

# The Impact of Perceived Racial Discrimination on the Mental Health of Asian American and Latino College Students

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The authors examined the impact of perceived racial discrimination on various mental health outcomes for Asian American and Latino college students within an emic and etic framework. Results indicate that Asian American and Latino college students experienced similar exposure and reactions to various kinds of discrimination. However, Latino students were more likely than Asian American students to have been accused of doing something wrong, such as cheating and breaking the law, and more likely to appraise these experiences as stressful. Asian Americans evidenced higher risk for trait anxiety. Regardless of ethnicity, perceived racial discrimination was associated with several negative mental health outcomes, including higher psychological distress, suicidal ideation, state anxiety, trait anxiety, and depression. Findings highlight the need to address discrimination across multiple social and professional settings and to understand the broad array of mental health outcomes.

*Keywords:* discrimination, racism, Asian American, Latino, depression

Throughout history, ethnic and racial minorities have been the victims of institutional and interpersonal discrimination (Harrell, 2000; Jones, 1997). Although some may argue that the United States has become a more racially conscious society, it is fallacious to believe that discrimination no longer exists (Smedley & Smedley, 2005). Research has documented the widespread prevalence of racial discrimination (unfair treatment due to race) and the negative health consequences it has for African Americans (e.g., Jones, 1997; Klonoff, Landrine, & Ullman, 1999; Utsey, 1998). However, there continues to be comparatively little research that examines the impact of racial discrimination on other ethnic minority groups. The goals of this study were to (a) examine the impact of perceived racial discrimination on various mental health outcomes for Asian Americans and Latinos, and (b) expand the range of our understanding of racial discrimination and its mental health associations (psychological distress, suicidal ideation, state and trait anxiety, and clinical depression).

There are compelling reasons to study Asian Americans and Latinos with respect to racial discrimination and to study the groups together. Sociopolitical concerns such as the recent outcries against illegal Latino immigration and economic competition between the United States and Asian countries are likely to increase the animosity toward these two fastest growing groups in the United States (Larsen, 2004). Asian Americans and Latinos both evidence within group heterogeneity because of geographic, historical, and demographic differences. Yet, both groups share com-

monalities that make comparative study of their discrimination experiences intriguing. Both groups are visible minorities; have large numbers of immigrants that may be targets of discrimination due to xenophobia; and both groups are collectivistic in cultural orientation, which may lead to similar responses to discrimination (Vandello & Cohen, 1999). At the heart of collectivism is interdependence and group harmony (see Markus & Kitayama, 1991). Asian Americans and Latinos might thus be particularly attuned and affected by negative and discriminatory interpersonal and intergroup interactions. Shorey, Cowan, and Sullivan (2002) found collectivism to be positively related to attributions of discrimination in Latinos. Unfortunately, few studies have assessed the relative experience of discrimination on Asian Americans and Latinos. In one of the few comparative studies including these groups, Landrine, Klonoff, Corral, Fernandez, and Roesch (2006) found that Asian Americans and Latinos reported similar levels of discrimination over the lifetime, but that Asian Americans reported higher levels of recent discrimination.

We propose an *emic* and *etic* framework for conceptualizing and understanding discrimination across groups. Etics are universal phenomena that occur across cultures, whereas emics are culturally based manifestations of universal phenomena in specific groups (Berry, 1969; Triandis, 2007). This framework has been effectively used to understand cultural differences without creating a deficit model in which one group's experience becomes the norm or standard by which other groups "fall short" (for example, see emics–etics applied to cross-cultural differences in parenting; Chao, 1995). For guidance about etic experiences with discrimination and group-specific experiences or emics, we turn to the extant literature on discrimination.

As in the broader literature on African American racial discrimination (Klonoff et al., 1999), Latinos and Asian Americans are negatively affected by discrimination. For Latinos, perceived discrimination is linked to increased psychological distress (Moradi & Risco, 2006) and depressive symptoms (Greene, Way, & Pahl,

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2006; Szalach et al., 2003; see Araujo & Borrell, 2006, for general review of psychological impact of discrimination in Latinos). Discrimination experienced by Asian Americans is also associated with negative psychological well-being and psychological distress (e.g., Lee, 2003; Noh, Beiser, Kaspar, Hou, & Rummens, 1999; Yoo & Lee, 2005).

Despite the limited literature on these two groups, general patterns emerge that are similar to research findings on African Americans. For example, when combined with the literature reporting the negative mental health association of discrimination on African Americans, the pattern of detrimental effects that discrimination has on all three groups can be construed as an etic or universal negative response. Group differences, if any, on the types of discrimination each group experiences and the strength of the relationship between discrimination and mental health outcomes could be taken as emics, or ethnic-specific responses.

To date, no study has examined the emics of discrimination on Latinos and Asian Americans. Specifically, there is little research that delineates the type of discrimination that different ethnic groups face. Notable exceptions are two studies on the experiences of discrimination among urban high school students that found that Asian American students reported more harassment by peers, whereas Black and Latino students reported being discriminated against more by adults (such as the police, teachers, and shopkeepers; Fisher, Wallace, & Fenton, 2000; Rosenbloom & Way, 2004). Furthermore, according to research on the Stereotype Content Model (Fiske, Cuddy, Glick, & Xu, 2002), outgroups are perceived as either likable and disrespected (Latino) or envied but unlikable (Asian American; see Lin, Kwan, Cheung, & Fiske, 2005). Acknowledging that stereotypes differ from discrimination, the stereotype research might suggest that the two groups experience different types of discrimination.

Some of the group-specific discrimination literature has suggested that there may be some differences in discriminatory experiences. For example, Schneider, Hitlan, and Radhakrishnan (2000) found that working Hispanic samples experienced mostly verbal ethnic harassment and exclusionary practices, which had negative effects. Another study on Latinos found color bias against darker skin color (Hall, 2002). The growing literature on discrimination experienced by Asian Americans also focuses on a few group-specific phenomena (e.g., Barry & Grilo, 2003; Dion, Dion, & Pappas, 1992; Gee, 2002) such as more subtle forms of discrimination experienced by Asian Americans like microassaults, microinsults, and microinvalidations (Sue, Bucceri, Lin, Nadal, & Torino, 2007). Others have discussed the role of the model minority myth, resentment by other groups (Rosenbloom & Way, 2004), and general indifference of Asian Americans as targets of discrimination (Delucchi & Do, 1996).

Unfortunately, there continues to be a dearth of comparative research. This may be due in part to a reliance on measures of overall or general discriminatory experiences, rather than specific types or instances. Recently, Landrine and colleagues (2006) reviewed the extant literature on perceived discrimination and discussed limitations in the measurement of discrimination. For example, they noted that the vast majority of studies assessed the presence versus absence of global discriminatory events using one to two dichotomous items (i.e., yes/no responses; Gee, 2002; Jackson et al., 1996; Karlsen & Nazroo, 2002; Noh et al., 1999), whereas others used several dichotomous items that did not pro-

vide a range of possible responses (Krieger, 1990; Krieger & Sidney, 1996). Although these studies assessed the negative consequences of perceived discrimination on multiple ethnic groups, the use of only a few global items to assess discrimination limits the ability to explore different types of discrimination experienced and to tap into the underlying construct of discrimination. The use of dichotomous items also reduces the variance in discrimination measured, thereby potentially attenuating the strength of the discrimination–health relationship (Landrine et al., 2006; Landrine & Klonoff, 2000).

Landrine and colleagues (2006) developed a discrimination scale to address these methodological limitations. The Schedule of Racist Events assesses both the frequency and stress appraisal of discriminatory events across multiple social and professional situations. Discrimination studies using this measure have found that perceived discrimination is associated with increased risk for cigarette smoking and psychiatric symptoms (Landrine & Klonoff, 1996; Klonoff et al., 1999). This measure was designed for use with African Americans, and was recently modified into the General Ethnic Discrimination Scale (GED) for use with multiple ethnic groups (Landrine et al., 2006). One study using the GED across multiple ethnic groups found that men experience more discrimination than women, and that African Americans report more discrimination than Asian Americans who report higher levels than Latinos over the lifetime, with all groups reporting more perceived discrimination than Caucasian Americans (Landrine et al., 2006).

Most studies, including those thus far reviewed, have focused on the detrimental impact of perceived discrimination on a few specific mental health outcomes, namely psychological distress, anxiety, and depression (e.g., Kessler, Mickelson, & Williams, 1999; Lee, 2003; Moradi & Risco, 2006; Mossakowski, 2003; Noh & Kaspar, 2003). These studies have found that greater discriminatory experiences are associated with negative health consequences. Although the data are typically cross-sectional with very few if any exceptions, the theoretical link is that discriminatory experiences serve as a stressor and precipitant to multiple mental health problems. Lazarus and Folkman's (1984) stress-coping model posits that both the frequency of exposure and appraisal of the stressfulness of the event determine its impact on health outcomes. For example, two people may be called racist names on a weekly basis; one may find it extremely upsetting, whereas the other may dismiss the event, thereby reducing the negative impact it has on his or her health. In addition, different people may also evidence differential exposure to racist events. Although the stress-coping model has been used to explain the discrimination–health relationship (Brondolo et al., 2005; Clark, Anderson, Clark, & Williams, 1999; Contrada et al., 2001; Harrell, 2000), few studies have used more rigorous, theoretically driven measurement methodology to assess both the frequency and stress appraisal of discriminatory events.

Given that theoretically the frequency and appraisal of discrimination varies in strength on a continuum, so might the severity of mental health outcomes. This compels the exploration of discrimination as a stressor on a broad array of mental health outcomes beyond psychological distress and depression. Some studies have expanded our understanding of the effects of perceived discrimination across a variety of contexts such as family outcomes (Murry, Brown, Brody, Cutrona, & Simons, 2001) and mastery

(Broman, Mavaddat, & Hsu, 2000). One goal of this study was to understand the impact of discrimination on multiple problems. The relation between discrimination and outcomes of differing severity theoretically should be positive across the outcomes. For example, to date, no studies have investigated the relationship between discrimination and state anxiety (transient feelings of tension and nervousness; Cattell, 1966). Discrimination might be related to trait and state anxiety as discrimination likely serves as a stressor to induce anxiety. In particular, however, because of common method variance, cumulative discrimination might be more strongly related to trait anxiety as both constructs tap into stable, long-term constructs. Few studies have examined whether discrimination leads to increased suicidal ideation (Beck, Kovacs, & Weissman, 1979). The relation between these two variables is of interest because discrimination, especially violent or blatant discrimination or discrimination that is chronic and unavoidable, may lead to severe stress and thus suicidal ideation. Again, the relation between discrimination and suicidal ideology is expected to be positive as discrimination serves as a stressor. Heacock (1990), using a case study approach, linked racial discrimination with suicidal behaviors in African Americans and Latinos. In addition, suicidal behaviors have been linked to discrimination related to sexual orientation bias (Diaz, Ayala, Bein, Henne, & Marin, 2001). We took advantage of the sensitivity of the GED (Landrine et al., 2006) to investigate the relation between discrimination and a range of psychological outcomes.

Finally, understanding the relation between perceived discrimination and the well-being of Asian and Latino American college students is particularly important given the growing body of literature indicating greater psychological distress and depression in these two groups than in their European American counterparts (Okazaki, 1997; Siegel, Aneshensel, Taub, Cantwell, & Driscoll, 1998). Although a college sample might reduce group differences in discrimination experienced because self-selection of relatively resilient and high-functioning individuals and context similarity, investigating the relationship with mental health consequences is important because evidence suggests that discrimination has increased over the years on college campuses (McCormack, 1995, 1996). Furthermore, Landrine and colleagues, (2006) found that college and community samples are exposed to similar discriminatory experiences.

This study examined the impact of perceived discrimination on multiple mental health outcomes for Asian and Latino American college students. On the basis of previous research (Landrine et al., 2006), we explored whether Asian Americans and Latinos would experience similar amounts of recent discrimination and similar appraisals of the stressfulness of these events. On the basis of a qualitative review of the extant discrimination literature and the nature of stereotypes (e.g., Lin et al., 2005), we explored whether there were emic or etic differences in the type of discrimination experienced. We also explored whether both groups would evidence similar risk for psychological distress, trait and state anxiety, depression, and suicidal ideation after controlling for the effects of discrimination. Similarities in the experience and impact and experience of discrimination on mental health outcomes would suggest an etic effect of discrimination, whereas differential exposure and impact would suggest an emic effect.

## Method

Data were collected from 186 Asian American ( $n = 107$ ) and Latino ( $n = 79$ ) college students from a university located in the Rocky Mountain region of the United States. The student sample consisted of 67 men (Asian American = 36; Latino = 31) and 119 women (Asian American = 71; Latina = 48). Forty percent of the students were foreign born (Asian American = 42; Latino = 32), and students represented various years in college (1st year = 24%, 2nd year = 15%, 3rd year = 28%, 4th year = 17%, 5th year or more = 16%). International student status was determined by their resident status, and international students were not included in this study. The five largest groups of Asian Americans in the sample included Chinese Americans ( $n = 34$ ), Vietnamese Americans ( $n = 20$ ), Japanese Americans ( $n = 15$ ), Taiwanese Americans ( $n = 12$ ), and Korean Americans ( $n = 10$ ). The four largest groups of Latinos in the sample included Mexican Americans ( $n = 44$ ), Peruvian Americans ( $n = 8$ ), Argentinian Americans ( $n = 4$ ), and Puerto Rican Americans ( $n = 3$ ). The rest of the respondents were few in number and came from a variety of ethnic backgrounds. Students responded to IRB-approved advertisements sent through e-mail inviting them to participate in an Internet-based research study on student health. Informed consent was obtained. Students were administered the survey via the Internet and were paid \$10 to complete the full battery of measures, which took approximately 1 hr to finish. Descriptive statistics for the sample are provided in Table 1. Students were also asked to rate their financial need on a scale ranging from 1 (*no financial need*) to 5 (*severely needy*).

## Measures

**Discrimination.** Lifetime exposure to discrimination and stress associated with exposure were measured using the GED

Table 1  
*Characteristics of Independent and Dependent Variables*

Variable	Asian Americans ( $n = 107$ )	Latinos ( $n = 79$ )
Gender, $n$ (%)		
Women	71 (66.40)	48 (60.80)
Men	36 (33.60)	31 (39.20)
Years in school, $n$ (%)	2.92 (1.64)	2.94 (1.33)
Mean ( $SD$ ) financial stress	2.40 (1.03)	2.86 (0.94)
Mean ( $SD$ ) exposure to discrimination	37.06 (13.27)	37.62 (14.99)
Mean ( $SD$ ) stressfulness of discrimination	44.69 (21.42)	46.09 (22.80)
Mean ( $SD$ ) discrimination total score	-0.04 (1.81)	0.11 (1.98)
Mean ( $SD$ ) psychological distress	0.70 (0.54)	0.61 (0.56)
Mean ( $SD$ ) suicidal ideation	0.05 (0.17)	0.04 (0.16)
Mean ( $SD$ ) state anxiety	38.67 (11.31)	37.59 (11.50)
Mean ( $SD$ ) trait anxiety	42.92 (8.99)	40.47 (10.17)
Clinical depression, $n$ (%)		
Not depressed	92 (86.00)	69 (87.30)
Depressed	15 (14.00)	10 (12.70)

(Landrine et al., 2006). The GED is a global measure of overall discrimination experience and also provides details concerning the specific types of discrimination one experiences and is affected by. The 18 different types of discriminatory experiences (e.g., work, public places, health care, and school) that individuals are exposed to because of their race/ethnic group are assessed. In this study, we used two of the subscales, perceived lifetime exposure to a variety of discriminatory events and the appraised stress associated with experiencing those events. The GED uses a 6-point Likert-type scale for exposure to discrimination ranging from *never to almost all of the time* and *not at all stressful to extremely stressful* for stress associated with each type of discrimination. Correlation between lifetime exposure to discrimination and appraised stress associated with exposure was .77 ( $p < .01$ ). These subscales were combined into one overall discrimination score. They were first standardized and then summed such that both subscales carried equal weighting in the discrimination total score. This method seemed most reasonable given that there currently is no one standard for determining how to weight the effects of discrimination exposure and stress associated with discriminatory experiences. Previous research has indicated that the GED demonstrates high internal consistency ( $\alpha = .94-.95$ ), 1-month test-retest reliability ( $r = .95-.96$ ) and validity (Klonoff & Landrine, 1999, 2000; Landrine & Klonoff, 1996, 2000; Landrine et al., 2006), and adequately differentiates frequency of discriminatory events across ethnic groups (Landrine et al., 2006). In this study, the GED demonstrated strong internal consistency ( $\alpha = .94-.95$ ). However, one limitation of the GED is that it has not been normed for Asian Americans or Latinos.

**Psychological Distress.** The Brief Symptom Inventory (BSI) is a well-validated, 53-item, self-report measure of psychological distress (Derogatis & Melisaratos, 1983). Participants were asked to indicate how much each of the symptoms described had bothered them in the past 7 days, using a 5-point Likert scale ranging from *not at all to extremely*. The present study used the Global Severity Index because it is the most sensitive of the three global indices (Derogatis & Melisaratos, 1983). This scale has been found to have high internal consistency ( $\alpha$  for subscales ranging from .71 to .85) and convergent validity across groups (Derogatis & Melisaratos, 1983). However, no specific ethnic norms have been developed. The mean BSI scores for nonpatients adults are 0.30 ( $SD = 0.31$ ) and 0.83 ( $SD = 0.59$ ) for nonpatient adolescents. Cochran and Hale (1985) attempted to establish norms on a sample of 347 students attending a 4-year private college and found a mean score of 0.76 ( $SD = 0.47$ ). The mean BSI scores for Asian American and Latino students in this public university were 0.71 and 0.60, respectively. These scores are similar to those of other college students and significantly lower than those of psychiatric outpatients ( $M = 1.32$ ,  $SD = 0.72$ ). The BSI also demonstrated high internal consistency for participants in the current study ( $\alpha = .97$ ). The BSI has been used extensively for research in Asian and Asian American populations (Cheng, Leong, & Geist, 1993; Hwang, Myers, & Takeuchi, 2000), as well as Latino populations (Hemmings, Reimann, Madrigal, & Velasquez, 1998; Myers et al., 2002).

**Suicidal Ideation.** A modified 5-item version of the Scale for Suicidal Ideation (SSI) was used to assess current conscious suicidal intent (Beck et al., 1979; Beck, Steer, & Ranieri, 1988). Each item is scored on graded statements of intensity from 0 to 2. Five of the 19 original items were chosen because they

evidenced high item-total correlations and because they represented a range of suicidal types of ideation. An adjusted average suicide ideation score was created from the 5 items that included respondents' wish to live, desire to kill oneself, frequency of suicidal ideation, certainty that they will make a suicide attempt, and extent to which they had developed a specific plan. The original SSI demonstrates strong reliability ( $\alpha = .89-.96$ ) and validity (Beck et al., 1979, 1988). However, no specific norms or reliability or validity studies using the SSI with Asian American or Latino college students have been conducted. Internal consistency in this study was  $\alpha = .71$ .

**State and Trait Anxiety.** The State-Trait Anxiety Inventory (STAI) is a widely used anxiety scale consisting of 40 items (Spielberger, 1983; Spielberger, Gorsuch, & Lushene, 1970). The notion of state anxiety, which is characterized by transient feelings of worry, tension, nervousness and anxiety traits, and trait anxiety, or individual differences in enduring anxiety and predisposition to respond anxiously to stressful situations, was first introduced by Cattell (1966) and further elaborated on by Spielberger et al. (1970) and Spielberger (1983). The items are answered along a 4-point Likert-type scale ranging from 1 (*not at all*) to 4 (*very much so*). Overall, the STAI demonstrates good reliability and validity across multiple studies and populations, including multiethnic adolescents and Asian American adolescents in Hawaii (Hishinuma, Miyamoto, Nishimura, & Nahulu, 2000; Hishinuma, Miyamoto, Nishimura, Nahulu, Andrade, et al., 2000; Hishinuma et al., 2001; Spielberger, 1983; Spielberger et al., 1970). In this study, the State and Trait subscales also evidenced strong internal consistency of  $\alpha = .93$  and  $.90$ , respectively. The mean levels of state and trait anxiety were similar to the norms on college students that were developed from a sample of 855 college students at the University of South Florida:  $M = 37.89$  ( $SD = 11.22$ ) and  $M = 39.60$  ( $SD = 9.78$ ), respectively (Spielberger, 1983). Psychiatric norms for state ( $M = 47.74$ ,  $SD = 13.24$ ) and trait ( $M = 46.62$ ,  $SD = 12.41$ ) anxiety reported by Spielberger (1983) have been previously established on the basis of 461 male neuropsychiatric patients.

**Clinical Depression.** The Hamilton Depression Inventory (HDI) is a 23-item, self-report inventory version of the Hamilton Depression Rating Scale (HDRS; Hamilton, 1960, 1967; Reynolds & Kobak, 1995). There is strong support for the reliability and validity of the HDI in assessing the severity of depression in multiethnic samples (Dozois, 2003; Reynolds & Kobak, 1995). The HDI evidenced good internal consistency ( $\alpha = .93$ ), test-retest reliability ( $r = .95$ ), and validity (content, criterion, and convergent) in its development study (Dozois, 2003; Reynolds & Kobak, 1995). In this study, Cronbach's alpha was  $.82$ . The HDI uses clinical cutoff scores to indicate the severity of depression over the past 2 weeks. A clinical cutoff score of 19 maximizes the hit rate (98.2%), sensitivity (99.3%), and specificity (95.9%) in differentiating between nonreferred community adults and psychiatric outpatients diagnosed with major depression (Reynolds & Kobak, 1995). In this study, the clinical cutoff score of 19 was used to differentiate between those who were clinically depressed and those who were not. No specific reliability or validity studies have been conducted with Asian American or Latino college students.

Results

Descriptive Statistics

Because the relationship between frequency and stress appraisal of discrimination was strong ( $r = .77$ ), we merged these subscores to create a composite score (see *Method*). Pearson correlation coefficients were calculated to assess the interrelationships between variables of interest. As shown in Table 2, results indicate overall significant positive correlations between discrimination and psychological distress, anxiety, and clinical depression.

Multivariate Analysis of Variance (MANOVA)

Two MANOVAs were used to determine whether Asian Americans and Latinos evidenced differential exposure to different types of discrimination and the stresses associated with those experiences. Power analyses (Cohen, 1988) suggested sufficient power ( $1 - \beta = .80$ ,  $p < .05$ ) given the sample size to detect small to medium effect sizes and larger ( $d = .42$ ). As indicated in Table 3, Latinos and Asian Americans reported no differences in exposure to discrimination across a wide range of domains. Results indicated that Latinos were significantly more likely to have been accused or suspected of doing something wrong such as stealing, cheating, not doing their share of the work, or breaking the law. Moreover, they were more likely to perceive these accusations as stressful. Both differences were small to moderate in effect size ( $d = .43$ ).

Regression Analyses

Hierarchical regression analyses were conducted to examine the relationship between independent variables and mental health outcomes (see Table 4). Demographic variables were entered in the first block to control for their association with the outcome variables (i.e., gender, years in school, and financial stress). Ethnicity was dummy coded (Asian American = 0, Latinos = 1) and entered in the second block to determine whether Asian Americans and Latinos evidenced differential risk for mental health problems, and the composite discrimination score was entered into the third block.

*Psychological Distress.* Results indicated that fewer years in school were significantly associated with higher psychological distress ( $R^2 = .09$ ). There were no ethnic differences in risk for psycho-

logical distress. Higher discrimination scores were significantly associated with higher psychological distress ( $R^2 = .09$ ). Cohen's  $\phi^2$  suggested small effect sizes for demographics ( $\phi^2 = .10$ ) and ethnicity ( $\phi^2 = .11$ ) and a medium effect for discrimination ( $\phi^2 = .23$ ).

*Suicidal Ideation.* Asian American and Latino students did not evidence a significant difference in suicidal ideation. However, higher discrimination was significantly associated with higher suicidal ideation, accounting for 3% of the variance ( $R^2 = .03$ ). The effect sizes for demographics, ethnicity, and discrimination were small ( $\phi^2$ s = .03-.06).

*State Anxiety.* Financial stress was significantly associated with state anxiety, for a small effect ( $\phi^2 = .04$ ). Higher discrimination scores were significantly associated with higher state anxiety ( $R^2 = .09$ ), for a moderate effect ( $\phi^2 = .16$ ).

*Trait Anxiety.* Compared with Latinos, Asian Americans evidenced higher risk for trait anxiety. In addition, higher discrimination scores were significantly associated with higher trait anxiety ( $R^2 = .15$ ). Again, demographics showed a small effect ( $\phi^2 = .04$ ), as did ethnicity ( $\phi^2 = .06$ ), and discrimination showed a medium effect, ( $\phi^2 = .18$ ).

*Clinical Depression.* Hierarchical logistic regression analyses were used to determine the relationship between variables and clinical depression. Women evidenced a 3.35 times (confidence interval [CI] = 1.09, 10.32) higher likelihood of experiencing clinical depression than men ( $p < .05$ ). Those exposed to discrimination were 1.62 times (CI = 1.24, 2.12) at greater risk for depression ( $p < .01$ ).

Discussion

This study provides evidence that Asian American and Latino American college students experience discrimination across a variety of social and professional settings, and that together the frequency of perceived discrimination and the appraisal of the stressfulness of those incidents have serious consequences for minority college students. Specifically, perceived discrimination was associated with increased risk for psychological distress, suicidal ideation, state and trait anxiety, and clinical depression. The results also suggest that younger college students were at higher risk for psychological distress.

The results from this study contribute to the discrimination-health literature in a number of ways. First, this study used a discrimination measure that assessed both frequency of exposure

Table 2  
Intercorrelation Matrix for All Measured Variables Used in the Model: Asian Americans and Latinos

Variable	1	2	3	4	5	6	7	8	9
1. Sex	—	.06	.12	.12	-.01	-.18	-.12	-.08	-.15
2. Years in school	-.16	—	.01	.02	-.15	-.03	.01	-.09	.02
3. Financial stress	.03	-.02	—	.34**	.24*	-.12	.32**	.25*	.10
4. Discrimination	.03	.03	.00	—	.43**	.10	.38*	.47**	.23*
5. Psychological distress	-.10	-.29**	.10	.20*	—	.45**	.59**	.80**	.65**
6. Suicidal ideation	-.10	-.13	.02	.18	.28**	—	.29**	.46**	.60**
7. State anxiety	.03	-.15	.09	.28**	.57**	.27**	—	.81**	.36**
8. Trait anxiety	-.02	-.14	.08	.19	.63**	.28**	.82**	—	.56**
9. Clinical depression	-.17†	-.06	-.08	.26**	.62**	.47**	.39**	.45**	—

Note. Variable correlations for Asian Americans and Latinos are on the bottom left half and top right, respectively.  
\*  $p < .05$ , two-tailed. \*\*  $p < .01$ , two-tailed. †  $p < .10$ , one-tailed.

Table 3  
 Multivariate Analysis of Variance Results for Ethnic Differences in Exposure and Stress Associated with Discrimination

Type of discrimination	Asian Americans		Latinos		Total		<i>F</i> <sup>1</sup>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Treated unfairly by . . . because of your race/ethnic group?							
1. Teachers and professors	1.98	0.93	1.97	0.95	1.98	0.94	.01
Stress appraisal	2.74	1.66	2.93	1.84	2.82	1.73	.35
2. Employers, bosses, and supervisors	1.77	0.94	1.87	1.10	1.81	1.01	.00
Stress appraisal	2.34	1.66	2.55	1.93	2.43	1.78	.03
3. Coworkers, students, and colleagues	2.17	0.93	2.23	1.06	2.20	0.93	.01
Stress appraisal	2.72	1.60	2.87	1.85	2.78	1.70	.07
4. People in service jobs (store clerks, waiters, bartenders, bank tellers, and others)	2.42	1.11	2.44	1.21	2.43	1.15	.00
Stress appraisal	2.93	1.59	3.13	1.78	3.01	1.67	.32
5. Strangers	2.42	1.03	2.44	1.13	2.43	1.07	.10
stress appraisal	2.76	1.66	2.87	1.63	2.80	1.64	.10
6. People in helping jobs (doctors, nurses, psychiatrists, case workers, dentists, school counselors, therapists, social workers, and others)	1.66	0.85	1.73	1.02	1.69	0.92	.00
Stress appraisal	2.08	1.48	2.16	1.57	2.11	1.52	.01
7. Neighbors	2.09	1.13	2.08	1.13	2.09	1.13	.18
Stress appraisal	2.38	1.61	2.54	1.61	2.44	1.60	.07
8. Institutions (schools, universities, law firms, police, courts, department of social services, unemployment office, and others)	1.94	1.06	2.05	1.29	1.99	1.16	.04
Stress appraisal	2.64	1.82	2.59	1.84	2.62	1.83	.22
9. People you thought were your friends	1.83	0.99	1.64	0.93	1.75	0.97	2.77 <sup>†</sup>
Stress appraisal	2.33	1.65	2.25	1.68	2.29	1.66	.18
How often . . . because of your race/ethnic group?							
10. Have you been accused of doing something wrong (e.g., stealing, cheating, not doing share of work, or breaking the law)	1.50	0.97	1.95	1.10	1.68	1.05	5.71*
Stress appraisal	1.97	1.67	2.84	2.08	2.33	1.90	6.42*
11. Have people misunderstood your intentions and motives	2.09	0.99	2.16	1.17	2.12	1.07	.05
Stress appraisal	2.42	1.58	2.72	1.77	2.54	1.66	.65
12. Have you wanted to tell someone off for being racist but you didn't say anything	2.54	1.37	2.60	1.52	2.57	1.43	.03
Stress appraisal	3.11	1.76	3.07	1.88	3.10	1.80	.09
13. Have you been really angry about something racist done to you	2.36	1.26	2.49	1.60	2.41	1.41	.14
Stress appraisal	3.37	1.77	3.35	1.90	3.36	1.82	.00
14. Have you been forced to take drastic steps (file grievance, lawsuit, quit job, move, and other actions) to deal with some racist thing done to you	1.27	0.72	1.36	0.76	1.31	0.74	.36
Stress appraisal	1.72	1.55	1.94	1.81	1.81	1.66	.16
15. Have you been called a racist name	2.33	0.92	2.08	1.13	2.22	1.02	3.51 <sup>†</sup>
Stress appraisal	2.95	1.64	2.67	1.84	2.83	1.73	1.69
16. Have you gotten into argument or fight about something racist done to you or another member of your race/ethnic group	1.98	1.09	2.09	1.18	2.03	1.13	.27
Stress appraisal	2.59	1.69	2.96	1.78	2.74	1.73	1.01
17. Have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm	2.17	1.01	1.95	1.18	2.08	1.09	1.91
Stress appraisal	3.11	1.84	2.62	1.89	2.91	1.87	3.56 <sup>†</sup>
18. How different would your life be now if you had not been treated in a racist and unfair way?	2.53	1.27	2.36	1.49	2.46	1.36	.97

\*  $p < .05$ , two-tailed. \*\*  $p < .01$ , two-tailed. <sup>†</sup>  $p < .10$ , one-tailed.

to discrimination and appraised stressfulness of those experiences (Landrine et al., 2006). This measurement method is consistent with the stress coping and appraisal literature (Lazarus & Folkman, 1984) and may more accurately assess the impact of perceived discrimination on health outcomes than dichotomous instruments or those that use fewer items. Our results yielded a high correlation between frequency and stress appraisals and justified the creation of a composite score. Thus, we are confident that our composite score represents a conceptually broad measure of discrimination. It is important to note that for most types of discrimination, mean

exposure levels were somewhere between *once in a while* to *sometimes*, indicating that discriminatory experiences are a reality for Asian and Latino American college students. Furthermore, our results suggest that perceived discrimination accounts for approximately 10% of the variance across state and trait anxiety and psychological distress. When considering the number of possible experiential and dispositional factors that can influence mental health, and the importance of coping strategies, the moderate effect size of the relationship between racial discrimination and mental health is impressive.

Table 4  
Hierarchical Regression Model for Psychological Distress

Variable	$\beta$	$t^2$	$R^2$	$\Delta R^2$
Psychological distress				
Block 1			.09	.09**
Gender	-0.10	-1.41		
Years in school	-0.25	-3.55**		
Financial stress	0.13	1.78 <sup>†</sup>		
Block 2			.10	.01
Ethnicity	-0.10	-1.33		
Block 3			.19	.09**
Discrimination	0.30	4.40**		
Suicidal ideation				
Block 1			.03	.03
Gender	-0.13	-1.74 <sup>†</sup>		
Years in school	-0.13	-1.70 <sup>†</sup>		
Financial stress	-0.04	-0.55		
Block 2			.03	.00
Ethnicity	-0.24	-0.31		
Block 3			.06	.03*
Discrimination	0.17	2.28*		
State anxiety				
Block 1			.04	.04 <sup>†</sup>
Gender	-0.06	-0.82		
Years in school	-0.11	-1.51		
Financial stress	0.16	2.19*		
Block 2			.05	.01
Ethnicity	-0.08	-1.12		
Block 3			.14	.09**
Discrimination	0.31	4.41**		
Trait anxiety				
Block 1			.04	.04 <sup>†</sup>
Gender	-0.08	-1.05		
Years in school	-0.14	-1.89 <sup>†</sup>		
Financial stress	0.11	1.53		
Block 2			.06	.02*
Ethnicity	-0.15	-1.94*		
Block 3			.15	.10**
Discrimination	0.32	4.45**		

\*  $p < .05$ , two-tailed. \*\*  $p < .01$ , two-tailed. <sup>†</sup>  $p < .10$ , one-tailed.

For the most part, Asian Americans and Latinos experienced similar types of perceived discrimination and also had similar reactions to the stressfulness of those events. Contrary to other studies, Asian Americans did not report more peer discrimination than Latinos (Fisher et al., 2000; Rosenbloom & Way, 2004). This is perhaps due to the use of different measures (both qualitative and quantitative) in previous studies or different experiences among primary school versus college youth. As found in other studies, Latino did report feeling like they have been accused of doing something wrong (e.g., stealing, cheating, not doing share of work, or breaking the law) more than Asian Americans. This seems to be the largest difference between these two college samples and suggests the existence of emic or group-specific types of discrimination experiences. The power analysis suggested enough sensitivity to detect small to medium effect sizes, which is reasonable given the exploratory nature of our study. We did not correct for multiple comparisons given the exploratory nature (Perneger, 1998), so our results should be interpreted with caution. However, future studies might explore more subtle differences across groups and use multi-item measures to assess the different

types of discrimination, particularly from peers and surrounding accusations of wrongdoing.

The stress associated with perceived discriminatory experiences also had broad impacts on the mental health status of minority students. This study supported the extant literature suggesting that discrimination negatively influences psychological distress, anxiety, and depression in Asian Americans and Latinos (e.g., Contrada et al., 2001; Lee, 2003; Noh & Kaspar, 2003). Our primary regression analyses speak to the etics or cross-group associations of discrimination with mental health. That is, we controlled for the effects of ethnicity- and socioeconomic status-related variables before investigating the effects of discrimination. This is a common practice, but our etic framework provides a strong theoretical rationale for this statistical practice. The emics or group-specific relations were revealed in the correlation matrix by group and suggest striking etics across groups, with the exception of stronger relations between discrimination and depression and suicidal ideation for Latinos. Again, these possible emic differences are exploratory in nature and should be further explored.

Beyond these oft-studied variables, the results suggest that perceived discrimination also affects mental health outcomes in more and less severe ways. This supports case study research (Heacock, 1990) linking racial discrimination with suicidal behaviors in African Americans and Latinos. The relation between suicidal ideation and discrimination was small, perhaps because of the severity and low base rate of the outcome. Yet, the relation strength was comparable to the relations of suicidal ideation with demographics and ethnicity, and perhaps would not have been detected with less sensitive measures. These results importantly suggest that racial discrimination, like sexual orientation discrimination (Diaz et al., 2001), has suicidal correlates. Furthermore, the finding that retrospective measures of perceived discrimination are related to state anxiety is provocative given that state anxiety is thought to be transient in nature. Perhaps merely recalling past negative events serves as a prompt or prime, stirring up current anxiety levels. This model of state anxiety seems intuitively appealing and should be further explored. These findings importantly suggest that the associations of perceived discrimination reach beyond distress, trait anxiety, and depression in outcomes of varying severity.

Results from this study have a number of practical implications. For example, conducting workshops and support groups that acknowledge the experience of discrimination across many settings with some specific tailoring by group might aid in promoting the value of diversity and cultural acceptance. Reducing discrimination toward minority students is important because they sometimes feel that they are the targets of racial stereotypes and prejudice as well as unfair treatment by faculty, staff, teaching assistants, and other students (Ancis, Sedlacek, & Mohr, 2000).

A limitation of the discrimination literature is that it is difficult to disaggregate perceived versus actual discrimination. However, there is an abundance of literature indicating that the perception of being discriminated against is sufficient to decrease the health and mental health status of ethnic minorities (Jones, 1997; Landrine et al., 2006; Smedley & Smedley, 2005; Utsey, 1998). Although some may question whether minorities may be too sensitive and overreport discriminatory experiences, there is sufficient research to show that minority group members tend to minimize their experiences with discrimination (Crosby, 1984; Ruggiero & Tay-

lor, 1997). Because the pool of participants was likely collectivist, our respondents may have been less likely to perceive racist dispositions in individuals and across situations than would others who tend to make more dispositional attributions and pay less attention to the role of the situation in interpreting behavior (see Choi, Nisbett, & Norenzayan, 1999).

Although the findings from this study add to the existing literature on discrimination and mental health outcomes, a number of limitations deserve mention. First, data were collected on college students who are a select and resilient group, able to overcome barriers, and perhaps have particular coping strategies (see Sanders Thompson, 2006). Although studies suggest no difference between college samples and community samples with the GED (Landrine et al., 2006), caution should be taken in generalizing our results, in particular the mental health associations to nonstudent samples. In addition, there are dozens of distinct Asian and Latino ethnic groups with different backgrounds, generational status, and experiences (Sue & Sue, 2003). Findings from any one study, including this study, may not equally apply to these heterogeneous populations. The terms *Latino* and *Asian American* do not recognize this heterogeneity and may perpetuate stereotypes (Helms, Jernigan, & Mascher, 2005). Third, like most discrimination studies, data were cross-sectional and directionality of effects cannot be certain. For example, it may be that those with poorer mental health may be more prone to perceiving and reporting discrimination. In this study, a composite score for discrimination exposure and stress appraisal was used. Future studies should improve on measurement and data analytic techniques to better ascertain the combined effects of exposure and stress appraisal. Some may argue that participants in an online study may differ qualitatively from non-online participants. Prior research has supported the use of the Internet as an effective means of obtaining data, and has provided support that Internet and traditional methods produce similar findings (Gosling, Vazire, Srivastava, & John, 2004).

Given the heightened sociopolitical pressures against Asian Americans and Latinos, it becomes increasingly important to better understand the discriminatory experience of these groups, outside of the Black-White paradigm. We propose a cultural framework of etics and emics (Triandis, 2007) to help illuminate cross-group versus within-group differences. Our results suggest that the racial discrimination experiences of Latinos and Asian Americans are comparable. Yet, differences in the domain in which discrimination occurs do exist and should be further explored. Furthermore, understanding the negative impact of discrimination on a broad array of mental health outcomes sheds light on the far-reaching implications of this social issue. This study takes a step toward better understanding the complexities and impact of perceived discrimination in Asian American and Latino college students.

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