effects on Asians well-being due to a phenoma called identity denial. The second half of the paper analyses how the external microaggressions influence the ways Asians perceive themselves and if this leads to negative mental consequences. A correlation was found between the frequency of racial microaggressions and worse mental outcomes. However, the harms of microaggressions also affect the physiology of Asian Americans, with them finding an increase in mean arterial blood pressure after a microaggression was done. The impacts of above listed social variables on Asian Americans’ mental health extend far more than a “sting”.

Introduction

The United States is a country becoming increasingly diverse, with its minority groups growing at faster rates than the majority White population. Of the many racial groups in America, Asian Americans make up about 7% of the entire population and are projected to become the largest immigrant group by 2045 (Geiger, 2021). Investigating mental health factors such as socioemotional well-being, psychological health, self-esteem, and stress are of interest in Asian Americans because despite having a 17.30 percent chance of experiencing mental health disorders, they are 3 times less likely than any other racial/ethnic group to seek mental health services and help (Health and Human Services, 2024).

In the past, there has been extensive research into the effects of overt forms of discrimination on quality of life and mental well-being. However, the psychological research and dialogue in the realm of race and culture has been extremely dominated and focused on Black and White relations, neglecting the unique experiences of Asian Americans. The reason Asian Americans are the focus in this paper is because racism towards them has been overlooked. As racism evolves into a more subtle and unintentional form of discrimination known as microaggressions, this covert transgression makes it even more likely to be downplayed. However, it has been hypothesised to have detrimental mental and physiological effects; hence it must be explored through the perspective of Asian Americans to understand the nuances in their consequences and in the way they manifest, and how it differs from other racial groups. Additionally, it is unclear what role subjective social status and the social hierarchy plays in terms of mental

health concerns and stresses in Asian Americans. The paper will specifically detail how the perceptions of Asian Americans and microaggressions affect physiological well-being. The reason these two seemingly unrelated factors are being studied in conjunction is because it is highly likely that social stratification influences how minorities respond to microaggressions and influences their psychological impact.

Method

In section 1, I will conduct a review on the consequences of the perceptions of Asian Americans both internally (in group) and externally (out-group) by examining two variables: subjective social status and belonging in terms of nationality. This section will first discuss how Asian Americans are perceived, with respect to nationality and subjective social status (SSS). Then, I will discuss the consequences of SSS health-related factors, tying it to nationality. Section 2 will examine the tangible and physical experiences of microaggressions and the complex ways Asian Americans react; these include three broad consequences of microaggressions on Asian Americans' mental health: mental well-being, short-term emotional response, and stress response.

Results

Section 1: Consequences Of Negative Perceptions of Asian Americans

First, prior research has looked at how "American" Asian Americans are perceived to be. For example, Cheryan et al. (2005) detailed the phenomena known as "identity denial". Despite identifying as Americans, Asian Americans are assumed to be foreigners and have their nationality denied and questioned. Identity denial is when the group membership of individuals is called into question due to the prototypicality (how much an individual matches a set of characteristics or attributes strongly associated with the group). Cheryan et al. investigated how both White and Asian participants perceived the "American-ness" of those of different races, birth countries, and nationality, by having them rank how American they are via a scale.

As children develop through middle childhood and adolescence, their awareness of stereotypes, social identity, and group affiliation increases (Chen et al. 2019). All of these factors affect one's subjective social status (SSS). In contrast to more objective measures of the social hierarchy such as socioeconomic status (SES) which can be derived from income and education, SSS is an individual's own perceived position within the social hierarchy. Factors considered go far beyond just objective measures; this self-reported appraisal is also influenced by the intersections of race, gender, age, and immigrant status, making it a more holistic consideration of the social order. This is because our subjective social status of others and ourselves is influenced by biases, sentiments, and stereotypes in society about the different groups of people. Subjective social status is often the first factor people notice about others and make judgments about from preconceived notions. This paper is particularly interested in how subjective social status is influenced by cultural factors such as race, and how that in turn influences the mental health of Asian Americans.

One might wonder whether subjective social status genuinely affects people's well-being, or if it is just a simple acknowledgement of the social hierarchy. In fact, Chen et al. (2019) studied if Asian American children's self-reported SSS would have associations with their socio-emotional well-being. The study measured children's SSS with a numbered 10-rung ladder, where they were told that families from the top had the most money, the best jobs, and the most respect, whilst families at the bottom had the inverse. Children chose a value for what they thought their family belonged in and were told to give a reason for their choice. The socioemotional well-being of the children were evaluated with the Children's Loneliness and Social Dissatisfaction Scale, where children responded to each item with a rating from 1 to 5 on how much they relate to it. The results show that children's self-reported SSS did not serve as a reliable predictor of objective indicators of SES, such as their parent's income and educational attainment. According to the hypothesis, it was found that participants' age negatively correlated with SSS. For children's socioemotional

well-being, higher SSS ratings were associated with lower reports of social loneliness. Although the researchers did not directly test the relationship between age and socioemotional distress, because SSS negatively correlates with age, this suggests that older Asian children reported higher levels of socioemotional distress. This makes sense as children become increasingly aware of social differences, stereotypes, and the ways they are perceived negatively as they grow older (Akiba, Szalacha, & García Coll, 2004), they are more likely to experience sadness and dissatisfaction.

If the ways Asian children perceive themselves correlate with socioemotional distress, how will they prescribe the SSS for other children of different races, and what are their implications? In the same study by Chen et al. (2019), participants were told to pick from 12 images of children's faces whom they believed belonged at the top and bottom of the social ladder. The photos in total represented the racial makeup of the city the participants are from. The results showed the number of children who chose a picture of a white child (75.9%) to represent someone at the top of the ladder was much higher than the expected value (58.3%). In contrast, the number of children who chose a picture of a black child for the same position was less than the expected amount. Interestingly, the probability of the combination of putting a White picture at the top and an Asian picture at the bottom was much higher than the expected value. This finding suggests that even from a young age, Asian American children perceive themselves as inferior in terms of status, power, and rank to their white counterparts, believing that the SSS for Whites are higher than Blacks.

Although Chen et al. (2019) show that children can also conceptualise social hierarchies and internalise racial stereotypes and use them to inform SSS, it is unclear if this affects their racial preferences in seeking friends or their treatment of different racial groups. Study 2 in Mandalaywala et al. (2020) went a step further and investigated if children's perceived SSS of others reflected their racial preferences. It showed that children were more likely to choose a white social partner after being prompted who they would invite to their birthday party when being shown a picture of a white and black child. This also correlated with measures of subjective social status, with children ranking white kids higher than black kids in a similar task to the one conducted in Chen et al. (2019). Although this study was centred around Black and White children, synthesising the results of both studies suggests that since Asian children are perceived to have lower SSS than White children, they are also seen as less desirable social companions, though to what degree is unclear. This insight aligns with the result shown in Chen's study, of children with lower SSS reporting more loneliness and social difficulty.

While the above work focused on how SSS affects social relationships, it is not clear if SSS affects more direct health outcomes such as stress. Bernal et al. (2022) studied the relationship between SSS and acculturative stress in immigrant populations. Acculturative stress "is the physical and psychological stress reaction resulting from moving to a new host country and culture" (Berry et al. 1987). It is also shown that acculturative stress has negative effects on mental well-being, as it's linked to lower life satisfaction, depression, and anxiety. The Stephenson Multigroup Acculturation Scale (SMAS) is a 30-item list used to measure the level of acculturation by participants. The acculturative stress response was measured with another 24-item list, with 1 representing no stress and 5 being the most. The quality of life of participants is measured with The WHOQOL-BREF (Murphy et al. 2006), using a 5 point Likert-type scale consisting of subscales in psychological health, social relationships, physical health, and environment. Lastly, using a 10-rung ladder, SSS was measured in the same way as the previous studies. The results showed that immigrants that aren't acculturated to the U.S. to a high extent also reported having higher stress. This is supported by Leu et al. (2008) where it was found that immigrants that immigrated to the U.S. at an older age reported greater prevalence of mood dysfunctions, in which the SSS of older immigrants, served as a moderating factor between mental health and age of immigration. This may suggest that those with an older immigration age experience have a harder time acculturating to the U.S., hence experiencing more stress; this can explain the greater prevalence of mood dysfunctions which lead to worse mental health.

For each SD unit increase in acculturative stress, the psychological health of the participants (derived from a subscale in the WHOQOL) on average decreased by 0.30 of an SD unit, quantified by the increase in stress, accounting for 8.8% of the variance in psychological health (Bernal et al. 2022). Furthermore, acculturative stress had significant correlations with physical health, and social health as well. Using the self-reported SSS values, researchers found that participants SSS moderated the association between acculturative stress and psychological health. In the relationship,

the negative effects of acculturative stress are heightened in participants with lower SSS, presenting an inverse relationship. However, the study focused on all racial groups, and only 21.3% of the total participants were Asian immigrants. This means it is unclear if the relationship between SSS, acculturation, and stress differs specifically for Asian Americans. In addition, Bernal, et al. (2021) just got self-report of stress, making it less reliable than direct measures of physiological indicators. Future work should directly measure physical stress indicators (see Wong-Padoongpatt et al. 2020 as an example).

Acculturation stress could also be a symptom of identity denial with regard to Asian Americans “American” nationality. In Cheryan, et al. (2005), researchers investigated how “American” Asian Americans are perceived to be. Each of the 200 participants were shown 1 of 2 sets of 8 photos in random order with U.S. born male faces accompanied by a fabricated name and place of birth. Among the 16 faces are six Whites born in America, two Whites born in England, two Asians born in America, two Asians born in Taiwan, two African Americans born in America, and two Hispanic Americans born in America. Participants were asked to rank the faces with an 8-point scale on many categories, one of which being “how American” the face is. The results show that Asian American faces ($M = 4.20$) were rated significantly less American than White ($M = 5.76$), Black (5.42), and Hispanic Americans (4.79). Interestingly, this study was within-subject, meaning that despite knowing both faces are American, the participants did not feel the need to equalise the “American-ness” rating between all the different American racial groups. This indicates that despite being American, Asian Americans are perceived as foreigners to a greater extent than any other racial group, making them feel like a “a visitor at best, an intruder at worst” (Wu, 2002, p. 80). Although Cheryan et al. (2005) details the difference in perception, it doesn’t expand on the consequences of this. However, using the findings Bernal et al. (2021), it can be inferred that acculturative stress leading to mental health concerns may be a potential consequence. Acculturation doesn’t only apply to immigrants; the inability to be embraced and accepted by the prototypic culture is also an indicator of low acculturation, which in turn likely leads to more stress.

Section 2: Consequences of microaggressions towards Asian Americans

In the 21st century, racism has evolved into subtle, ambiguous, and disguised manifestations in American society. In contrast with the intentional and overt expressions of hatred and discrimination, this “new” form of racism known as microaggressions has a greater potential of being overlooked since the perpetrators are unaware that their actions reflect attitudes and beliefs of discrimination. Sue et al. (2007) define microaggressions as “brief and commonplace daily verbal, behavioural and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative racial slights and insults that potentially have harmful or unpleasant psychological impact on the target person or group.” The concept of “microaggressions” is particularly relevant for Asian Americans because although it is widely accepted that African and Latino Americans experience overt forms of discrimination, Asians are viewed as “model minorities” who experience little racism due to their proximity to whiteness. This may be because racial issues in the U.S. are conceptualised through a “Black/White” lens, but also the vast amount of discrimination against Asians is dismissed because they are microaggressions.

Some examples of these microaggressions include commonplace remarks such as “Where are you really from”, and “You speak such good English for an Asian”. This microaggression fits under the theme of assuming all Asians are foreign-born and that they are possibly less than, or cannot be, “real Americans”. Another example is being treated as second-class citizens, such as taxi drivers failing to pick up Asian passengers, teachers who fail to call on Asian students, and those who refuse to sit next to an Asian person on public transit.

Nadal et al. (2014) studied the relationship between the frequency of microaggressions and the mental health of People of Color. Participants were instructed to complete two self-report measures: the Racial and Ethnic Microaggression Scale (REMS) and the Mental Health Inventory (MHI). For the REMS, participants either gave a 1 (the microaggression has occurred more than once in the past 6 months) or a 0 (it hasn’t occurred in the past 6 months). The MHI assessed the positive and negative aspects of mental health status, where participants ranked from 1 (I experience this all the time) and 6 (I experience this none of the time). A linear regression analysis shows that the average

scores for REMS and MHI had a significant negative correlation ($r=-0.11$). More specifically, the three subscales with the most significant negative correlations are the MHI micro-invalidation subscale and the depression scale with the REMS exoticization and assumption of similarity subscale ($r=-0.16$). This indicates that the frequency of microaggressions related to fetishization and assumption of similarity serves as a predictor of the mental health of people of colour, especially their depression and feelings of invalidation. This finding is also particularly relevant for Asian Americans, as despite having the lowest REMS average (0.35) out of other POC, Asians had the second-highest average (0.52) in exoticization and feelings of similarity. Although it is known that Asian Americans' mental health is correlated with the frequency of microaggressions, it is unclear what are the different emotional factors that cause this.

In Wang et al. (2011), researchers studied the emotional consequences of seemingly innocuous microaggressions by measuring the negative emotion intensity of participants. 172 Asian participants were presented with 12 experiences of microaggressions on a computer screen. Participants rated the likelihood the situation occurred due to identity factors such as age, race, and gender on a scale of 0-8, with 4 being "somewhat likely". This scale is used again to measure the intensity of different emotions participants would have if they experienced the microaggression. In all 12 situations, the prescribed relevance of social identities ranged from 3.2 to 5.6. Participants were more likely to correlate these commonplace microaggressions with race ($M=5.44$) compared to the other factors. Using a Hierarchical Linear Modeling Level 1 model, it was found that negative emotion intensity correlated with race-relevant appraisal. Specifically, per every one-unit increase in race relevance, anger increases by 0.42. Furthermore, using the same HLM Level 1 model, it was found that the intensity of externalising emotions (anger, frustration, contempt) predicted the race-relevant appraisals significantly, whilst the intensity of internalising emotions (anxiety, sadness, shame) did not. This indicates that the consequences of microaggressions are likely to be strong feelings of external emotions, the more relevant it is to race. Although internalised emotions also slightly correlate with race-relevant appraisals, it is more dependent on the individual participant and how they deal with discrimination, since the response is far less uniform.

Both of the above studies are correlational, and thus it is unclear which variable is causing the other, and if there are confounds that are affecting both—hence, it is inconclusive to say mental health concerns or emotional intensity are enhanced due to microaggressions. For example, Nadal et al. (2014), suggest it could be that microaggressions are worsening mental health, or it could be that existing mental health issues and lower self-esteem lead participants to perceive more situations as microaggressions. Also, in Wang et al. (2011), it is unclear if the race-related appraisal is responsible for the intensity of negative emotions, or if participants simply thought situations that made them more angered were more relevant to race.

Moreover, both of these studies relied on self-report of emotion or well-being so it's not clear whether these microaggressions actually impact Asian Americans' physiology. Wong-Padoongpatt et al. (2020) addressed both of these points. This paper studied the individual variations in stress response to microaggressions among Asian Americans. The two factors examined are gender and the race of the perpetrator. 127 Asian men and women were randomly assigned to a same race or cross-race microaggression conducted by the researcher by inquiring about participants' ability to communicate in English. Stress responses were operationalized by measuring the difference in MAP (Mean Arterial Pressure; the average blood pressure in the blood vessels during a single cardiac cycle) before and after the microaggression. The findings show, as expected, that cross-race microaggressions elicited more stress than same-race microaggressions. When examining the variations in MAP across genders, Asian women did not show significant differences between cross-race microaggressions and same-race microaggressions. However, for Asian men, there were significant mean differences for both cross-race and same-race microaggressions. This was hypothesised since Asian American men have been measured to have a higher rejection sensitivity (those with an expectation for rejection or belittlement and are hence more sensitive to it). The discrepancy between genders aligns with present research on how Asian American men report more racial discrimination and are more often negatively stereotyped, whilst Asian women face more positive categorizations. Furthermore, the heightened stress from White perpetrators can be explained by the Social Dominance Theory. It states "that all human societies tend to organise as group-based social hierarchies in which certain groups have more social and economic power and privileges compared with those

subordinate to them (Dottolo & Kaschak, 2015; Hays & Chang, 2003; Pratto et al., 2006). White American men are at the top of the socioeconomic hierarchy, hence there may have been a greater power differential between White and Asian men, than White and Asian women—explaining why cross-race microaggressions elicited more stress in Asian men than women. The study shows both the social status of perpetrators and participants have a unique effect on the consequences of microaggressions.

Conclusion

Ultimately, it is found that the mental and psychological health of Asian Americans is affected by their internal perceptions of how others view them and by external microaggressions outside their control. Chen et al. (2020) showed that feelings of social dissatisfaction correlated with Asian American children's self-supported subjective social status. However, the reason behind why children felt this way was unclear until Mandalaywala et al. (2020) showed that our perception of other people's SSS based on outer appearance such as race influenced our likelihood to engage in social activities with them. They found that Asian and Black children with lower SSS compared to White children were found as less favourable social partners. This highlights that the negative emotions felt by Asian children were due to a combination of internalised perceptions of inferiority in the social stratification but also informed by others' treatment of them, leading to mental health impacts. Nadal et al. (2014) showed the negative correlation between frequency of microaggressions and mental health consequences without delving into why the correlation existed. Wang et al. (2011) uncovered the negative emotional impacts and likelihood of internalising these microaggressions, filling in the reason behind why microaggressions lead to worse mental health, while Wong-Padoongpatt et al. (2020) found that these consequences weren't purely emotional, they were also physiological in the form of stress. This highlights the large scale impact microaggressions have on Asian Americans psyche, influencing their ability in informing their SSS whilst leading to symptoms such as depression and stress. Understanding how the internal and external works in conjunction in affecting Asian Americans' perception of self-worth and mental health is the first step in building effective treatment frameworks factoring in the unique circumstances of Asian Americans, and to encourage Asian Americans in seeking out present mental health resources.

Future Directions

After conducting a scoping review of established literature, there are a few questions that are left unanswered, particularly regarding the intersection between SSS and microaggressions. It would also be interesting to investigate whether one's subjective social status correlates with the frequency of microaggressions, and which variable is driving change in the other. In the present literature, it can be seen that higher frequencies of microaggressions and lower self-appraisals of SSS both correlate with worse mental health outcomes for Asian Americans. However, it is unclear if SSS and microaggressions are simply two independent variables both affecting the socioemotional well-being of participants at the same time, or if they are interlinked and correlate with each other. If someone is perceived to be lower status, are they more likely to experience more race-based mistreatment? Or is it that if someone experiences more microaggressions, and hence they will think they are of lower social status? These are important questions that cannot be answered through purely correlational studies utilising self-reported completions of surveys. Rather, qualitative research through focus groups and interviews must be used, to understand the nuances in the experiences of Asian Americans, and see whether they think one factor drives the other, or if they genuinely are two independent variables.

Despite recognizing the socioemotional consequences of microaggressions and negative self and external perceptions of Asian Americans as a whole, present literature does not account for differential responses between genders. Colvin et al. (2013) and Robinson et al. (2021) account that men and women have vast differences in emotional and threat sensitivity, as well as physiological differences in stress and pain tolerance. This indicates that it is

highly likely that Asian men and women would react differently or have higher/lower emotional intensity as a result of racial microaggressions. This is supported by Liang et al. (2009), in which it found that Asian men reported a higher frequency of racial discrimination than their female counterparts. In addition, the stereotypes that affect Asian men and women also contain nuances and differences which is partially due to fetishization and de-masculinization (Iwamoto et al., 2010). Hence, it is imperative that future studies of subjective social status and racial microaggressions account for the difference in experiences from Asian men and women. A likely hypothesis is that Asian men are more likely to internalise their emotions in response to microaggressions due to lower negative emotional intensity, as they are more acclimatised to these negative interactions.

Despite understanding each variable and their effects on wellness independent of each other, it is unclear whether the SSS of the perpetrator in relation to the victim elicits different reactions or mental health consequences of racial microaggressions. According to Turner's Social Categorization Theory, people self-select into different social identities and group memberships that have differential power and influence in society. This suggests that it is very likely that if someone with higher SSS were to produce a microaggression against a minority, it could sting more due to the dominance and power associated with their social identity. This is also consistent with the research in Wong-Padoongpatt et al. (2020), where it was shown Asian Americans had a greater stress response after a microaggression from a white perpetrator compared to an Asian perpetrator. However, neither the social status of the participant and the perceived status of the researcher from the participant's point of view were appraised or measured, indicating that it is not conclusive that greater differences in SSS is responsible for the heightened stress response. This is a point that can be studied further in the future.

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