Discrimination Distress among Chinese American Adolescents

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Discrimination Distress among Chinese American Adolescents

Jennifer M. Grossman · Belle Liang

Abstract This paper addresses contradictions between common perceptions of Asian Americans as a "model minority" and growing evidence of discrimination and its negative psychological implications for this group. The current study examined Chinese American early adolescents' distress from experiences of discrimination, its relationship with mental health and social functioning, and what factors may support their healthy development in the face of discrimination. The sample consisted of 158, 6th–8th grade, Chinese American youth. Study findings provided evidence for a relationship between distress from discrimination and social emotional health variables of depression and cooperation (a social competence construct). Results also revealed that peer support buffered the negative effects of discrimination on cooperation. These findings highlight the interpersonal context of discrimination among early adolescents, and the importance of developmentally and culturally appropriate supports.

Keywords Discrimination · Racism · Early adolescence · Peers · Support

Introduction

This study addresses an issue that has been largely neglected in ethnic youth development research: namely, that Asian American adolescents experience higher levels of peer discrimination than teens from other minority groups (Fisher et al. 2000; Rosenbloom and Way 2004; Young and Takeuchi 1998), and that distress from this unrecognized discrimination bears significant ramifications for their emotional development. A contradiction lies in the discrepancy between research documenting discrimination against Asian American adolescents, and a broadly held belief that Asian Americans are a successful or "model" minority. This stereotype includes perceptions that Asian Americans experience little discrimination (Kim and Yeh 2002; Lee 1996b), are academically superior (Kao 2000), and have few emotional difficulties and little need for resources or supports (Kim and Yeh 2002). As Lee (1996b) has argued, the "model minority" stereotype limits the recognition of discrimination against Asian Americans and drives such discriminatory actions as putting pressure on Asian American students to fulfill stereotypical academic expectations (Wong and Halgin, 2006). Alvarez and Helms (2001) suggest that this stereotype has inhibited research and clinical exploration of discrimination and mental health problems among Asian Americans in spite of empirical evidence that Asian American youth report experiencing extensive discrimination.

Stereotypical perceptions of Asian Americans and the history of public opinion, as well as research conflating all Asian Americans (Goto et al. 2002) indicate a need for further exploration within specific Asian groups. Chinese Americans represent the largest Asian ethnic group in the U.S. (Barnes and Bennett 2002), yet little research has explored discrimination experiences and their sequelae for this population. While this paper recognizes commonalities and draws from research on the broad spectrum of Asian Americans and youth living in China when studies specific to Chinese Americans are not available, wherever possible,

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it will focus on Chinese American youth. The term Asian American will be used only to refer to studies that have not identified different subgroups.

Discrimination against Asian American Youth

Racism has been a part of Asian American history since the start of Asian immigration to the United States, with people from China being the first ethnic group to be banned from U.S. immigration in the mid 19th century (Young and Takeuchi 1998). Studies indicate that Asian Americans continue to face racial discrimination and stereotyping in this country (Alvarez et al. 2006), in housing, school, and employment contexts (Young and Takeuchi 1998), a fact which has been frequently obscured by "model minority" stereotypes (Lee 2003). For Asian American youth, discrimination often takes the form of peer discrimination, which has been found to be higher for Asian American youth than for youth from other minority groups (Fisher et al. 2000; Rosenbloom and Way 2004). For example, in a study of discrimination across ethnic groups, Greene and colleagues (Greene et al. 2006) found that their primarily Chinese sample of Asian American adolescents reported higher levels of peer discrimination overall than their Black, Latino, or Puerto Rican counterparts. In contrast with typical forms of discrimination reported by African American youth, which relate to being seen as dangerous, untrustworthy, or unable to succeed in school (Fisher et al. 2000), discrimination against Asian Americans is closely linked with stereotypes that portray them as perpetually foreign (Cheryan and Monin 2005; Liang et al. 2004), and lacking in social skills and competence in social relationships, particularly in peer contexts (Kao 2000). These issues represent little-discussed, yet salient challenges for Asian American youth.

An emerging literature suggests that Asian Americans may experience multiple adverse consequences of stereotyping and ongoing discrimination, including mental health difficulties (Greene et al. 2006; Yoo and Lee 2005) such as threats to general well being (Lee 2003), depression and suicidality (Chen et al. 2002), and feelings of not belonging at school (Siu 1996). In a study of Chinese American college students, racial discrimination negatively predicted a sense of coherence across life domains (Ying et al. 2000). Peer stereotypes of Asian Americans as socially awkward and unable to communicate, and racial teasing and exclusion by peers directly challenge Asian American teens' sense of acceptance and effectiveness in the social world (Fisher et al. 2000) during a time when negotiating successful peer relationships constitutes a primary determinant of self-esteem and social experience (Yee et al. 1998).

While discrimination is typically assessed solely through incidents of perceived discrimination, Utsey and Ponterotto (1996) have put forth the construct of race-related stress as an indicator of the chronic stress associated with experiences of discrimination, integrating this concept into their measure of race-related stress among African Americans. This construct speaks to both the perception of discriminatory experiences and the psychological damage inflicted through specific day-to-day experiences of discrimination. Liang and colleagues (Liang et al. 2004) have criticized the poor recognition of psychological stress responses of Asian American adults to racist experiences, and have applied the race-related stress construct to Asian American adults. Here, we extend this construct to Chinese American adolescents.

The Current Study

Consistent with models of race-related stress, this paper focuses on a combination of perceived discriminatory experiences and their associated stress for Chinese American adolescents, to paint a more holistic picture of the mental health implications of discrimination.

This study addresses gaps in understanding and documenting Chinese American early adolescents' race-related stress, its relationship with youths' social emotional functioning, and the factors that may support healthy development in the face of discrimination. The theoretical model that guides the study links stress from perceived discrimination with internal and external indicators of social emotional health, defined as mental health and social competence, respectively, and posits a protective role for peer support in the face of discrimination.

Conceptual Framework

We view constructs of race-related stress, social emotional health, and peer support through the lens of the theoretical framework of symbolic interactionism (Mead 1934). Symbolic interactionists have contributed the construct of the "looking glass self" to describe mechanisms through which others mirror images back to the self of how one is perceived. These perceptions influence how one sees oneself, as others' evaluative feedback is internalized as perceptions of self-concept and self-worth. Feedback may be particularly powerful when it comes from meaningful figures in one's life (Cooley 1902; Mead 1934). It is through this mechanism that negative external messages can lead to negative self-perceptions, associated with poor mental health outcomes such as depression (Lewinsohn et al. 1997).

Alvarez and Helms ([2001](#)) have applied symbolic interactionism to the investigation of racial messages and their impact on the collective self-esteem of Asian Americans adults. They hypothesized that individuals internalize racial messages about their group, and suggested that collectivist aspects of Asian American cultures may make this theory particularly applicable to this group. We argue that the same processes are likely to operate among youth, whereby Chinese cultural values that emphasize interdependence and attunement to others' expectations (Markus and Kitayama [2001](#)) can heighten the impact of external appraisals for Chinese American adolescents. Symbolic interactionism's identification of significant others' influences on self-definition is also consistent with developmental processes of early adolescence (Harter [1999](#); Steinberg and Morris [2001](#)). Adolescents are acutely attuned to external messages that provide guidelines for how they see themselves and their futures (Phinney [2000](#)), raising their vulnerability to negative social experiences, such as discrimination. This can be particularly damaging when discrimination takes forms such as social exclusion or alienation in White majority school contexts (Huang [1994](#)).

The flip side of internalizing negative racial appraisals is the potential to integrate positive external perceptions. Specifically, symbolic interaction theory emphasizes the importance of appraisals from significant others in one's life (Cooley [1902](#); Mead [1934](#)). This suggests that positive perceptions from a close peer may exert stronger influence than negative appraisals from more distant relational contexts, thereby serving a protective role in the face of discrimination. Developmental considerations also indicate an increased role for peer support during early adolescence (Steinberg and Morris [2001](#)). While experiences of discrimination increase the risk of negative mental health outcomes and reduce an individual's chances for optimal development (Garmezy [1993](#)), supportive relationships may present contravening strengths critical to supporting healthy development (Werner [1996](#)). Consequently, the same developmental and cultural qualities that can increase the vulnerability of Chinese American youth to negative effects of perceived discrimination may increase the protective potential of positive social experiences, such as supportive relationships.

Study Variables

The model posits a relationship between discrimination related stress and social emotional health, buffered by peer support. The operationalization of these constructs was guided by their significance to symbolic interactionist theory and to early adolescent development, as well as their relevance to Chinese American youth. Social emotional health was measured by two different indicators, mental health and social competence. Depressive symptoms were used to operationalize mental health in part because of their theoretical role as direct internalized responses to negative evaluative feedback, and due to higher levels reported by Asian American youth. In one large-scale study, 30% of Asian American girls, 5th through 12th grade, reported depressive symptoms, the highest rates of any ethnic/racial group (Schoen et al. [1997](#)). In data from the Youth Risk Behavior Survey, 28% of Asian American high school youth reported that depressed feelings disrupted their usual activities, with 19% reporting having made a suicide plan (CDC [2003](#)). An additional study of early adolescents found higher levels of depression among first-generation Chinese American youth than either European American or Mainland Chinese youth (Zhou et al. [2003](#)). These theoretical and clinical factors guided the inclusion of depressive symptoms as an outcome variable in this study.

Social competence was chosen as an external indicator of social emotional health due to the developmental importance of navigating social norms and expectations during adolescence, and the interpersonal nature of perceived discrimination against Asian American teens. Specifically, peer stereotypes attributing poor social skills to Asian American youth may threaten their sense of social belonging and competence. Social competence, or the ability to behave in socially appropriate and effective ways (Ford [1982](#)), has been linked to emotional well-being and resilience (Chen [2000](#); Masten et al. [1995](#)). It consists of multiple components, whose emphasis and value varies across cultures. As an operational definition of social competence, we chose to use cooperation for several reasons. Cooperation, a critical aspect of social competence (LaFreniere [1996](#)), has been identified as an important skill domain by elementary and secondary teachers (Lane et al. [2003](#)) and is predictive of academic and social outcomes (Walker and Severson [2002](#)). Cooperation is also consistent with Confucian views promoted through Chinese socialization (Chen [2000](#)), and therefore may be particularly applicable to Chinese American populations. In one study of Chinese American adolescents, prosocial orientation, including cooperation, was found to positively predict future social standing, general self-worth, and academic achievement (Chen et al. [2000](#)). Therefore, the social competence construct of cooperation provides a developmentally and culturally relevant indicator of social emotional health for this group.

Peer support was included in this study due to the importance of peer relationships during early adolescence (Harter [1999](#)). While only a few studies investigate peer support among Chinese American adolescents, findings for a largely Chinese sample of early adolescents in Singapore

(Chong et al. 2006) and for Taiwanese teens (Liu 2002) suggest positive relationships between peer support and mental health for this population. Further, a study of Chinese international students in the U.S. directly linked involvement and satisfaction with interpersonal support networks to reduced acculturative stress and perceived discrimination (Ye 2006).

A stress-buffering model would suggest that peer support could interact with life events to reduce psychological symptoms, such as protecting youth from the negative effects of victimization (Hodges et al. 1999). While research provides preliminary evidence for the protective role of overall social support for Asian Americans (e.g., Liang and Bogat 1994), only a few studies investigate stress-buffering effects of peer support specifically among Asian American adolescents. For example, a qualitative study of Japanese immigrant youth in the U.S. found that participants tended to seek peer support to cope with difficulties such as racism, language barriers, and identity and values conflicts (Yeh et al. 2003). Cohen and Wills (1985) suggest that the likelihood of finding stress-buffering effects increases with a better match between the stressor and the stress buffer. The peer focus of much discrimination against Asian American youth (Fisher et al. 2000) suggests that peer support may provide a match between the stressor (stress from discrimination) and buffer (peer support). Finally, the paucity of research exploring peer relationships among Chinese American adolescents indicates the need for additional investigation of this construct.

Hypotheses

The model we propose rests on symbolic interaction theory, as stated previously, which purports that individuals look to others' appraisals for self-definition, whether positive or negative. Therefore, while negative racial appraisals would be associated with poor social emotional outcomes, positive appraisals within a close friendship may have a protective impact, due to greater relational significance in the adolescent's life. Given this theoretical framework, we hypothesized that stress from perceived discrimination would predict higher levels of depressive symptoms and lower levels of cooperation. Additionally, we predicted that peer support would directly predict outcome variables of depressive symptoms and cooperation, and moderate the relationships between discrimination-related stress and these outcomes variables. In this study, we controlled for gender, urbanicity (urban vs. suburban) and generation of immigration (born in the U.S. vs. immigrated to the U.S.), due to their identified relationships with social emotional health. Specifically, gender differences are often found for depression, with adolescent girls

reporting higher levels of depression than boys (Nolen-Hoeksema 2001); urban and immigrant teens often show greater mental health difficulties than suburban teens or those born in the U.S. For immigrant youth, this may relate to emotional strains of acculturation, such as overcoming language and cultural barriers (Ghuman 1997). Through this model, we sought to elucidate the correlates of distress from discrimination among Chinese American early adolescents and to evaluate the protective role of peer support at this critical developmental period.

Method

Participants

Participants included 158 Chinese American youth middle school-aged youth (44% boys, 56% girls) from the greater Boston area; they ranged from 6th through 8th grade, with a mean grade of 7th ($SD = 0.83$), and a mean age of 13 years ($SD = 1.19$). Participants were drawn from multiple sites: sixty-four percent of study participants were drawn from urban and suburban schools with high enrollment of Chinese American students, 31% from a suburban church, and 5% from an urban community center. Urban participants made up 64% of the sample. Forty-six percent of participants were born in the United States, and 31% of participants chose to complete their surveys in Chinese. Almost all participants' parents were immigrants (only 3% of participants reported their mother and 5% reported that their father was born in the U.S.). The mean level of both maternal and paternal education for the overall sample was "some college."

Procedure

Members of the research team made initial visits to schools and organizations in order to describe the study and distribute parent/guardian consent forms. Youth were asked to participate in a study on teens' social experiences and relational health. All youth were invited to participate, but only data from Chinese American participants were included in this study. Youth were offered gel-pens as an incentive to return parent/guardian consent forms, and participating youth were offered additional compensation for their time in the form of a free movie pass or a snack coupon. Parent/guardian consent and participant assent forms, as well as surveys were provided both in English and in Chinese translation so that forms could be completed in participants' native languages. Only youth receiving parental/guardian permission (74%) were surveyed. Participants also signed an assent form stating that

participation was voluntary and that survey responses would be confidential. Participants completed surveys during 30–45 min of non-instructional time.

Measures

At the request of school and community center staff, all study measures were translated into Chinese. Translation was completed by a bilingual member of our research team. Measures were then back-translated by another research team member as a check on the accuracy of survey translation (Marín and Marín 1991). Translations were then compared and differences resolved through discussions within the broader research team.

Perceived Discrimination

The Adolescent Discrimination Distress Index (ADDI) (Fisher et al. 2000) is a 15-item measure, which operationalizes the construct of race-related stress. It was developed to assess adolescents' stress in response to incidents of perceived discrimination in peer, educational, and institutional contexts. Respondents are asked to report whether they have experienced each incident *because of their race or ethnicity* (e.g., "you were given a lower grade than you deserved," "you were called racially insulting names,") and if they have experienced it, they are then asked to rate their level of distress at the incident on a 5-point scale, from 1 (not at all) to 5 (extremely). An individual's overall level of discrimination distress is determined by summing the total item scores for distress, with a possible range of 0 to 75, with 0 representing no experiences of perceived discrimination or related distress, and 75 representing endorsing all listed incidents of perceived discrimination and rating them at the highest level of distress. The ADDI Scale items had been normed on a sample of 177 multi-ethnic students age 13–19, including youth self-identifying as African American (21%), Hispanic (23%), East Asian (25%), South Asian (8%), and non Hispanic White (23%), showing adequate reliabilities (Fisher et al.). The Cronbach alpha for the current sample was 0.74.

Depressive Symptoms

The short form of the Children's Depression Inventory (CDI Short Form-C) (Kovacs 1992) is a 10-item scale, developed to assess depressive symptoms in youth, ages 8–14. In addition to items revised from the Beck Depression Inventory (Beck 1967), intended for adult assessment,

the CDI also includes child-targeted items, which assess difficulties regarding school, aggression, and peer relationships. Respondents are asked to put an "X" next to the sentence that best describes how they have thought or felt in the last 2 weeks (e.g., "I'm not sure if things will work out for me"). The CDI-Short Form has demonstrated adequate reliability in use with multiracial children (Chelsey and Wagner 2003) and with early adolescents (Tevendale et al. 1997). The Cronbach alpha for this measure was 0.82 with the current sample. The CDI had a censored distribution, which was skewed to the right as most youth report few depressive symptoms.

Cooperation

To measure youth's social competence, we used the cooperation subscale of the Social Skills Rating System-Child Form (SSRS) (Gresham and Elliott 1990). This subscale includes 10 self-report items (e.g., "I listen to the teacher when a lesson is being taught"), reflecting cooperative aspects of youth social behaviors. Respondents are asked to report how often they enact each behavior on a 4-point scale, from 0 (never) to 3 (very often). The overall measure has demonstrated reliability with adolescents (Tryon et al. 2001), and with Japanese high school students (Van Horn et al. 2001). The Cronbach alpha for the cooperation subscale of this measure with the current sample was 0.77.

Peer Support

The Peer Subscale of the Relational Health Indices for Youth (RHI-Y) (Liang et al. 2006) was used to measure peer support. It has eight items, assessing growth-fostering aspects of youths' relationships. Respondents are asked to rate a close friendship based on items such as "This friend makes me feel good about myself." The RHI-Y was validated on a sample of 288 multi-ethnic high school and middle school students, showing strong reliability for the Peer Subscale (alpha = 0.87) (Liang et al.). The Cronbach alpha for the current sample was 0.84 for the peer subscale. Given the need for statistical power to detect interaction effects, confirmatory factor analysis was used to create latent factor scores, which take into account item reliabilities and minimize the influence of random measurement error in the construct. Standard factor loadings ranged from 0.5 to 0.8, corresponding to item reliabilities ranging from 0.3 to 0.6. Analysis Plan

We used a structural equation modeling framework (Mplus Version 4.2; Muthén and Muthén 1998–2006) to fit our regression analyses, which made it possible to account

for missing data using full-information maximum likelihood estimation, accommodate the study's complex sampling design, and appropriately specify and model observed (CDI) and latent (RHI-Y) non-normally distributed values (Kline 2005). Design effects reflecting clustering of observations within data collection site (cooperation = 4.88, depressive symptoms = 2.17) indicate that observations from the sites were not independent from one another (DEff > 2: Muthén and Satorra 1995). Therefore, differences across site were statistically controlled in study analyses. The roles of discrimination distress and peer support as key predictors of depressive symptoms and diminished cooperation, and the role of peer support as a moderator of the negative effects of perceived discrimination (operationalized as a product term created from centered predictors) were tested using regression-based path analysis. Dichotomous demographic variables of gender, urbanicity, and generation of immigration were used as covariates in the analyses.

Results

Measurement Model

The measurement model for peer support showed adequate fit (CFI = .93, SRMR = .059) consistent with cut-off values. SRMR was used as a fit indicator instead of RMSEA given the use of categorical indicators. Model fit was further evidenced by adequate item factor loadings (.55 to .77) and item reliability estimates (.30 to .60) (Bollen and Long 1993).

Descriptive Analyses

Means, standard deviations, and inter-correlations for study measures are presented in Table 1. *T*-tests showed no differences in levels of discrimination distress for gender, urbanicity, generation of immigration, or language in which the survey was taken (*t* = 1.38, 1.63, –0.94, and –.20 respectively, *ns.*).

Table 2 Regression analysis predicting depressive symptoms and cooperation (*N* = 158).

Variable	Depressive symptoms		Cooperation	
	β	SE	β	SE
Urbanicity	–1.37	0.76	0.20**	0.07
Gender	0.37	0.63	–0.17*	0.06
Generation of immigration	–0.67	0.49	0.11	0.08
Discrimination distress	1.75**	0.58	–0.15*	0.07
Peer support	–0.83*	0.35	0.17*	0.07
Discrimination distress × peer support	0.37	0.49	0.27*	0.12
R^2	0.16		0.27	

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

The Relationships of Perceived Discrimination and Peer Support to Social Emotional Health

Depressive Symptoms

The overall model predicting depressive symptoms was significant, accounting for a total of 16% of the variance, fully half of which is attributable to our key predictor variables (discrimination distress and peer support) (Table 2). As hypothesized, both peer support and discrimination distress contributed significantly to the prediction of depressive symptoms. However, contrary to our hypothesis, no evidence of a significant moderating effect of peer support on the relationship between discrimination distress and depressive symptoms was found.
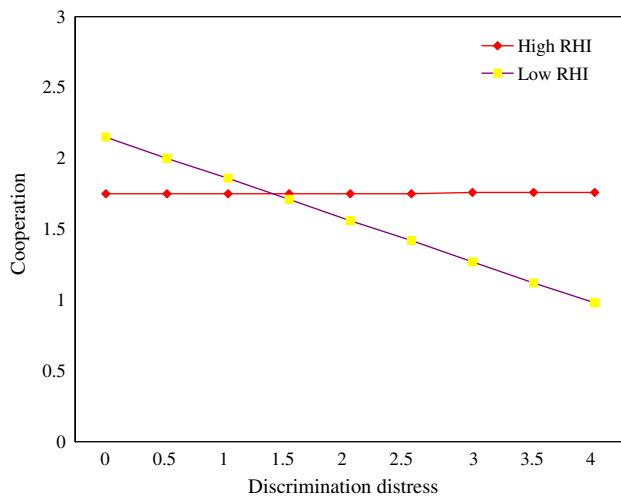
Cooperation

Overall, this model accounted for 27% of the variance in social competence, with all variables except generation of immigration contributing significantly to this equation. Similar to the findings in the model predicting depressive symptoms, both discrimination distress and peer support predicted cooperation. Additionally, the interaction of discrimination distress and peer support was significant and in the hypothesized direction. Taken together, the three key

Table 1 Means, standard deviations, and inter-correlations for included study measures (*N* = 158)

Measure	*M*	*SD*	1	2	3	4
1. Discrimination distress	8.68	8.42	–			
2. Cooperation	20.61	4.68	–0.23**	–		
3. Depressive symptoms	14.08	3.55	0.29***	–.40***	–	
4. Peer support	28.82	5.95	–0.01	.34***	–0.19*	–

*p < .05, **p < .01, ***p < .001

Fig. 1 Interaction of discrimination distress and peer support in the prediction of cooperation

predictor variables accounted for 8% of the variability in cooperation, beyond the prediction of demographic variables. Figure 1 shows predicted values based on this model in order to illustrate the moderating relationship of peer support. Specifically, for participants with greater peer support, the relationship between discrimination distress and cooperation is significantly less negative than for participants with reduced support from their peers.

Discussion

Overview of Findings

These findings bolster past research challenging assumptions that Asian American youth experience little of the discrimination faced by other minority groups (Kim and Yeh 2002; Sue and Sue 1999). Main findings for this study evidence a relationship between discrimination distress and social emotional health constructs of mental health and social competence for Chinese American early adolescents. Findings also support a buffering role for peer support in predicting cooperation, but not depressive symptoms.

Perceived Discrimination and Social Emotional Health

The significant relationships found in this study between discrimination distress and both depressive symptoms and cooperation are consistent with the premise of symbolic interaction theory that individuals internalize race-related appraisals, and with a developmental understanding of adolescents' vulnerability to external social feedback. Increased depressive symptoms in the face of discrimination distress suggest that an adolescent's self-concept may

be threatened by negative social feedback. This finding adds to past research tying perceived discrimination to depression and psychological distress for Asian American adolescents (Greene et al. 2006) and college students (Lee 2003)

We interpret the links between discrimination distress and cooperation as a reflection of doubts elicited by discriminatory comments regarding the possibility of social acceptance. Stress from perceived discrimination threatens youths' social belonging and challenges their ability to function in the social world. Studies that explore links between discrimination and social competence constructs are scarce, although perceived discrimination and discrimination distress have been tied to related areas of social belonging and competence for Asian American teens (Fisher et al. 2000; Oyserman and Sakamoto 1997). Negative experiences with the majority culture may impede the process of navigating dual cultures, and adapting to White American cultural norms at school. Such cultural norms typically represent the valued social standard, and success among Asian Americans may rely on their adoption (Ghuman 1997). Specifically, distress due to treatment from peers and teachers that is perceived as negative or unfair may reduce youths' motivation to cooperate and adhere to social expectations of classroom contexts. Lower cooperation with social expectations may be particularly damaging given its identified ties with negative academic and social outcomes (Walker and Severson 2002).

While theory suggests that discrimination distress would negatively impact social emotional health, this cross-sectional data leaves open the possibility that the relationships may not function in the hypothesized directions. For example, adolescents who are more depressed are likely to interpret experiences negatively, and to experience greater distress from negative social experiences (Garber 2006). Depressed teens may also be more socially isolated, which may increase the likelihood of perceiving and being distressed by discrimination. Less cooperative adolescents may lack the social skills needed to effectively engage in social and academic contexts, which increases their vulnerability to a range of negative treatment from peers and adults, including discrimination.

Peer Support and Social Emotional Health

Findings from this study indicated that peer support directly predicted depressive symptoms and cooperation, and that with greater peer support, the negative relationship between discrimination distress and cooperation was reduced. These results support earlier findings regarding the role for peer support in fostering adolescents' mental health (Chong et al. 2006) and supporting youth in the face

of negative racial experiences (Yeh and Inose 2002). The importance of support from a close friend is consistent with symbolic interaction theory, identifying greater influence of appraisals within significant relationships than feedback from more socially distant evaluative sources (Mead 1934). The importance of peer support is also highlighted by developmental theory regarding early adolescent friendships (Harter 1999; Steinberg and Morris 2001), and by an emphasis on family and social support networks among many Chinese Americans (Lee 1996a). The peer focus of much discrimination against Chinese American adolescents (Greene et al. 2006) also spotlights the match between peer sources of distress and support, which may increase the likelihood of protective effects (Cohen and Wills 1985).

As with relationships between discrimination distress and social emotional health variables, the effects of peer support may not occur in the predicted direction. Specifically, youth who report higher levels of cooperation may possess the social skills necessary to make and retain a close friend, who in turn provides support. Longitudinal studies are needed to clarify causality within these relationships.

A power analysis was completed to determine whether lack of findings for a buffering role for peer support in predicting depressive symptoms stemmed from insufficient power to detect this effect. Analyses indicated adequate power to detect moderating effects (power = 0.88), suggesting that power was not a factor in this finding. Alternatively, the lack of buffering effects for depressive symptoms may relate to the internal, psychological focus of depressive symptoms as compared to the social, behavioral emphasis of cooperation. Peer support may protect adolescents instrumentally by providing a trusted peer companion within social, relational contexts. This experience of having a close friend may bolster prosocial behavior, such as cooperation, but have less impact on teens' psychological well-being.

The combined contexts of adolescent development, acculturation, and discriminatory treatment from other youth may increase the importance of supportive peer relationships for Chinese American youth. Research is needed to further investigate the nature of peer relationships among Chinese American youth. For example, exploration of the racial and ethnic make-up of Chinese American youths' social circles, and the nature of their interactions, could help elucidate the extent to which race or ethnicity play a role in the protective effects of friendships.

Limitations to this Study

In interpreting the study results, several limitations arising from the study design should be considered. First, as with all cross-sectional studies, inferences of causality and directions of effects cannot be made. Therefore, while theory drives a directional understanding of the relationships between study variables, reported analyses do not identify the directionality of findings. Second, in self-report measures, compared to open-ended interviews, for example, participant responses are limited by the predetermined response categories and may not reflect the full range of youths' feelings and experiences. Also, in self-reports of perceived discrimination, social desirability may inhibit participants from reporting discrimination to present a positive view of themselves to the researcher (Tanaka et al. 1998), or internal pressures to deny their experiences may be at work, in order to maintain a stable sense of self. Level of youths' racial identities may also impact the extent of recognized racism (Helms and Cook 1999). Self-reports of cooperation may also be vulnerable to social desirability bias, as participants may have been motivated to present themselves as possessing high levels of competence in social behaviors. On the other hand, as a method for focusing on perceptions as theoretically relevant concepts in discrimination research, and psychological experience more widely, self-reports continue to offer both practical and conceptual advantages compared to other methods. Future research may be enhanced by a longitudinal, multimethod design.

The demographic diversity of this sample (which varies in generation of immigration, urbanicity, and socioeconomic status) enables a broad range of Chinese American experiences to be represented. The focus on Chinese Americans also allows insight into specific experiences of this group. However, there is much variation across Asian American ethnic groups, and while Chinese Americans may share some characteristics with other Asian American groups, their experiences do not adequately represent all Asian Americans. Indeed, the 2000 U.S. Census identified more than thirty other Asian ethnic subgroups living in the United States (U.S. Bureau of the Census 2000) that vary in their immigration histories and motivations, as well as in the ways they have been treated within the U.S. (Takaki 1998). Results from this study should not be generalized to other Asian American ethnic groups without further investigation of similarities and differences across groups' experiences. Exploration of patterns among subgroups of Chinese American adolescents, (e.g., subgroups that differ in level of acculturation, SES, or region of residence) are also needed to provide additional information regarding variation in youths' discriminatory experiences and the ways they interpret racial experiences.

While this study assesses multiple aspects of youths' contexts and experiences, the inclusion of additional variables would enhance this study. Assessments of acculturation would provide an increasing understanding

of Chinese American early adolescents' cultural experiences, particularly in relation to social competence. Given the emphasis of social competence on functioning within the contexts of the dominant culture, less acculturated youth may not understand or adopt social skills that are valued within the host culture. Further, while this study's findings suggest a protective role for a close friendship in buffering the negative effects of race-related stress, the lack of information about the race of the identified friend misses an opportunity to examine the racial context of these supportive friendships. Future research would benefit from exploring both the acculturation and the racial makeup of close friendships, and their roles in relation to discrimination, peer support, and social emotional health.

Implications for Practice

Contrary to "model minority" stereotypes that assume no discrimination or emotional difficulties for Asian American youth, this study found that discrimination distress was associated with reduced social emotional health for Chinese American early adolescents. The lack of recognition of discrimination and its correlates decreases the likelihood that Chinese American adolescents will gain access to needed external supports. Recognition that Chinese American adolescents do experience discrimination is a critical first step in identifying and addressing this issue. Awareness of mental health implications of discrimination requires teachers, counselors and staff overcome stereotypes and actively attend to Chinese American teens' social and emotional health, particularly in the areas of depressive symptoms and cooperation. This contrasts with assumptions that success in academic domains necessarily equates with emotional health, reducing institutional recognition of the need to support Chinese American students who experience emotional difficulties (Lee 1996b).

Moreover, the internalization of "model minority" stereotypes, along with traditional Chinese cultural values that may inhibit institutional help-seeking behavior, further decreases the likelihood that youth will access needed support services at school.

These findings highlight the need for teachers and counselors to pay attention to the experiences of Chinese American youth, as well as to their own perceptions and behaviors towards members of this group. Professional development programs may help teachers, staff, and counselors to better understand and support Chinese American students. Given the importance of peer relationships for all adolescents, and indications that peers play a critical role for Chinese American teens, peer support groups may be one beneficial avenue to provide needed

supports. Destigmatized support services that are not explicitly tied to mental health issues, such as lunchtime culture groups (Pfeifer et al. 2004), may help to bridge cultural gaps in help-seeking provision and expectations.

Conclusion

In summary, the current study highlights the prevalence of discrimination against Chinese American early adolescents, despite common perceptions to the contrary. It adds to the sparse literature investigating the social and emotional correlates of discrimination, and documents negative relationships between distress from discrimination and social emotional health for this group of adolescents. In addition, it provides preliminary evidence that the protective role for peers that has been identified in other adolescent domains may also hold true in the context of discrimination. The results suggest that extending applications of existing discrimination research to Chinese American adolescents and studying specific contexts and mechanisms for protective peer support would be fruitful avenues for future research.

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