

# Media Representation and Intergenerational Communication in Immigrant Families

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**I**n the mosaic of American multiculturalism, the immigrant experience is a multifaceted narrative shaped by representation in media, policy, and society. Each of these elements—media representation, immigration policy fluctuation, and racial prejudice—influences immigrant mental health and well-being, and South Asian Americans (SAA) are no exception. South Asians are not just a heterogeneous group in terms of country of origin (80% Indians, 11% Pakistanis, ~4% Bangladeshis, and 5% Nepalis, Sri Lankans, Bhutanese, and Maldivians), but also vary by religion, socioeconomic class, and language. They are among the fastest growing communities in the United States.<sup>1</sup> Since the 1700s, their immigration stories have been shaped by colonial trauma, civil conflict, and immigration policies. Most South Asians in the United States are immigrants, and most US-born South Asian Americans are emerging adults or younger.<sup>2</sup>

Early US immigration policies limited the social acceptance of South Asians in the United States. The 1917 Immigration Act (Asiatic Barred Zone) prohibited entry for laborers from most of Asia, including India, which reinforced the racial characterization of South Asians as “perpetual foreigners” and imposed systemic barriers on socioeconomic opportunities.<sup>3</sup> The Supreme court ruling on United States vs Bhagat Singh Thind (1923) preempted the naturalization of South Asians on the grounds of not being “White.” Although the 1965 Hart Cellar Act ushered

in a major wave of Asian immigration prioritizing the immigration of highly skilled professionals, it contributed to the “model minority” stereotype by simultaneously conferring Asians White proximity and fostering intergroup conflict with other minoritized groups. Thus, through pervasive systemic and structural discrimination, immigration policy has been directly linked to elevated rates of depression and anxiety in immigrants.<sup>4</sup>

Immigrant parents may not comprehend the acculturation and discrimination stressors faced by their children, as they may have experienced acceptance and belonging as children in their countries of origin.<sup>3,4</sup> Intergenerational conflicts contributing to childhood anxiety and depression may arise from patriarchal family systems, authoritarian “frozen-in-time” parenting (parenting practices that are more restrictive than evolving norms in the country of origin), nonadherence to cultural and/or religious standards, gendered role expectations, and parental expectations for academics/career, dating, and sexuality.<sup>3</sup> SAA youth face normative challenges of adolescence besides navigating ethnic socialization and acting as “cultural brokers” for their immigrant parents. The balancing act of blending in and owning their ethnic identity involves stress from code switching by modifying one’s appearance, speech, and experience in service of the comfort of others, racialized bullying, vigilance regarding discrimination, distancing in-group members, and denying key aspects of identity.<sup>3,4</sup>

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gender balance in our reference list. While citing references scientifically relevant for this work, we also actively worked to promote inclusion of historically underrepresented racial and/or ethnic groups in science in our reference list. The author list of this paper includes contributors from the location and/or community where the research was conducted who participated in the data collection, design, analysis, and/or interpretation of the work. One or more of the authors of this paper received support from a program designed to increase minority representation in science.

Thus, acculturation- and discrimination-related stressors influence SAA identity formation and mental health at developmentally sensitive periods.

Because identity and self-esteem are tied to representation in all spheres, this article examines the impact and utility of media representation in youth identity development and well-being. As acculturation is a bidirectional process, it is the responsibility of clinicians to demonstrate curiosity and humility about the cultural experiences of their minoritized patient populations. Clinicians working with SAA youth and families need to understand the impact of media representation on mental health and to use creativity in bringing this innovative approach into the clinical space.

Winnicott said that play changes form through life and the transitional object transforms into diffused transitional phenomena spread over the whole cultural field.<sup>5</sup> Therefore, play as a tool for meaning making is not just limited to children's interaction with toys, but includes and extends to how youth and adults use media and other cultural phenomena. Considering media as a tool for play highlights the relevance for its use in psychotherapy. Clinicians may harness children and adolescents' emerging capacities for abstract thinking and mentalization by joining them in discussions about media content. Exploring the personal significance of patients' favorite films, television series, and songs helps clinicians to strengthen their rapport and provides material for projections, displacements, and working through in therapy.<sup>5</sup> Furthermore, asking about youth perspectives on popular media trends and influencers can reveal information about personal and social experiences.

Media plays a critical role in shaping societal attitudes and behavior, which may be of particular relevance in representations of minoritized communities. Historically, minoritized communities have been underrepresented or misrepresented, transmitting inaccurate cultural stereotypes, signaling devalued societal status, and resulting in shame, internalized racism, and complicating identity development for groups portrayed.<sup>4,6</sup> Like other immigrants, youth of color, or LGBTQ+ individuals, when represented at all, typically SAA have been relegated to unidimensional stereotypes.

Conversations about media representation with SAA can reveal stressors related to hyphenated identity, gender-based expectations, body image, academic pressures, exoticization and otherization, religious discrimination, and acculturative stress.<sup>7,9</sup> Streaming platforms and documentaries have facilitated greater nuance and dimensionality in representing the SAA experience. Increasingly inclusive programming presents a clinical opportunity to use media as a tool for culturally sensitive engagement. The documentary

*The Trouble With Apu* highlights both how the Simpsons character Apu propagated pervasive stereotypes, as well as the amplification of negative tropes, as he was virtually the sole SAA representative on American television for decades. Although *The Simpsons* famously satirizes American culture as a whole, it does so from a unidimensional point of view. Conversely, newer programming from the Marvel Cinematic Universe and streaming services offers nuanced depictions of SAA from the perspectives of creators with lived experience. The series *Never Have I Ever* and *Ms. Marvel* reflect the evolution of SAA representation, subverting stale sidekick stereotypes with multidimensional depictions of SAA in lead roles. These series may serve as culturally informed tools to facilitate conversations examining how cultural identity and experience intersect with mental health concerns and treatment.

## RECOMMENDATIONS

Conversations about media representation undergirded by cultural sensitivity can invite exploration of identity development, peer relationships, family dynamics, and ethnic-racial socialization, and can provide opportunities for therapeutic intervention. However, clinicians should follow the lead of their adolescent patients and avoid assumptions about their patients' specific cultural identifications and preferences.

Because media representation can be a source of stereotyping, bullying, and internalized racism, clinicians should intentionally ask about individual identities and the intrapsychic, interpersonal, and institutional experience of these identities in the context of media representation. To operationalize the use of media representation for SAA youth, clinicians can consider exploring following themes and the personal meaning behind them:

1. Favorite film, TV series, musician, YouTube channel, social media influencers/celebrities
2. Film, TV series, and social media content currently viewed/followed by patient and their peers
3. Character autopsies (analysis of a character's personality traits, motivations, and emotions)
4. Patient's conceptualization of their own identities and related media representation of those identities
5. Relatability and impact of media representation
6. Opinions about accurate media portrayal of their identity-based experiences
7. Seeking recommendations for films, TV series, and music from adolescent patients

Psychiatry, psychotherapy, and acculturative teaching courses often use film and art to explore the human

**TABLE 1** Models for Use of Media Representation to Inform Culturally Sensitive Assessment or Intervention

<b>Themes portrayed</b>	<b>Cultural and clinical relevance</b>	<b>Question guide for therapeutic assessment or intervention</b>
<i>The Problem With Apu</i>		
• Acceptance and belonging	• Race and ethnicity-based discrimination related to “perpetual foreigner” status	• Have you ever been asked “Where are you really from?” or otherwise been made to feel like an outsider?
• Identity development	• Pressure to conform to “model minority” ideal	• Have you been bullied or made to feel ashamed about your accent or your family’s accents, clothing, religion, or food? • Do you feel stressed about meeting expectations of academic achievement that comes from outside your family? • Do people assume you are insulated from discrimination? Difficulties with mental health? Financial struggles? • Do you feel you have to hide part of your identity in school or other social spaces to feel accepted?
<i>Never Have I Ever</i>		
• Somatization	• Somatization is a common expression of depression or anxiety in SAA families	• How is emotional distress expressed in your family?
• Eating disorders	• Pressure to conform to body incongruent beauty ideal • Underdetection and referral bias related to eating disorders in marginalized groups	• How does your family respond to physical illness compared to mental health concerns? • How often do you compare your appearance with others? With whom do you compare your appearance? • Do you aspire to look like a certain celebrity or influencer? Do they share any aspects of your identity? • Has any clinician asked you about your eating patterns or change in shape or weight? • How is weight discussed in your family?
• Acculturative stress	• Intergenerational differences in acculturation and relationship to identity • Parental expectations may not align with social norms of peers, including romantic relationships	• How are romantic relationships discussed with your parents? Are there specific rules about dating or friendships? How do those rules differ from those of your friends? • Do you feel there are differences in the qualities that you are told to value/embodiment at home vs the ones that your peers and society ask you to value? How so?
• Mental health–related stigma	• Stigma regarding mental health treatment common in SAA communities • Intergenerational differences in attitudes toward mental health treatment may be a source of stress or conflict within families	• Do you feel you can discuss your mental health concerns openly with your family or members of your community? If not, what gets in the way? • How do you feel about mental health treatment? How do you think your parents view mental health treatment? If recommended, do you think they would be open to treatment for themselves?
<i>Ms. Marvel</i>		
• Intergenerational trauma	• Highlights multigenerational psychological impacts of immigration	• What challenges do you experience in figuring out how to “fit in” with people who share your background and people who do not? • Have you had discussions with your family about community violence or loss associated with partition in South Asia? • Have your parents or grandparents shared their own experiences of the separation of their countries with you?

(continued)

TABLE 1 Continued

Themes portrayed	Cultural and clinical relevance	Question guide for therapeutic assessment or intervention
<ul style="list-style-type: none"> <li>Gendered racial socialization</li> <li>South Asian American women as leaders</li> <li>Representation of variability in gendered cultural/religious expression</li> </ul>	<ul style="list-style-type: none"> <li>Combats intersectional stereotypes by modeling</li> <li>via</li> </ul>	<ul style="list-style-type: none"> <li>Have you been expected to remain silent in social situations because of your identities? Do you feel you are treated differently from others when you do speak up?</li> <li>Do you feel overlooked or ignored in social situations with others who do not share your background?</li> <li>Do people make assumptions about your relationship to your faith because of the way you look or dress?</li> <li>Have you ever been bullied because of your expressions of faith?</li> <li>How do you share pride in your heritage or your faith with your friends?</li> <li>How do your unique cultural experiences deepen friendships or inform your leadership?</li> <li>Have you ever felt that you have been treated with suspicion because of stereotypes about your identity?</li> </ul>
<ul style="list-style-type: none"> <li>Race/ethnicity- based discrimination</li> </ul>	<ul style="list-style-type: none"> <li>Models acceptance and belonging via intergroup interactions</li> <li>Subverts terrorist trope by centering Muslim youth as all-American superhero</li> </ul>	

psyche and allow for perspective taking from different vantage points.<sup>10</sup> Series such as *Never Have I Ever* highlight the presence of eating disorders, somatization, and mental health stigma in specific SAA communities, and also explore the sociocultural contexts in which they may occur. Perceptions about beauty ideals and desirability through media's racialized messaging can result in racial teasing, which can contribute to eating disorder development in SAA youth. Similarly, somatization may be seen as a more culturally acceptable way to express distress in some SAA communities. Although media have depicted stigma and intergenerational conflict about dating in SAA culture for comedic purposes, this dating secrecy and silence make SAA girls more vulnerable to dating violence. *Ms. Marvel* brought the pervasive SAA experiences of historical and intergenerational transmission of trauma into mainstream discourse through the depiction of Indo-Pakistan partition. Therefore, familiarity with SAA media representation and its impact on youth mental health can inform clinical understanding of presenting concerns.

Clinicians should be wary of stereotypical portrayals and refrain from making assumptions about individuals, as SAA are a heterogeneous community with differential relationships to their distinct identities. The evolution of media representation of SAA marks a transformative shift toward greater belonging and inclusion, but it is a double-edged sword. Although they do challenge outdated stereotypes and offer fresh perspectives reflecting a broader spectrum of SAA experiences, some newer media portrayals still struggle to portray SAA with cultural authenticity and nuance, inadvertently perpetuating misrepresentation. Table 1 details some models for use of media representation to inform culturally sensitive assessment or intervention in the clinical space.

This article highlights how accurate media representation centering SAAs allows discourse on salient topics of SAA-specific discrimination and bullying, identity development, gendered norms, social controls, culturally informed clinical concerns, and attitudes toward mental health. Media representation can serve as a conversational starting point for clinicians and can serve to acknowledge the benefits of belief systems and social connectedness that anchor youth in a sense of purpose that is larger than the individual. Finally, media as a clinical tool could foster bicultural identity, which is shown to protect against acculturation stressors and intergenerational conflicts and to promote resilience, cognitive flexibility, and resourcefulness (socio-cognitive capacity).<sup>11</sup> Media can thus be used as an innovative tool for clinicians to support minoritized youth, including SAA, through reflecting the complexities of

their experiences, increasing engagement, and promoting insightful, culturally sensitive care.

### CRediT authorship contribution statement

**Seeba Anam:** Writing – review & editing, Writing – original draft, Supervision, Conceptualization. **Manal Khan:** Writing – review & editing, Writing – original draft.

**Afifa Adiba:** Writing – review & editing. **Deepika Shaligram:** Writing – review & editing, Writing – original draft.

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