Fall 2025

South Asian American Experiences of Microaggressions and Wellbeing: The Moderating Role of Social Support

Archita Birla

SOUTH ASIAN AMERICAN EXPERIENCES OF MICROAGGRESSINONS AND WELLBEING: THE MODERATING ROLE OF SOCIAL SUPPORT

by

ARCHITA BIRLA, M.S.

(Under the Direction of Rebekah Estevez)

ABSTRACT

Although the South Asian American community is rapidly expanding in the United States (South Asian Americans Leading Together [SAALT], 2015), there remains a dearth of psychological research regarding the impacts on mental health and wellbeing affecting this diverse community. Racial microaggressions, or verbal or behavioral actions indicating hostile or negative attitudes toward marginalized individuals (Sue et al., 2007), negatively impact People of Color (POC) mental health and wellbeing (Forrest-Bank & Jenson, 2015a; Nadal, Wong, et al., 2015). Some research exists on South Asian American communities and microaggressions (Houshmand et al., 2014; Poolokasingham et al., 2014) but there is limited research using a strengths-based perspective for interventions. This specific study investigates whether social support buffers the effects of racial microaggressions on psychological wellbeing and depressive symptoms in South Asian American populations. The present study aimed to fill that gap. Linear regression moderation analyses were used to analyze the responses of 250 participants who identified as South Asian young adults (18-25). The study serves as an extension on the existing literature which individually discusses microaggressions and social relationships.

INDEX WORDS: South Asian Americans, microaggressions, social support, wellbeing, mental health

SOUTH ASIAN AMERICAN EXPERIENCES OF MICROAGGRESSINONS AND WELLBEING: THE MODERATING ROLE OF SOCIAL SUPPORT

by

ARCHITA BIRLA

B.S., Purdue University, 2020

M.S., Georgia Southern University, 2022

A Dissertation Submitted to the Graduate Faculty of Georgia Southern University

in Partial Fulfillment of the Requirements for the Degree

DOCTOR OF PSYCHOLOGY

COLLEGE OF BEHAVIORAL AND SOCIAL SCIENCES

SOUTH ASIAN AMERICAN EXPERIENCES OF MICROAGGRESSINONS AND WELLBEING: THE MODERATING ROLE OF SOCIAL SUPPORT

by

ARCHITA BIRLA

Major Professor:	Rebekah Estevez
Committee:	Nicolette Rickert
	Karen Naufel

Electronic Version Approved:

May 2024

DEDICATION

For Amma, Baba, Nani, and Nana. Everything I do is for you.

For Gigi – my oldest and bestest friend. Cradle to grave. It would be a deeply lonely life if not for your presence.

AKNOWLEDGEMENTS

First and foremost, to my family. To Mummy and Papa: thank you for encouraging me and supporting me in pursuing my dreams, even when it meant moving across the country (twice!). Your continued acceptance and encouragement of my most authentic self is a gift which so few people get to experience. To Gigi: my twin flame, my other half – I am infinitely lucky to have someone who knows me and loves me as you do. Thank you for holding my heart so tenderly.

I am so appreciative of the incredible friends who teach me the power of community. To Dani girl, you held my hand and never let go. How lucky I am to always have you in my corner. To determined Demora, every version of me loves every version of you. My big feelings are less scary with you. To Appu, Nat, Erica, Christine, and Sakshi who met me when I was young and shy and carried me as I figured out who I was.

I cannot express my gratitude to all my lovers in Statesboro enough. For Sarah – for sending that first email, and the life we have built together. No party is as fun as the drive home with you. For Ellen, who initiated me into Steelers nation, answers the phone when I call, and does their best to love me. I hope I never know life without you. You help me be brave. For Liyah, every in-class text, mid-hang out validation, and post-meeting debrief has kept me sane. Thank you for *getting it* always. For Owen, who is patient and gentle, and encourages my endless questions and pushy probes. To Manasvi: I wished and willed you into my life; I could dance with you forever.

To everyone, everywhere, who trusted my character, took my side, and let me lean my head on their shoulder through the microaggressions of the past four years. It would be a deeply lonely life if not for your presence. To young brown girls who feel lost and alone in the world: I love you most.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1: LITERATURE REVIEW

Statement of the Problem

Although there has been an increase in South Asian American populations in the United States (South Asian Americans Leading Together [SAALT], 2015), there continues to be a dearth of research examining the unique risks and supports regarding positive mental health in this diverse community across both the United States and in Canada (Poolaksingham et al., 2014; Shah & Kandula, 2020). Because South Asian Americans face unique forms of race-based oppression, such as microaggressions and covert racism (Houshmand et al., 2014; Kumar, 2016; Poolokasingham et al., 2014; Srinivasan, 2019), the purpose of the current study is to explore South Asian American's experiences with microaggressions and subsequent impact on mental health from a strengths-based perspective. Specifically, this study will examine the potential moderating role of social support on the relationship between microaggressions and both overall wellbeing (Longo et al., 2018) and depressive symptoms (Radloff, 1977).

Conceptual Framework

The purpose of this study is to explore the impact of racism on mental health and wellbeing in South Asian American communities. In considering South Asian American experiences, and Asian American experiences more broadly, we see repeated and continued experiences of overt discrimination with Asian Americans being characterized as foreign and the target of interpersonal discrimination, racial bias, racial slurs, threats and harassment, violence, and sexual harassment (Ha et al., 2020; McMurty et al., 2019). One specific form of racism that this study will focus on is racial microaggressions. Racial microaggressions encompass covert discrimination that individuals of color experience in their daily lives. They are brief verbal or behavioral instances which denote unwelcome or negative beliefs toward a racial minority

(Spanierman et al., 2021; Sue et al., 2007). Microaggressions have serious impacts on individuals' mental health, and are associated with increased anxiety and depressive symptoms (Blume et al., 2012; Nadal, Griffin, et al., 2014). In this study, I will be exploring the impacts of microaggressions on mental health – concentrating on South Asian American's experiences with depressive symptoms using the CES-D (Radloff, 1977). Further, racial microaggressions are also associated with decreased wellbeing, and are associated with lower self-esteem, greater psychological distress, and reduced self-efficacy among People of Color (Forrest-Bank & Jenson, 2015a; Hurd et al., 2014; Nadal, Wong, et al., 2014). Thus, I will be exploring the association between microaggressions and wellbeing, explored through Longo et al., (2018)'s Short - Scales of General Well-being (14-SGWB) scale asking questions related to happiness, self-worth, and connection.

The South Asian Community

The South Asian community in the United States is a large and diverse population, comprising nearly 5.4 million individuals from the South Asian diaspora including places like India, Pakistan, Bangladesh, Nepal, Sri Lanka, amongst others (SAALT, 2015). The diversity of this community reflects the various countries of origin encompassed, as well as the range in diverse, rich religions (e.g., Buddhism, Hinduism, Christianity, Jainism, Islam, Sikhism, etc.), and languages (e.g., English, Hindi, Bengali, Gujarati, Tamil, Urdu, etc.; SAALT, 2015). The South Asian American diaspora encompasses recent immigrants, who are first-generation, as well as families who have lived in the United States for decades. Despite the growth in the South Asian community in Western countries, there is a fundamental lack of research assessing mental health and psychological wellbeing in this population (Sahi Iyer & Haslam, 2003; Sue et al., 2012; Poolaksingham et al., 2014). For instance, in 2020, the prevalence of any mental illness

amongst Asian Americans was 13.9%, which is lower than the rates of prevalence for Hispanic or Latino populations (18.4%), Black or African American populations (17.3%), and White populations (22.6%; SAMHSA, 2020). However, the limited research on South Asian American populations specifically indicates a lifetime rate of experiencing an anxiety, mood, or substance use disorder of 24.5% (Lee et al., 2015). Taken together, the broad diversity of the South Asian population and the lack of existing research highlights a significant need to understand salient factors that impact South Asian American mental health and wellbeing. Of note, wellbeing is a complex construct, encompassing various themes including happiness, self-worth, competence, and connection (Longo et al., 2018). For the purpose of this study, I will be using the operational definition of wellbeing provided by Longo and colleagues (2018).

Overt vs Covert Discrimination

One identified factor negatively impacting health and wellbeing in communities of color is discrimination. Overt discrimination encompasses intentional and deliberate harm, representative in discriminatory attitudes and/or behaviors toward racial minorities (Elias, 2015). When considering the Asian American community as a whole, the identified instances of overt, structural discrimination outlined here point to a larger history of exclusion. Thus, overt discrimination repeatedly defines Asian American individuals in the United States as foreign, simultaneously ascribing them as model minorities and as enemy groups. In recent years, hate crimes against Asian Americans have increased (Zhang et al., 2021), and Asian American individuals report experiencing interpersonal discrimination, being the target of racial slurs, threats and harassment, violence, and sexual harassment (Ha et al., 2020; McMurty et al., 2019). They also report experiencing discrimination in institutional domains like employment, education, health care, housing, political participation, police encounters, and treatment by the

courts (McMurty et al., 2019; Wang & Santos, 2022). Further, they report anticipation and fear of experiencing discrimination, which results in an avoidance of seeking healthcare or contacting the police and other authority figures (McMurty et al., 2019). In comparison to African American/Black and Hispanic individuals, Asian Americans have a higher chance of being victimized in places where they are not local residents, and have a higher chance of being victimized by non-White offenders (Zhang et al., 2021).

In contrast to overt discrimination, covert discrimination is less obvious and far subtler. It is typically concealed or hidden in nature, which allows enactors of covert discrimination to be ignorant of their own discriminatory actions and to deny discrimination even occurred (Coates, 2011). Research has found that rates of overt, blatant forms of racial discrimination have been decreasing in both intensity and frequency, but covert, hidden forms of racial discrimination have continued to exist and now encompass a large sum of racial discrimination (Wong et al., 2014). These covert instances of racial discrimination and this hidden form of racism has been considered to be increasingly damaging and negative to racial minorities than overtly racial acts (Sue, 2003).

Racial Microaggressions

Racial microaggressions, which are a common and frequent form of covert discrimination individuals of color must navigate in their daily lives, can be defined as brief verbal or behavioral actions which indicate hostile or generally negative attitudes toward an individual who is part of a marginalized group (Spanierman et al., 2021; Sue et al., 2007). Microaggressions can appear in the form of microinsults (e.g., emphasizing that the values and communication styles of People of Color are abnormal), microassaults (e.g., mocking or degrading jokes about People of Color), and microinvalidations (e.g., emphasizing individuals who are visibly racial or

ethnic minorities as foreigners and distinctly not American). Because many White individuals equate racism with explicit, overt acts of racism, they tend to take a color blind perspective - that is, believing and asserting that race does not play a role, or plays a very minor role in one's success in life, and denying one's individual perpetuation of racism (Cox, 2022; Sue et al., 2007). The color blindness theory is an approach to race which believes racial differences should not and do not need to be considered when making decisions, forming impressions, or acting on certain behaviors. For example, White individuals will often proclaim, "I don't see race" and will often avoid discussing an individual's race. Further, individuals who emphasize a color blindness perspective tend to display greater degrees of overt and covert racial bias and have increased endorsement of anti-Black prejudice (Apfelbaum et al., 2012; Plaut et al., 2018; Yi et al., 2023). However, the extant literature shows that microaggressions are shockingly common (Cénat et al., 2022; Douds & Hot, 2020; Kogan et al., 2022; Sudal et al., 2021). A recent study on Black American experiences shows Black Americans adolescents experience, on average, 5.21 experiences of racial discrimination per day (English et al., 2020). This continual and constant experience of microaggressions is pervasive, with 35% of Asian Americans reporting experiencing microaggressions (McMurty et al., 2019). So far, there appears to be no existing research examining South Asian American specific rates of experiencing microaggressions. Given the prevalence of racial microaggressions in general, it is imperative to determine the impact on South Asian Americans' mental health and wellbeing.

Racial Microaggressions and Risks to Mental Wellbeing

Extensive research has established a negative association between POC individuals' experiences of racial microaggressions and poorer mental health and general wellbeing, focusing largely on the experiences of Black and Latino/a/x communities (Harris et al., 2018; Priest et al.,

2013). Regarding risks for mental illness, racial microaggressions have been associated with increased anxiety, alcohol use, depressive symptoms, symptoms of post-traumatic stress disorder, and suicidal ideation (Blume et al., 2012; Hollingsworth et al., 2017; Nadal et al., 2014b; Williams et al., 2018;). Racial microaggressions are also associated with lower self-esteem, greater psychological distress, and reduced self-efficacy among POC individuals broadly (Forrest-Bank & Jenson, 2015b; Hurd et al., 2014; Nadal, Wong, et al., 2014) and Asian Americans specifically (Gee et al., 2009; Lee, 2003). The experience of microaggressions is associated with increased physical symptoms and negative emotions in Asian Americans, as well as increased risk for diabetes, breathing problems, and glycemic control (Gee et al., 2009; Ong et al., 2013). Taken together, initial research indicates racial microaggressions have significant and severe impacts on BIPOC psychological wellbeing and general mental health. However, given the majority of the research on microaggressions has focused on the experience of Black American and Latinx communities (Gallo, 2016), further research is needed to clarify the impacts of microaggressions on South Asian Americans wellbeing, and examine protective factors.

South Asians' Unique Experience with Racism in the US

Asian American populations broadly are often overlooked by the White majority, who assume Asian/Asian American individuals, alongside other individuals with marginalized identities, experience little or no racism in their daily lives. For example, in a study by Wang and Kleiner (2001), 80 to 90% of White students on a college campus did not perceive prejudice or discrimination toward Asian, Black, or other minority status individuals. However, about 80 to 90% of Asian and Black students saw themselves as potential targets of discrimination (Wang & Kleiner, 2001). This pattern is consistent with other data indicating White Americans generally

do not perceive or recognize racial discrimination both as a broad construct and in daily life, which POC routinely experience (Unzueta & Lowery, 2008; Wise, 2009). For example, in reaction to President Obama's election, one White journalist stated "One promise of his victory is that perhaps we can put to rest the myth of racism as a barrier to achievement in this splendid country" (Wall Street Journal, 2008, p. 2). This declarative statement uses President Obama's presidential win as evidence racism does not exist, or if it does, it does not hinder BIPOC's achievements. The statement speaks to a larger tendency of viewing racism as isolated, individual acts and a failure to recognize racism in social structures.

In considering the social structures which perpetuate racism, we can trace discrimination against Asian individuals in the United States to the early 1800s, when enslaved Chinese individuals who were shipped to California to dig in gold mines were called insulting names and excluded from naturalization laws (Wang & Kleiner, 2001). In the late 1800s, Japanese individuals received similar treatment, and were classified as part of the "Mongolian race" and subsequently excluded from naturalization as well. As a result of this, individuals were unable to vote, serve in juries, and own land. More recently, in 1940, the US government issued the Alien Registration Act, explicitly classifying Korean individuals as "enemy aliens."

South Asians as a group began immigrating to the United States in the late 1800s, primarily from India, Punjab, and Bengal (South Asian American Digital Archive, 2022). Early South Asian immigrants experienced structural and social barriers. For instance, in 1923, the Supreme Court case of United States vs. Bhagat Singh Thind ruled that South Asians were ineligible for naturalization. This ruling blocked South Asians from gaining citizenship and revoked citizenship status from individuals who had already obtained it (South Asian American Digital Archive, n.d.). From 1975-1993, a hate group called the 'Dotbusters' in Jersey City, New

Jersey perpetrated hate crimes against South Asians, often but not exclusively targeting Indian women (Gutierrez, 1996). Former President Richard Nixon described Indian women as the "most unattractive women in the world", and categorized Indians as "sexless" and "pathetic", in a declassified White House tape (Roy, 2020).

Conversely, since the 1960s, Asian individuals have also been portrayed as the “model minority,” or individuals who are able to achieve success in American society despite their minority status (Shih et al., 2019; Wang & Kleiner, 2001). This status as a model minority has been used to repeatedly pit Asian Americans broadly against other non-White, individuals of color, as it distinguishes Asian Americans as having been able to achieve success due to their hard work and emphasis on education, as opposed to relying on government programs (Lee & Kyle, 2016; Wang & Kleiner, 2001). Although this statement appears positive, it emphasizes underlying beliefs of Asian Americans as foreign, and that there is little discrimination for minoritized individuals to experience in the US. Further, it posits minoritized individuals and immigrants who have been unable to experience success have not worked hard enough and promotes hostility between communities of color (McGowan & Lindgren, 2006).

Additionally, this statement is a falsehood as it misrepresents the Asian American community as a monolith of upper-middle-class individuals, when the community encompasses a wide diaspora of individuals from a range of class differences. Although the median wealth for Asian American families in 2013 was around $91,440, half of all Asian-American income is represented by the top 20% of Asian-Americans (AAPI Data, 2015 & Center for Household Financial Stability, 2015). This indicates that a substantial portion of Asian Americans have moderate to high incomes. But in contrast the bottom 40% of Asian-Americans' income only represents 13% of the group income, with an average income of $23,744 in the lowest SES strata

(AAPI Data, 2015 & Center for Household Financial Stability, 2015). Thus, for Asian American families, the odds are 1 in 8 that they have less than $1,000 in accumulated wealth (Center for Household Financial Stability, 2015). Additionally, around 10% of all Asian Americans live in poverty, but there is discrepancy amongst Asian origin groups. For example, Bangladeshi Americans have a poverty rate of 19% compared to Indian Americans who have a poverty rate of only 6% (Budiman & Guiz, 2001).

Thus, we see financially that a large spectrum exists of privilege and wealth amongst the South Asian American community. This research highlights the faults of the model minority myth, showing the ways in which the model minority myth does not represent South Asian American experiences. Relatedly, work and class-related stereotypes against South Asians come in two broad categories. Firstly, South Asians may be stereotyped as coming from working class backgrounds with typical professions of owning a convenience store, driving a taxi car, or running a motel. Individuals in this category are thought to be stingy with money and decidedly foreign (Baipai, 2020; Viswanathan & Vernachio, 2021). The second category South Asians are often stereotyped in is the one of an intelligent, individual who is a doctor or engineer, and is generally unattractive and awkward (Baipai, 2020; The Asian American Man Study, n.d).

Asian American Experiences of Microaggressions

Due to the limited information on South Asian American experiences of microaggressions, I first looked into the experiences of Asian Americans as a whole. Asian Americans broadly often fall privy to microaggressions in the context of the model-minority myth, and racial color-blindness theories, as mentioned previously. This experience of microaggressions is also marked by more overt themes of “yellow peril,” in which Asian Americans are characterized as foreign invaders, who are uncivilized and inferior to White

individuals (Del Visco, 2017). This viewpoint perceives Asian immigrants as filthy and disease-ridden, and has serious implications for anti-Asian perceptions and violence (Cho, 2021). For example, research has found that the Department of Justice disproportionately charges Asian American individuals with espionage, with a significant number of charges later being dropped without explanation (Kim, 2018 as cited in Li & Nicholson, 2021). This anti-Asian rhetoric has increased in the COVID-19 pandemic, with Asian populations reporting increased COVID-19 related stigma related to perceived race and ethnicity (Chen et al., 2020; Gutierrez et al., 2022; Kantamneni, 2020). Specific themes of microaggressions commonly reported by Asian Americans include emphasis of Asian Americans being foreigners (e.g., "You speak such great English," "Where are you really from?"), stereotyping all Asian Americans as excelling in subjects like math and science, exoticizing and fetishizing Asian women, assuming all Asian Americans are the same (e.g., presuming all Asian Americans look alike or have the same cultural background), disregarding differences in culture and communications styles, which can be seen behaviorally with Asian individuals being treated as lesser in comparison to White individuals, being treated negatively or suspiciously in public, and being excluded from discussions of racism (Lee & Waters, 2021; Poolaksingham et al., 2014; Sue et al., 2007; Willaims & Martin-Willet, 2021; Yan et al., 2022).

South Asians specifically note experiencing microaggressions with various themes, including being excluded and avoided (e.g., being avoided by White individuals in social settings), being perceived as "Fresh Off the Boat" (e.g., assuming individuals only recently immigrated and do not conform to societal norms, even if they were born in the United States), and ridiculed for their accent (Houshmand et al., 2014; Kumar, 2016; Manejwala & Abu-Ras, 2019; Poolokasingham et al., 2014; Srinivasan, 2019). Further, individuals are often rendered as

invisible, have assumptions of personality (e.g., assuming all South Asians are incredibly studious and do not enjoy social activities), are expected to be a cultural expert (e.g., assuming South Asians should be informing others about their culture and/or speak on racial issues). South Asians also report being told their names are too complicated or should be anglicized and face assumptions of ties to terrorism. Taken together, we see that despite the model minority myth and the limited research on their experiences, South Asian Americans do experience recurrent microaggressions.

Social Support and the Stress Buffering Hypothesis

In considering the experiences of South Asian Americans with microaggressions and discrimination, it is beneficial to consider the role of protective factors that may mitigate this negative association. The stress-buffering hypothesis, as originally proposed by Cohen and Willis (1985) suggests the negative association between life stressors and poorer psychological wellbeing is moderated by social support. Specifically, having higher social support may buffer the negative impacts of stress on wellbeing (Cohen & Wills, 1985; Gellert et al., 2016; Wellman & Guila, 2018).

Acute Stressors

After experiencing acute, threatening events, individuals are likely to turn to family and friends. Relying on social support and engaging in social affiliation allows better adjustment to these acute stressors, and protects or 'buffers' against negative mental and physical health consequences (Bavik et al., 2020; Cohen & McKay, 2020; Dalgard & Tambs, 2007; Taylor, 2007). Research shows that even acute economic stress, such as loss of access to adequate food, clothing, and transportation, is associated with higher depressive symptoms – but individuals who have higher social support endorse lower depressive symptoms, in both African American

and White women (Ennis et al., 2000). The benefits of social support are seen in adolescence as well; negative life events have a significantly stronger impact on adolescent boys when social support is low, and the lasting impacts of these negative life events is higher when there is lower perceived social support from parents (Ystgaard, 1999). Further, more recent research has found that perceived social support buffers the impact of COVID-19 related anxiety on psychological health (Szkody et al., 2021), moderates the impact of natural disaster exposure on depression (McGuire et al., 2018), and is a reported effective coping mechanism following outbreaks like Ebola and COVID-19 (James et al., 2019; Labrague, 2021; Xu et al, 2020). Taken together, we see the stress-buffering hypothesis having significant impacts for acute stressors, and social support serving as a positive buffer following negative life events.

A limitation of the stress-buffering hypothesis is that the model was originally conceptualized with acute stressors, and thus less is known about whether social support buffers the effects of chronic stressors. Chronic stressors are ongoing, recurrent events which put continuous demands on an individual's resources and can negatively impact wellbeing. Examples of chronic stress can include low socioeconomic status, chronic illness, and marital conflict (Bates et al., 2021; Cohen & Wills, 1985; Lupien et al., 2018). These stressors are often typically associated with poverty and/or role strain, and may put demands on areas of family, marriage, parenting, work, mental and physical health, and housing (Schetter & Dolbier, 2011). Defining environmental stressors, and what is stressful, is dependent on the perception of lived experiences. However, most measures and research on negative life events include questions related to episodic or acute problems with marital partners or children, financial difficulties, work troubles, unemployment, and legal problems (Cohen & Willis, 1985; Kuhn & Brulé, 2019; Monroe, 2008; Prizmić et al., 2020).

Chronic Stressors

In addition to buffering the effect of acute stressors, a smattering of studies demonstrate support for the stress buffering hypothesis for chronic stressors (Guo et al., 2023; Lepore, 1997; Wade-Bohleber et al., 2020). These studies indicate that the presence of a strong social support system when facing chronic stressors (e.g., poverty, unhappiness in a romantic relationship, work dissatisfaction, caregiving, and chronic illness) is associated with decreased psychological distress, job strain, and depression and increased wellbeing (Lee & Waters, 2021; Malone Beach & Zarit, 1995; Maguire et al., 2021; Shields, 1994). More recent research has found that social support plays a key role as a protective factor in the prevention of burnout syndrome for nurses (Velando-Soriano et al., 2020), buffers the impact of caregiving related stressors (Lök & Bademli, 2021; Ong et al., 2018), and moderates death anxiety and fear of pain for individuals with chronic kidney failure (Khodarahimi et al., 2021). In contrast, other studies have found limited benefits of social support for chronic stressors or have failed to find a continued buffering effect (Moskowitz et al., 2013). Specifically, one study found high perceived social support was associated with decreased psychological distress, but this buffering effect disappeared after eight months – potentially indicating the chronic nature of the stressor eventually overrides the benefits social support can provide (Hobfoll, 1985; Lepore et al., 1991). One interpretation of this finding is that there is not much family, friends, and other individuals who encompass a support system can do when one is experiencing chronic stress due to factors like racism, economic inequalities, or discrimination – as these issues are perceived as reflecting societal stressors. As such, the role of the individuals in support systems becomes primarily to

provide supports like companionship and sympathy (Bailey et al., 1994; Mishra, 2020; Valentine & Shipherd, 2018).

For individuals who have strong perceived social support, chronic stressors may feel less debilitating, due to the pervasive and continued compassion these individuals have – despite continued, draining life difficulties. This perception of decreased debilitation may likely be associated with decreased mental health symptoms, and increased quality of life, in comparison to individuals who do not perceive strong social support networks (Bailey et al., 1994). Thus, while initial research indicates potential benefits of social support on chronic stressors, findings may be mixed when considering intersectional aspects of identity, like poverty, systemic oppression, and racial microaggressions (Brondolo et al., 2009).

Social Support and Microaggressions

Social support can broadly be considered by the perception and experience that an individual both is and feels loved and supported through their social network. This experience of social support is marked by a sense of being valued, and may involve mutual support, assistance, and other acts of kinship (Wills, 1991 as cited in Friedman, 2011). Individuals can experience social support in a variety of settings and ways, through friendship, parents, romantic partners, community settings, and extended family to name a few. It may also be defined as tangible (financial support) or intangiable (emotional support) assistance and protection given to others (Langford et al., 1997). Research shows that social support serves as a protective factor for depressive symptoms, suicidal ideation, and alcohol usage (Fredrick et al., 2018; Gariépy et al., 2016; Lechner et al., 2020). For the purposes of this study, social support will be measured through support received from family, friends, and a romantic partner.

For communities of color, experiencing daily, recurrent microaggressions is an established source of chronic stress (Torres & Taknint., 2015). Initial studies to examine whether social support buffers the effects of chronic stressors in the form of microaggressions and discrimination among communities of color have been encouraging, and current research recommends seeking social support as a microintervention for coping with racial microaggressions (Sue et al., 2019). A majority of the research examining the stress buffering hypothesis is limited as it focuses predominantly on measuring the absence of symptoms (e.g., depression, anxiety), with less exploration on the stress-buffering hypothesis' role in positive psychology outcomes like wellbeing, meaning in life, or flourishing. In African American youth who experience community violence and neighborhood inequities, parental and friend support buffer the impacts of these stressors on depressive symptoms, such that individuals who reported higher levels of parental and friend support had decreased depressive symptoms (McMahon et al., 2013). Further, in African American women, specifically tailored support for racial discrimination (support which directly addresses and focuses on racial discrimination; e.g., "There is someone I can really count on to help me deal with a racial incident") been found to buffer the negative relation between experiences of discrimination and depression (Seawell et al., 2014). Broadly speaking, recent research indicates that social support serves as a protective factor in buffering the negative impacts of discrimination on psychological distress (Ajrouch et al., 2010; Falak & Safdar, 2020), depressive symptoms (Chou, 2012), health and wellbeing.

Concerning the Asian community, social support appears to serve a critical role. A recent study found that Canadian Asian college students seek out community and solidarity for support following experiences of racial microaggressions, indicating an emphasis on peer support (Houshmand & Spanierman, 2021). Specifically, this utilization of peer support may be relevant

when individuals share lived experiences of microaggressions with members who also possess marginalized identities. Recent research examining the role of social support in moderating negative impacts of racial discrimination for Asian Americans found that social support served as a significant buffer against online racial discrimination, for individuals who had moderate to high external locus of control – when individuals had increased external locus of control and increased social support they reported decreased psychological distress (Lu & Wang, 2021). Taken together, we see that social support appears to be valuable to BIPOC communities broadly, and the Asian American community more specifically.

Social Support in South Asian American Communities

To date, only one known study has examined the role of social support for buffering the effects of microaggressions amongst Asian American adults. Results from Lee and Waters' (2021) study indicated that experiences of racial discrimination were associated with depressive and physical symptoms among all individuals with low levels of social support, but this association was not seen for individuals who reported high social support. However, these effects were not comprehensive, as social support did not buffer participants who experience more discrimination from higher anxiety and sleep difficulties (Lee & Waters, 2021). While this research on immigrant and Asian American experiences is valuable in building our understanding, it is limited in its focus on Asians and Asian Americans or immigrants as a whole, neglecting the unique identity-based experiences of South Asian Americans. Further, this study focused primarily on clinical and health related data, and examines negative, survival-based outcomes, without examining whether the buffering effect extends to flourishing, positive outcomes, like psychological wellbeing.

Among South Asian Americans, the social buffering hypothesis may be particularly relevant for understanding their psychological wellbeing and depressive symptoms, in response to racial microaggressions, due to the cultural emphasis on social support. Social support is central to the South Asian American community, particularly amongst first generation immigrants who emphasize collectivism and maintenance of group identity (Kandula et al., 2018). Indeed, South Asians indicate that social support is of high importance, and tend to view themselves as an integral part of a community, emphasizing connectedness and social interdependence within their aforementioned community (Ahmed & Lemaku, 2009; Banerjee, 2008). Indeed, social support from family, friends, and significant others is inversely correlated with depression, anxiety, and stress amongst South Asians (Tonsing et al., 2012). Among immigrants, higher social support is associated with lower rates of mental health disorders (Puyat., 2013). In initial research with Asian American immigrants, high family social support is associated with lower levels of psychological distress, and friend social support buffers the association of discrimination and psychological distress (Singh et al., 2015). As such, there is initial evidence that social support may buffer the negative impacts of racial microaggressions in communities of color, and specifically Asian Americans, but there has been minimal research done on these effects for South Asian Americans.

Young Adulthood and the Impact of Social-Level Stressors on Mental Health

For the current study, I specifically focus on the young adult population, as emerging adulthood is a developmentally sensitive period involving life transitions, academic and social stressors, and identity exploration, and is thus associated with heightened risk for psychological distress (Henin & Berman, 2016; Wood et al., 2018). Further, young adulthood captures a unique time period, as it is the first time for many people, in which individuals leave parental homes and

neighborhoods, and venture out on their own (Midgette & Mulvey, 2021). Currently, young adults who are in this transitional period face far less institutional, policy, and programmatic level support – from local, state, and national levels (Bonnie et al., 2015; Settersten & Ray, 2010). Alongside broader challenges that all young adults experience, there are unique factors that contribute to South Asian American young adult's experience. Namely, South Asian Americans may experience acculturative stress, as they navigate the differences between American and South Asian culture, values, and beliefs which may impact mental health, intergenerational and cultural expectations, academic expectation conflict, and family dynamics (Islam et al., 2017; Sharma et al., 2020). Additionally, recent research indicates that BIPOC young adults experience frequent microaggressions, and that these experiences have negative impacts on mental health symptoms, like post-traumatic stress and depression (Auguste et al., 2021). Summatively, young adulthood is a sensitive time period in development, associated with unique challenges and experiences.

BIPOC's Experience with Rurality

One important intersectional aspect of BIPOC individual's lived experience that impacts mental health is the consideration of geographic region, and specifically, rurality. Due to the lack of research on South Asian American populations broadly, there does not appear to be any research examining the unique experiences of South Asian Americans, or even Asian Americans broadly, regarding rurality and wellbeing. Thus, in considering South Asian American experiences of rurality, I will explore the extant literature regarding broadly BIPOC experiences living in rural areas. Dominant narratives of rurality tend to focus on White experiences, discounting the unique experiences of BIPOC individuals (Avashia, 2022). In rural areas, BIPOC populations generally have worse health outcomes, and decreased access to care, in comparison

to White populations (James et al., 2017; Zahnd et al., 2021). BIPOC individuals report having anxiety about living and working in rural areas, stating the lack of diversity makes you "[stick] out like a sore thumb sometimes" and can contribute to a sense of feeling very "aware" of your racial/ethnic identity (Cedeño et al., 2023, p. 4). Individuals in rural, predominantly White spaces report frequent feelings of racial isolation, feeling "othered", gaslighting, microaggresions, and/or feeling highly visible and thus feeling uneasy (Cedeño et al., 2023; Devadoss, 2023).

On the other hand, rural areas are becoming increasingly racially and ethnically diverse, and more than 20% of rural folk are BIPOC (Kozhimanil & Henning-Smith, 2018; Lichter, 2012). Individuals living in rural areas may experience intersectional challenges of racial/ethnic minority status, poverty, decreased access to healthcare, with limited resources (in comparison to those living in urban areas) to navigate these experiences (James et al., 2017; Snipp, 1996). However, living in rural areas may create a greater emphasis on cohesion and community, serving as a protective and resilience factor for children and adults in such spaces (Berkel et al., 2009; Devadoss, 2023; McAdoo, 2002). Refugees who hold BIPOC identities noted benefits of living in rural areas like community support, affordability, and a strong sense of safety and security. However, they also noted experiences of discrimination, limitations in cultural resources and community engagement, and difficulty in securing employment (Ziersch et al., 2020). Thus, this study will explore the proportion of South Asian Americans living in rural vs. urban areas, and determine the ways in which South Asian American emerging adults navigate the experiences of microaggressions in various geographic settings.

Current Study

The current study is one of the first studies to investigate the role of social support in buffering the impact of racial microaggressions on mental health (measured with depression symptoms) and wellbeing in South Asian Americans.

Study Goals

This project has three primary aims. Firstly, is to report the experiences of different types of microaggressions that uniquely South Asian American young adults are facing. Second, is to build on the existing literature which has individually examined microaggressions, social support, and wellbeing, by analyzing these constructs in one moderation model, looking specifically in the South Asian American population. Lastly, the third goal is to explore differences between experiences of South Asian Americans in rural vs non-rural areas. While this study has a few specific hypotheses, it is primarily exploratory, due to the understudied nature of this area of research.

Study Questions and Hypotheses

Aim 1: Explore the experiences of different types of racial microaggressions that South Asian American young adults face.

- 1A: Report the average experiences of different subtypes of racial microaggressions that South Asian American young adults face.

Aim 2: Replicate the main effect of microaggressions and social support on depression and wellbeing.

- 2A: I hypothesized higher levels of microaggressions are associated with higher levels of depressive symptoms and lower wellbeing.
- 2B: I anticipated that higher levels of social support are associated with lower levels of depressive symptoms and higher wellbeing.

Aim 3: Extend the stress buffering hypothesis to determine whether social support moderates the link between racial microaggressions and wellbeing/depressive symptoms in South Asian individuals.

- 3A: Social support moderates the effects of racial microaggressions on depression. Thus, I hypothesized that amongst people with lower social support, higher levels of racial microaggressions will predict higher depressive symptoms, such that there would be a strong positive association between racial microaggressions and current depressive symptoms. People with higher social support will report lower depressive symptoms overall. Thus, I anticipated that there would be a modest positive association between racial microaggressions and depressive symptoms, such that individuals with higher levels of social support would report decreased depressive symptoms.
- 3B: Social support moderates the effects of racial microaggressions on wellbeing. Thus, I hypothesized that amongst people with lower social support, higher levels of racial microaggressions would predict lower levels of wellbeing, such that I would see a strong negative association between racial microaggressions and current wellbeing. People with higher social support will report higher wellbeing overall. Thus, I anticipated that there would be a modest positive association between racial microaggressions and wellbeing, such that individuals with higher levels of social support would report increased wellbeing.

Aim 4: Examine whether the rates of racial microaggressions differ according to rurality.

- Due to the lack of research on South Asian American experiences in rurality, it would be premature to make specific hypotheses about differences in rural vs. non-rural experiences. Thus, I explored the question of rurality by comparing the experiences of individuals in rural, urban, and suburban areas.

CHAPTER 2: METHODS

Participants

South Asian American young adults were recruited for this study through Amazon Mechanical Turk (MTurk) the online research platform, Prolific, and through social media recruitment. To enroll in the study, participants had to meet inclusion criteria of: (a) self-identifying as South Asian, (b) currently living in the United States, (c) reported age between 18-25, and the (d) capacity to read English. Assurance that participants met inclusion criteria was met by asking participant to select "yes" or "no" if they met inclusion criteria. Demographic information about the sample is reported below and in Table 1. The aim was to recruit a minimum of 250 participants for 80% power, expecting that at least 20% of participants would not complete the survey or their participation would result in unusable data. This was based on an a priori power analysis of effect sizes in peer reviewed publications (e.g., Lee & Waters, 2021), using G*power analysis of a linear multiple regression, with fixed module, R^2 increase. Of the 227 participants who were enrolled in the study at the time of dissertation data collection, eight were excluded because they exited the study early, three participants were excluded because they stated not to keep their data, and nine were excluded because they were over the age of 25. All participants passed the data quality checks embedded in the study instrument. Thus, the final data set was a total participant sample of 207. All analyses were conducted using SPSS using software's in-built listwise deletion feature, ensuring full data for analyses conducted.

Participants ranged in age from 18-25 (M = 21.99, SD = 2.11). In terms of gender identity, the majority of participants identified as cisgender woman (n = 111). Additionally, 82 identified as cisgender men, one as a transgender man, one as a transgender woman, and five as

non-binary or gender non-conforming. Four participants preferred not to share their gender identity, and three elected to self-describe their gender (one person described themself as “male heterosexual” and two described themselves as “male”).

To better understand participants’ experiences, and to be mindful that the South Asian American community is not a monolith, further demographic data on participants’ racial and ethnic backgrounds was collected. The majority of participants identified their country of origin as India (*n* = 128), 34 as Pakistan, 23 as Bangladesh, two as Sri Lanka, and one as Nepal. 12 participants elected to self-describe their country of origin. Of these participants, four individuals entered Philippines, three entered Vietnam, two entered Thailand, one individual stated US, one individual stated Dominican Republic, one stated Chinese, and one stated Hmong. Data from participants who indicated that their country of origin fell outside of South Asia was included, as individuals may self-identify as South Asian due to racial/ethnic identity, family background, cultural connection, differences in immigration and relocation, and unique lived experiences. Additionally, seven individuals selected multiple options. Two individuals selected India/Pakistan, one selected Bangladesh/India, and one selected Bangladesh/Nepal. Finally, three participants selected “Other” in combination with other listed countries of origin. One individual selected India/Other, one entered India/Fiji, and one entered Pakistan/Kashmir.

To assess rurality, participants were asked: “*How would you describe the geographical region of the area you were raised in/currently live in?*” Forced choice response options included rural, suburban, and urban. Table 1 provides a detailed summary of demographic data including additional characteristics assessed.

Table 1

Demographic Characteristics of the Retained Sample

Variable	Frequency	Percentage
Country of Origin		
Bangladesh	23	11.1%
India	128	61.8%
Pakistan	34	16.4%
Nepal	1	0.5%
Sri Lanka	2	1%
Other	12	5.8%
Gender Identity		
Cisgender Woman	111	53.6%
Cisgender Man	82	39.6%
Transgender Woman	1	0.5%
Transgender man	1	0.5%
Non-binary/gender non-confirming	5	2.4%
Prefer not to say	4	1.9%
Prefer to self describe	3	1.4%
Religion		
Agnostic	34	16.4%
Atheist	10	4.8%
Buddhist	5	2.4%
Christian	15	7.2%
Hindu	62	30.0%
Jain	4	1.9%
Sikh	5	2.4%
Muslim	52	25.1%
Prefer not to respond	7	3.4%
Nothing in particular	7	3.4%
A better descriptor not listed above	6	2.9%
Geographic Description of Childhood Area		
Rural	9	4.3%
Suburban	167	80.7%
Urban	30	14.5%
Geographic Description of Current Area		
Rural	12	5.8%
Suburban	131	63.3%
Urban	64	30.9%

Variable	Frequency	Percentage
Generation Status		
I was not born in the United States	33	15.9%
I was born in the U.S., and both of my parents were born in another country	163	78.7%
I was born in the U.S., one parent was born in the U.S., and the other parent was born in another country	9	4.3%
I was born in the U.S., both parents were born in the U.S., and at least one grandparent was born in another country	1	0.5%
Other	1	0.5%
Education Level		
Junior (grade 11)	2	1%
Senior (grade 12)	1	0.5%
High school graduate	23	11.1%
Some college	66	31.9%
Graduated with a two-year college degree	4	1.9%
Graduated with a four-year college degree	101	48.8%
Post graduate	10	4.8%
Employment Status		
Employed full time	52	25.1%
Employed part time	18	8.7%
Self-employed	1	0.5%
Out of work, and have been for 1 year or more	4	1.9%
Out of work, and have been for less than 1 year	7	3.4%
Student	78	37.7%

Measures

Participants responded to a demographic questionnaire, the Racial and Ethnic Microaggressions Scale (REMS; Nadal, 2011) to assess their experiences of microaggressions, the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) regarding their social support, the Short-General Well-Being (14-SGWB; Longo et al., 2018) to assess wellbeing, and the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) to assess depression symptoms.

Demographics

Participants completed a demographic form designed to assess basic information such as age, gender identity, ethnic identity, education level, religion, and employment status. Additionally, rurality was assessed by asking participants to describe their childhood and current area as rural, suburban, and urban.

Microaggressions

The Racial and Ethnic Microaggressions Scale (REMS) contains 45-items, distributed across six subscales describing six types of microaggressions experienced People of Color: Assumptions of Inferiority (α = 0.86; Nadal, 2011); Second-Class Citizen and Assumptions of Criminality (α = 0.82; Nadal, 2011); Microinvalidations (α = 0.79; Nadal, 2011); Exoticization/Assumptions of Similarity (α = 0.72; Nadal, 2011); Environmental Microaggressions (α = 0.77; Nadal, 2011), and Workplace and School Microaggressions (α = 0.75; Nadal, 2011). Participants rate items (e.g., "*I was told that people of color do not experience racism anymore*") by indicating how often they experienced a microaggression in the previous six months on a five-point Likert scale, (0 = none of the time, 5 = all of the time). Items are scored by averaging participants' responses for each subscale, as well as an overall sum. A higher score means increased experiences of microaggressions, a lower score means fewer experiences of microaggressions. The REMS has demonstrated strong internal reliability within each subscale (α range: .78—.87) and as a strong overall measure (α = .88) in communities of color (Nadal, 2011). Additionally, the REMS has been used in a wide range of ethnic and racial populations, including Asian, Latinx, Black, and multiracial groups (Lee & Waters, 2021; Nadal, Wong, et al., 2014; Nadal, Griffin, et al., 2014; Nadal et al., 2015; Nadal et al., 2022; Sanchez et

al., 2018). In the current study, the REMS demonstrated strong internal consistency (α = .94). Additionally, all of the REMS subscales had strong internal consistency (α = 0.77 – 0.92).

Social Support

Social support was measured using the MSPSS (Zimet et al., 1988), which contains 12 items, and 3 subscales. The three subscales assess different domains of social support, and per Zimet et al., (1988) each have strong reported internal reliability: Significant Other (α = .91; Zimet et al., 1988), Family (α = .87; Zimet et al., 1988), and Friends (α = .85). Additionally, the total scale has a reported Cronbach's coefficient alpha of .88. Further, the MSPSS has strong test-retest reliability determined at 2-3 month follow-ups, with subscales at .72, .85, and .75, respectively. The overall scale also had strong reported test-retest reliability, at .85. Further, the overall scale has been found to be negatively correlated with depression and anxiety related measures (Zimet et al., 1988). Participants answer various questions about their social support (e.g., "I can talk about my problems with my friends"), and rate their satisfaction and agreement with the statement using a seven point, Likert rating scale (1 = *strongly disagree*, 7 = *very strongly agree*). Items are scored by summing up all the scores and dividing by 12 to determine a mean score. A higher score means greater levels of perceived social support, a lower score means decreased levels of perceived support. Importantly, the MSPSS has been used in a wide range of ethnic and racial populations, including Asian, Latinx, and Black individuals (Lee & Waters, 2021; Lee et al., 2018; Kim & Dee, 2018; Stevens-Watkins et al., 2018). In the current study, the MSPSS demonstrated strong internal consistency (α = .89). The subscales had strong internal consistency as well in the current study: Significant Other (α = .95), Family (α = .88), and Friends (α = .91).

Psychological Wellbeing

Psychological wellbeing was measured using the 14-SGWB (Longo et al., 2018). This 14-item scale was developed as a short form to the Scales of General Well-Being (SGWB), 65-item measure (Longo et al., 2017). Participants rate how true each statement is regarding their overall life experiences (e.g., "*I feel close and connected to the people around me*"), on a 5-point Likert-type scale, ranging from "not at all true" to "very true". Responses are scored by adding the total number of points and averaging them. Higher scores mean greater levels of wellbeing and lower scores mean decreased levels of wellbeing. The 14-item scale appears to have good psychometric properties, just like the original SGWB (Longo et al., 2018). In a validation study in the development of the scale, the internal consistency of the 14-item scale (measured using McDonald's omega hierarchical coefficient) was 0.86 (Longo et al., 2018). Further research using the 14-SGWB has reported a Cronbach's alpha of 0.91, indicating high internal consistency reliability (Holland et al., 2021). Additionally, scores between the 14-SGWB and the 65-SGWB strongly correlate (r = 0.96; Longo et al., 2018). Due to the recent development of the 14-SGWB, the scale has limited use in extant literature. However, it has been used in Palestinian populations, (Bdier & Mahamid, 2021), and both translated and original English language version have been used in Indian populations (Sahni et al., 2021; Singh & Bandyopadhyay, 2021). In the current study, the 14-SGWB demonstrated strong internal consistency (α = .94).

Depressive Symptoms

Depressive symptoms were assessed using Radloff (1977)'s CES-D, for which participants answer questions based on Diagnostic and Statistical Manual of Mental Health Disorders (DSM) criteria. Participants begin by reading the prompt "*Please read each question carefully, then indicate one of the numbers to the right to indicate how you felt or behaved*

during the past week, including today", and then answer 20 statements including " *I felt that everything I did was an effort*" on a Likert scale ranging from 0-3: "0" (*rarely or none of the time*, "1" (*some or a little of the time*), "2" (*moderately or much of the time*), and "3" (*most or nearly all of the time*). The CES-D is scored by summing all answers (total scores can range from 0-60). Depression severity may be determined based on the participant's total score, and categorized as none/not depressed (0-9), mildly depressed 10-15), moderately depressed (16-24), and severely depressed (more than 25 points). A score of 16 is considered the cut-off for identifying depression. For the purposes of this study, depressive symptoms were categorized continuously. The CES-D has demonstrated strong internal consistency ($\alpha = .90$), as well as strong test-retest reliability (.51-.67) based on 2-8 weeks between original and re-test dates (Radloff, 1977). Further, Receiver Operating Characteristic (ROC) Curve Analysis indicated that the measure has good discrimination in identifying individuals with and without major depression (Kumar et al., 2018). The CES-D has been used in a variety of populations, including Asian Americans, Latinx, Black/African Americans (Cosco et al., 2017; Huynh et al., 2022; Lee & Waters, 2021; Ruiz et al., 2022) and has been previously used in South Asian American populations specifically (Roy et al., 2022). In the current study, the CES-D demonstrated strong internal consistency ($\alpha = .92$).

Procedure

Participants for this study were recruited from Mturk, Prolific, and social media. The study was described to participants as a study examining the role of racial discrimination on South Asian Americans' mental health, both in the recruitment advertisement as well as on the loading page of the study. Once at the survey page via Qualtrics, participants were shown an electronic informed consent that provided information on the purposes of the study, time length,

compensation information, resources for support, protection of participant data, and potential risks and benefits for participating in the study. Those who wished to continue participating indicated consent by clicking on an "I give my consent to participate" button, which led them to the next page. Participants who did not click "I give my consent to participate" were sent to the "End of Survey" screen and no data was collected. Once informed consent was obtained, participants were asked to complete a preliminary demographics question asking about their country of origin. Then, they completed self-report measures on microaggressions, social support, psychological wellbeing, and depressive symptoms. Throughout the survey, there were four validity check questions (e.g., "Please mark "strongly disagree" to denote you have read this") to ensure data quality. Finally, participants answered further demographic information about their age, gender identity, rural status, income, generational status, and education level. After completing the measures, participants were debriefed about the nature and purpose of the study via written material that appeared on screen following completion of the survey. This debriefing material included information on coping skills and national crisis response resources in case of emotional activation due to the survey questions. Participants who completed the survey through Mturk or Prolific received $2.80 in equivalent credit, and participants who completed the study through social media recruitment were not compensated. Compensation was manually approved to each participant who successfully passed at least two of the four attention checks.

CHAPTER 3: RESULTS

Primary Analyses

The primary purpose of this research was to better understand the impact of racial microaggressions on South Asian American young adults. All analyses utilized SPSS's built-in listwise deletion feature, ensuring analyses were conducted with participants who had full data. Thus, if participants did not fully complete a scale their data was not included. Analyses were run with lower power then needed per a prior power analysis, but for the purposes of this dissertation, analyses were run with insufficient power. Descriptive statistics indicated that the REMS subscales of Environmental Microaggressions (M = 3.74, SD = 0.81) and Exoticization/Assumptions of Similarity (M = 1.60, SD = 1.01) had the highest averages of endorsement by participants. Conversely, the Assumptions of Inferiority subscale had the lowest scores of endorsement by participants (M = 0.50, SD = 0.69). Table 2 provides further information on each of the REMS subscales.

Table 2

Means and Standard Deviations of Study Variables and REMS Subscales

Variables	*M*	*SD*
Social Support	4.95	1.00
Depressive Symptoms	1.10	0.55
Wellbeing	3.17	0.87
Microaggressions	1.29	0.58
Microaggressions Subscales		
Assumptions of Inferiority	0.50	0.69
Second-Class Citizen and Assumptions of Criminality	0.57	0.71
Microinvalidations	0.90	0.94
Exoticization/Assumptions of Similarity	1.60	1.01
Environmental Microaggressions	3.74	0.81
Workplace and School Microaggressions	0.58	0.63

** Social support = 1-7, Depressive Symptoms = 0-4, Wellbeing = 1-5, Microaggressions = 0-5

Bivariate Correlations

To examine the relation between the study's main variables, bivariate correlations were conducted. Table 3 highlights the relation between microaggressions, social support, wellbeing, and depressive symptoms. As expected, microaggressions was positively associated with depressive symptoms ($r = 0.32$, $p < 0.001$). Additionally, as expected, social support was positively associated with wellbeing ($r = 0.58$, $p < 0.001$). Social support was also negatively associated with depressive symptoms ($r = -0.43$, $p < 0.001$). These correlations were consistent with the hypotheses of the study. Wellbeing was also negatively associated with depressive symptoms, indicating that higher levels of wellbeing were associated with decreased depressive symptoms ($r = -0.63$, $p < 0.001$). However, the data did not indicate that there was a statistically significant negative association between microaggressions and wellbeing or microaggressions and social support, which was inconsistent with the study hypothesis.

Table 3

Correlation Matrix for the Study's Main Variables

Variables	1	2	3	4
1. Microaggressions	--	-0.09	-0.04	.32***
2. Social Support	--	--	.58***	-.43***
3. Wellbeing	--	--	--	-0.63***
4. Depressive Symptoms	--	--	--	--

Note: ** $p < 0.01$; *** $p < 0.001$

Moderation

To further understand the relation between the study's main variables of microaggressions, social support, wellbeing, and depressive symptoms, a series of moderation models were conducted. All models were analyzed using PROCESS macro (Darlington & Hayes, 2016). In the first regression model, microaggressions served as the focal predictor, social support as the moderator, and depressive symptoms as the outcome variable. These statistics are

presented in Table 3. I hypothesized that social support would moderate the relation between microaggressions and depressive symptoms, such that those with higher levels of social support would report lower depressive symptoms compared to participants with lower levels of social support. The model explored the main and interactive effects for microaggressions and social support on depressive symptoms. In total, the main and interactive effects accounted for 26.6% of the variance in depressive symptom scores, $F(3, 165) = 19.94$, $p < 0.001$. Within the model, the main effect for social support ($b = -0.20$, $p < 0.05$) was statistically significant. However, the main effect for microaggressions ($b = 0.35$, $p = 0.35$) was not statistically significant. At the multivariate level, the microaggressions x social support interaction ($b = -0.01$, $p = 0.85$) was non-significant. Summatively, this pattern of scores suggest that social support does not moderate the relation between microaggressions and depressive symptoms amongst South Asian American young adults.

Table 4

Regressions Statistics of Microaggressions and Social Support on Depressive Symptoms

Variable	*b*	Std. Error	*t*	*p*	LLCI	ULCI
Constant	1.76	0.51	3.50	0.0006	0.76	2.76
Microaggressions	0.35	0.37	0.94	0.35	-0.38	1.07
Social Support	-0.20	0.10	-2.10	0.04	-0.40	-0.01
Interaction Effect	-0.01	0.07	-0.20	0.85	-0.20	0.13

In the second regression model analyzed with PROCESS macro (Darlington & Hayes, 2016), microaggressions served as the focal predictor, social support as the moderator, and wellbeing as the outcome variable. These statistics are presented in Table 4. I hypothesized that social support would moderate the relation between microaggressions and wellbeing, such that those with higher levels of social support would report increased wellbeing compared to participants with lower levels of social support. The model highlighted the main and interactive

effects for microaggressions and social support on wellbeing. In total, the main and interactive effects accounted for 36% of the variance in wellbeing, $F(3, 169) = 32.19$, $p < 0.001$. Within the model, the main effect for social support ($b = 0.63$, $p < 0.0001$) was statistically significant. However, the main effect for microaggressions ($b = 0.49$, $p = 0.35$) was not statistically significant. At the multivariate level, the microaggressions x social support interaction ($b = -0.10$, $p = 0.34$) was non-significant. Thus, this pattern of scores suggest that social support does not moderate the relation between microaggressions and wellbeing amongst South Asian American young adults.

Table 5

Regressions Statistics of Microaggressions and Social Support on Wellbeing

Variable	*b*	Std. Error	*t*	*p*	LLCI	ULCI
Constant	0.005	0.73	0.0073	0.99	-1.43	1.44
Microaggressions	0.49	0.52	0.93	0.35	-0.55	1.52
Social Support	0.63	0.14	4.51	0.0001	0.35	0.91
Microaggressions X Social Support	-0.98	0.10	-0.96	0.34	-0.30	0.10

Exploratory Analysis

The original plan to assess participants' microaggression experiences and rurality was to utilize an ANOVA analysis. However, due to a very limited sample of participants who identified that they either were raised in a rural area or currently live in a rural area, there were not large enough groups to assess the implications of rurality in the originally anticipated ways. Because I was unable to utilize inferential statistics, I used descriptive statistics to better understand the data (see Table 5). In analyzing the data by comparing the rurality of where individuals where they currently live, we see that individuals who live in rural areas reported a higher average of microaggressions ($M = 1.50$, $SD = 0.53$), than those in both suburban and urban areas, however it is unknown if this is a statistically significant difference. Additionally, we see that individuals

who lived in urban areas reported a higher average of microaggressions (*M* = 1.43, *SD* = 0.68) then those in suburban areas (*M* = 1.20, *SD* = 0.51).

Table 6

Descriptive Statistics of Current Rurality

Variable	M	SD
Rural (n = 12)		
REMS	1.50	0.53
SS	5.00	0.60
WB	3.40	0.82
CES-D	1.24	0.64
Suburban (n =131)		
REMS	1.20	0.51
SS	4.90	0.95
WB	3.16	0.88
CES-D	1.10	0.54
Urban (n = 64)		
REMS	1.43	0.68
SS	4.98	1.14
WB	3.13	0.86
CES-D	1.10	0.56

** Social support = 1-7, Depressive Symptoms = 0-4, Wellbeing = 1-5, Microaggressions = 0-5

Because there were insufficient participants who reported living in rural areas, an independent samples t-test was conducted to compare experiences of microaggressions in suburban versus urban areas. Levene's test for equality of variances revealed that equal variances were not assumed ($F = 5.17$, $p = 0.024$). The analysis indicated that there was a statistically significant difference in experiences of microaggressions for individuals living in suburban (*M* = 1.20, *SD* = 0.51) compared to those living in urban areas (*M* = 1.43, *SD* = 0.68), such that individuals in urban areas reported higher levels of microaggressions, $t(93.1) = -2.25$, $p < 0.05$.

CHAPTER 4: DISCUSSION

Summary of Study

The aim of this study was to explore the unique experiences of South Asian American emerging adults in relation to mental health and psychological wellbeing in light of racial microaggression experiences. Due to the lack of current literature on this topic with this population, the current study was primarily exploratory in nature. Thus, the study evaluated the association between microaggressions and social support, to better understand South Asian American experiences of wellbeing and depressive symptoms. The findings of this study can better support South Asian American young adults in both therapeutic and non-therapeutic settings, through mental health providers, community leaders, and educators. Notably, by understanding the role of social support in facilitating South Asian American wellbeing in the context of discrimination and microaggressions, we can better promote culturally based healing.

The study research questions were: 1) What are the unique experiences regarding the types of microaggressions that South Asian American emerging adults experience? 2a) Is there a positive association between microaggressions and depressive symptoms in South Asian Americans? 2b) Is there a negative association between microaggressions and wellbeing in South Asian Americans? 3a) Is there a negative association between social support and depressive symptoms in South Asian Americans? 3b) Is there a positive association between social support and wellbeing in South Asian Americans? 4) Does social support moderate the relation between microaggressions and depressive symptoms, 5) Does social support moderate the relation between microaggressions and wellbeing?, and 6) What are the experiences of microaggressions in South Asian Americans across rural, urban, and suburban areas?

This chapter will discuss the findings presented in the results section, highlight

significant themes found in the data, evaluate the strengths and weaknesses of the current study methodology, and discuss key implications for researchers and providers that support South Asian American wellbeing. Due to the limited literature exploring South Asian American experiences related to discrimination, microaggressions, and mental health, I will be drawing on some of the literature that was previously discussed in the literature review. Additionally, I will be drawing on literature pertaining to Asian American and POC communities across various ages due to the limited extant literature pertaining to South Asian American emerging adults' experiences of microaggressions and mental health. Importantly, the findings of the current study are with a sample size that is below that of the identified threshold from the a priori power analysis. Thus, the findings of this study will be discussed in context with the extant literature for the purposes of this dissertation, but findings as a whole should be interpreted with caution.

Summary of Findings

Aim 1: Exploring types of microaggressions

To evaluate the unique experiences of microaggressions that South Asian American young adults experience, descriptive statistics were used to evaluate the highest and lowest reported subtype of microaggressions that the participants reported. The utilization of this subscale analysis is relevant, as it indicates which types of microaggressions South Asian American emerging adults in the sample typically experience as the REMS subscales of Environmental Microaggressions (M = 3.74, SD = 0.81) and Exoticization/Assumptions of Similarity (M = 1.60, SD = 1.01) had the highest averages of endorsement by participants. Conversely, the Assumptions of Inferiority subscale had the lowest scores of endorsement by participants (M = 0.50, SD = 0.69).

Turning first to the Environmental Microaggressions subscale of the REMS, this subscale assesses perceived and actual representation of racial/ethnic minority individuals. Examples include representation across magazines, television, professional settings, and in positions of power (Nadal, 2011). The findings of this study indicate that the participants perceived minimal representation of their racial/ethnic minority group across various settings. This finding is in alignment with the extant literature. Notably, this is the only subscale for which participants' average rating is higher than the midpoint of the REMS scale, indicating a relatively high score. Additionally, it is relatively higher than the overall mean of the REMS entire scale (M = 1.29) endorsed by participants.

While South Asian Americans make up a significant proportion of the US population, representation of South Asians continues to be limited. In both the general domain, as well as in considering South Asian representation in the context of Asian representation, we see few and far between representations of South Asian people across film, television, and other media sources (Sharma, 2011; Fahad Ali, 2021). Further, the representation that we do see of South Asian Americans exists in limited, stereotypical ways (e.g., Raj in Big Bang Theory, in a terrorist archetype, as a cab driver), and research shows that South Asian individuals find these representations to be negative and harmful (Jiwani, 1992; Bardhan, 2011; Thakore, 2014; Muffuletto, 2018). Further, participants in Muffuletto (2018) noted that the media representation of South Asians impact what other individuals think about their ethnic group and the participant as an individual in a damaging way. Overall, we see limited representation of South Asian individuals in popular media (Thakore, 2013), and we see a need for increased research on South Asian representation in other areas. The current study indicates that South Asian Americans do not feel represented both in media as well as in work, school, and social settings.

Next, the Exoticization/Assumptions of Similarity subscale assess microaggressions that stereotype, objectify, and/or "other" individuals (Nadal, 2011). Examples include assuming that individuals spoke a language other than English, perceiving that all members of a racial/ethnic group look like, or doubting that individuals were born in the United States. It is important to note that while this scale had the second highest elevations of all of the REMS subscales, the average endorsement of microaggression falls below the midpoint of the REMS. Thus, this score is still relatively low when comparing to the full potential of the REMS. Additionally, when comparing this subscale to the overall scale, we see that the Exoticization/Assumptions of Similarity (M = 1.60) subscale is somewhat higher than the overall mean of the full scale (M = 1.29).

The current study's findings pertaining to this subscale map onto previous research that indicates that South Asians in American and Canadian media are stereotyped to all be the same (Houshmand et al., 2014; Muffuletto, 2018), and that South Asian women in particular are often fetishized (Durham, 2001). Additionally, research conducted in the UK found that South Asians are often questioned on their citizenship/nationality (Henry, 2003). It is important to note that elevations on the Environmental Microaggressions subscale and the Exocticization/Assumptions of Similarity subscale may be related, as stereotypes about South Asian Americans are often reinforced through representation in television or films. Thus, it is possible that both subscale elevations indicate that individuals simultaneously reported a lack of positive representation in their environment, and that suggestions or implications of similarity are seen in their environment.

In contrast, the Assumptions of Inferiority subscale had the lowest endorsement by this South Asian American emerging adult sample. When considering previous research on South

Asian American experiences, and Asian American experiences more broadly, we see the model minority myth as a key aspect of the microaggressions that individuals experience. In the model minority myth, there are inherent presumptions of being a "model citizen" – having a higher paying job, living in a wealthy neighborhood, and contributing to society (Mudambi, 2019; Shams, 2020) which contrast directly to the Assumptions of Inferiority subscale, in which higher ratings indicate microaggressions that question an individual's intelligence, achievements, and educational level (Nadal, 2011). Thus, it makes sense that participants would not endorse these items highly, given the unique beliefs and norms that inform microaggressions against South Asian Americans.

Overall, these findings indicate that South Asian Americans emerging adults do indeed experience microaggressions and begin to provide insight into the unique types of microaggressions they more frequently experience. Additionally, the findings highlight the need for broad, diverse South Asian representation across television, movies, magazines, and in government settings. Further, the findings indicate the importance of further research, to better understand these experiences, particularly when considering intersectional experiences of gender, sexual identity, and age. Other research on South Asian individuals in Canada found that individuals reported discrimination in the context of cultural insensitivity and lack of consideration (Maiter & Stalker, 2011), which might be explored in South Asian communities in the US. Further, it might be especially important for a measure to be created that specifically measures the unique microaggression experiences of South Asian American individuals, as the finding regarding the Assumptions of Inferiority scale points to distinct experiences of microaggressions related to the model minority myth. Thus, microaggressions toward South Asian Americans may be distinct to those toward other BIPOC populations (e.g., Black and

Latinx individuals). So, creating or utilizing a measure that is tailored to either Asian American or South Asian American experiences may provide a clearer and more nuanced understanding of the microaggressions that this community experiences.

Aim 2: Exploring correlations.

To examine the relation between microaggressions, social support, depressive symptoms, and wellbeing, bivariate correlations were conducted.

As expected, microaggressions and depressive symptoms were positively correlated, which is consistent with previous literature that has highlighted this association in BIPOC populations broadly (Anderson et al., 2022; Choi et al., 2021; O'Keefe et al., 2015). To my knowledge, this study is the first to examine this relation in a South Asian American sample. Thus, future research should continue to examine this relation and explore the association between microaggressions and other mental health symptoms, such as anxiety, that have also been demonstrated to be an outcome of microaggressions in the extant literature with BIPOC communities (Blume et al., 2012; Kogan et al., 2022). Future research may also benefit from exploring other contributing factors in the relation between microaggressions and depressive symptoms, such as internalized racism, which have been explored with the broader BIPOC communities (Viswanathan & Vernachio, 2021). Another factor to consider is the role of the model-minority myth. For young adults who feel they are not living up to the model-minority myth (e.g., achieving success in a way that is expected by their community), there may be an increased experience of pressure and negative self-talk (Daga & Raval, 2018).

Contrary to study hypotheses, microaggressions were not negatively correlated with wellbeing. This finding contrasts with previous literature which reports that increased microaggressions are associated with decreased levels of wellbeing in Asian American

populations (Kim et al., 2017). However, Yan et al., (2022) found that microaggressions did not have a statistically significant association with psychological wellbeing in Asian American populations. The potentially conflicting findings in the extant literature, reflected in this study's findings, may be because wellbeing as a construct is not clearly defined, and so previous literature that has found there to be a significant correlation between the two variables may define wellbeing in the context of mental health constructs like depression and self-esteem (Helm, 2013). Other research has examined wellbeing broadly, considering mental health symptoms, physical health, and sleep (Choi et al., 2022), or considered it within the context of psychological distress (Forrest-Bank & Cuellar, 2018). Our findings, as well as Yan et al., (2022)'s finding highlights the need for further, in-depth research on psychological wellbeing, as it is a complex and nuanced construct. Future research should explore this relationship further, perhaps by exploring detailed indices of wellbeing through qualitative inquiry in order to better understand how South Asian Americans understand and perceive their wellbeing, and to understand other contributing factors to wellbeing. Additionally, there may be value in constructing a measure of wellbeing that is specifically designed for South Asian individuals. It is possible that the current measure of wellbeing represents White, Western ideas, and may not be an accurate construct of wellbeing for South Asians. Thus, there could be great utility into developing a measure of wellbeing that takes into account the unique cultural factors, impacts, definitions, and viewpoints of wellbeing in this community.

As expected, social support and depressive symptoms were negatively correlated, such that increased social support was associated with decreased depressive symptoms. This finding is consistent with previous literature that has highlighted this association in Western populations (Gariépy et al., 2016; Grey et al., 2020). Additionally, as expected, social support and wellbeing

were positively correlated, such that increased social support was associated with increased wellbeing, also in alignment with previous literature done on international South Asian American college students, as well as college students in the UK (Daga, 2016; Alsubaie et al., 2019).

Taken together, the current study builds on the existing literature that highlights the crucial role of social support in promoting mental health and wellbeing, particularly in the South Asian American community. This link may be particularly relevant for South Asian young adults' whose cultural values of collectivism and interdependence contrast with cultural expectations in Western countries that emerging adults build independence and distance themselves from their families of origin (Syed & Mitchell, 2013). However, South Asian young adults may also experience internal conflict, as the contrasting norms American vs. South Asian culture may result in an experience of pressure or internal invalidation, that individuals are decidedly "not adults" unless they have fully cut ties with their family. As this study is exploratory in nature, further research should continue to explore the role of social support amongst South Asians, building greater understanding of this community. Specifically, future research should explore various aspects of social support, such as the role of community organizations, faith-based spaces, and mentorship, to further detail areas of social support that are more helpful than others (Yeh & Wang, 2000). Additionally, future research may benefit from exploring other culturally based protective factors that can be utilized in areas of clinical service (Sharma et al., 2020; Shaligram et al., 2022). These include family and friends, community interventions, religious and spiritual beliefs, utilizing natural or herbal remedies, and encouraging a sense of belonging and identity.

Aim 3: Social Support as a Moderator

To better understand the relation between the study variables, I examined the interaction between South Asian American's experiences of microaggressions and social support, to account for variation in depressive symptoms and wellbeing scores. These results revealed a non-significant moderating effect. That is, social support did not moderate the relation between microaggressions and depressive symptoms. Additionally, social support did not moderate the relation between microaggressions and wellbeing. These findings are inconsistent with Lee & Waters (2021) who found that in Asian Americans, social support buffered against the impact of discrimination on depressive symptoms but did not find the buffering effect when examining anxiety symptoms or physical symptoms. These findings are also inconsistent with other research which reported a moderating role of perceived social support in the association of perceived discrimination and subjective wellbeing (Hashemi et al., 2021).

It is unknown why social support did not moderate the relation between microaggressions and depression, nor microaggressions and wellbeing, as hypothesized. However, there may be a few reasons why I did not see a significant interaction effect occur. For instance, social support may not have served in a moderating role due to the scale used to assess social support in this study. This study utilized the MSPP (Zimet et al., 1988) which assesses social support in the domains of family, friends, and a significant other. However, the "significant other" support is assessed by asking participants to rate support from a "special person." It is possible that there may be uncertainty from participants about what or who this is assessing, particularly for individuals who are not in romantic relationships or who may consider their best friend to be their "special person". Future studies should clarify within the study questions which dimensions of social support are being assessed.

Another reason for why I did not see an interaction effect may be due to the broadness of the MSPP (Zimet et al., 1988). The MSPP assesses social support in a general sense, asking participants to rate how supported they feel in various relationships. However, it is possible that participants may rate high levels of social support in a general sense and not specifically their use of social support in the context of *discriminatory* experiences. For example, individuals may feel hesitant to discuss their experiences of microaggressions with friends who hold differing racial/ethnic backgrounds, as microaggressions often occur within the context of cross-race friendships (Skadegård, 2017) and increased cross-ethnic friendships have been shown to exacerbate the effect of discrimination on depressive symptoms and general life satisfaction, as shown in Danish and German populations. (Brenick et al., 2018). Thus, participants may not feel comfortable discussing experiences of microaggressions and discrimination in these relationships. Further, it is possible that friends and romantic partners may serve as a source of microaggressions (Douglass et al., 2016 as cited in Brenick et al., 2018). Another consideration as highlighted by Daga and Raval (2018) is the impact of parental messages to young adults. Notably, this study found that South Asian parents may provide messages to their emerging adult children about racial inequalities and emphasis on one's own community with the intent of protecting and educating their children. However, these messages may result in the opposite, resulting in young adults distancing themselves from friends and avenues of social support. To better understand the role of social support, future research should utilize a targeted social support assessment – asking about perceived support and coping in the context of microaggressions.

Aim 4: Exploring Rural Differences

To better understand the experiences of South Asian Americans across various geographic areas, descriptive statistics were primarily used. Due to the lack of research that examines South Asian American experiences broadly, and in rural vs. non-rural areas specifically, these data were collected and examined in an exploratory manner. In comparing experiences descriptively, individuals in rural areas reported the highest average of microaggressions, then those in suburban areas, and lastly those in urban areas. These findings map onto previous research in which BIPOC living in White, rural areas. For instance, BIPOC participants reported experiencing hostile behavior, and feeling overlooked and ignored in the broader community in rural areas (Foster et al., 2023). However, the statistical significance of these differences is unknown, due to the limited population representation of South Asian Americans currently living in rural areas. To better assess the impact of geography on microaggressive experiences in South Asian Americans, future studies could benefit from utilizing targeted sampling, and attempting to reach participants in areas that are more rural.

Further, because there was a large enough number of participants currently living in suburban and urban areas in the current study sample, these data were analyzed using an independent samples t-test. Findings indicate that participants in urban areas reported statistically greater microaggressions than those in suburban areas. This may be because of greater population density in urban areas, as urban and suburban areas have experienced increased population growth then rural areas (Parker et al., 2018). Further, urban areas are more ethnically and racially diverse than both suburban and rural areas, meaning that individuals may be more likely to interact with individuals with differing identities in urban areas. Additionally, immigrants are more likely to live in major, metropolitan urban areas as opposed to suburban or

rural areas, and while not all South Asian Americans are immigrants, 75% are (SAALT, 2015). However, this finding contrasts with previous research with some BIPOC communities. For instance, African American primary caregivers in suburban areas reported increased microaggressions then in urban or rural areas (Stokes et al., 2020). Additionally, Black educators reported frequent experiences of isolation, stereotyping, and microaggressions in suburban vs. urban areas (Walker-Anderson, 2020). However, other research on racial microaggressions in college populations found no differences in frequency of microaggressions across location regarding rural, suburban, or urban areas in African American populations (Young-Jones et al., 2020). Thus, findings appear to be mixed, potentially depending on the particular minority community studied, as well as the potentially the types of microaggressions studied. To better understand how experiences of rurality may impact lived experiences of microaggressions in South Asian Americans, future research should endeavor to be more specific in assessing participant's rurality status. Future research may also benefit from asking targeted qualitative questions to understand the unique experiences of South Asian Americans across geographic location.

Limitations and Future Directions

In addition to the low power due to reduced sample size, the current study has a few important limitations that are noteworthy in understanding and interpreting findings. Firstly, it is important to note that I sampled from three different platforms (Mturk, Prolific, and social media). Thus, it is possible that individuals from each sampling method are fundamentally different in a way that I could not account for within the data. Notably, social media recruitment is often skewed to represent a more privileged sample, and participants who were sampled through social media recruitment may have significantly different experiences from those who

completed the study through online survey platforms of Mturk and Prolific (Hargittai, 2020). Therefore, this detracts from the generalizability of the data, and future studies should evaluate how data on the primary variables may vary as a function of sampling platform.

Additionally, it is important to note that the entire study was conducted through an online platform using self-report measures. Previous research has established that self-report measures can be skewed in the accuracy of their reporting due to factors such as social desirability bias (Fisher & Katz., 2000; Reisinger, 2022). Notably, participants may have overreported their levels of social support and wellbeing because of this bias. Further, it is important to consider the role of stigma in interpreting results. Specifically, South Asian American individuals report high levels of stigma surrounding mental health and mental health treatment, which could contribute to underreporting of depressive symptoms (Loya et al., 2010; Karasz et al., 2019). Relevant to the current study, research done in the UK found that this stigma does not solely impact older generations of South Asians; it is highly present in emerging adults as well (Uddin, 2017). As a result, the overall accuracy of the data may have been impacted, reducing the overall relation amongst study variables of microaggressions, social support, wellbeing, and depressive symptoms. In the future, it may be beneficial to utilize observable or behavioral measures of study variables to increase study accuracy.

Thirdly, it may be valuable to conduct this research in a more nuanced way. In considering the demographics of both this population as a whole and in this study specifically, there is diversity across gender, sexual identity, religious identity, and immigration status, among other demographic variables. Previous research shows that individuals often experience microaggressions that are based on multiple identities (Nadal, Davidoff, et al., 2015). Thus, participants in this study may have experienced microaggressions that are based on their

intersectional identity (e.g., a Muslim South Asian woman may experience microaggressions that both target her religious and gender identity). Because this study was assessing only experiences of racial microaggressions, it may not have fully assessed participant experiences of discrimination and microaggressions. Thus, it may be beneficial for future research to include questions that ask targeted questions about religious microaggressions alongside racial/ethnic microaggressions, or future research could ask broader questions about microaggressions to encompass identities more intersectionally.

Another limitation to consider is the use of the 1997 version of the CES-D as opposed to the revised version, as it is not updated to reflect DSM-5 diagnostic criteria. Thus, elevations on the CES-D indicate depressive symptoms using an older, somewhat outdated method of assessment. Finally, it is important to note the design of the study and data as a limitation. In this study, data was collected in a correlational and cross-sectional way. Because of this, I was unable to make inferences about causality in assessing the relation between study variables. In the future, research should be conducted in an experimental way. Additionally, it may be beneficial to conduct this research in a longitudinal fashion. Notably, the REMS assesses microaggressions over a six-month period, but the CES-D assesses depressive symptoms over the past two weeks. Thus, longitudinal data provide a more accurate estimate of the association between these variables.

Implications

This research has important clinical implications to help support South Asian American wellbeing through mental health providers, educators, friends, and community spaces. Notably, microaggressions were correlated with depressive symptoms in my sample, indicating that South Asian Americans with higher levels of microaggressions are more likely to report higher levels of

depressive symptoms. Thus, future research should focus on potential moderators that can exist to reduce this association, above and beyond the hypothesized social support. Additionally, it is important to focus clinical research on how mental health providers can support South Asian Americans who are experiencing microaggressions. Clinical research should explore interventions that can be used to externalize experiences of discrimination, and the usability of these interventions for South Asians. It is important to consider potential adaptations that may be needed to adjust existing interventions to be useful and meaningful for this population.

The research also found that social support was positively correlated with wellbeing and that social support was negatively correlated with depression. This highlights the vital role of social support in promoting wellness amongst South Asian Americans. Future research should further analyze this correlation, examining key dimensions of social support that specifically benefit this community. Clinically, this finding highlights a potential intervention that providers can use to support mental health in and outside of therapy settings. That is, interventions that target boosting social connection and close relationships may be particularly key for South Asian Americans. Providers may be able to better support clients by building skills and encouraging leaning on close relationships of friends, family, or romantic partners and by building skills to develop these relationships if clients do not report the presence of these relationships. Notably, these interventions may benefit from utilizing culturally connected areas of social support, to better tailor interventions to this community.

Conclusion

The purpose of this study was to explore the experiences of South Asian Americans in relation to microaggressions, social support, depressive symptoms, and wellbeing. Primarily, the study aimed to examine the moderating role of social support in the association between

microaggressions and depressive symptoms, and microaggressions and wellbeing. The study findings indicated that South Asian Americans experience more frequent microaggressions in the context of Environmental Microaggressions and Exoticization/Assumptions of Similarity. The data indicated correlations in the expected direction for microaggressions and depression, social support and wellbeing, and social support and depression. Contrary to study hypotheses, there was not a statistically significant association between microaggressions and wellbeing, and social support did not serve the relationship between microaggressions and depressive symptoms or microaggressions and wellbeing. This study is notable in that it adds to the limited existing literature which explores uniquely South Asian American experiences with mental health and microaggressions. It provides valuable information on the types of microaggressions that South Asian Americans experience, and emphasizes the need for continued research that further focuses on wellbeing of this population. The findings of this study should be interpreted with caution, as data was analyzed with insufficient participants based on a priori power analyses. Future research should continue to explore unique experiences of South Asian Americans, focusing on culturally competent assessment of psychological constructs like social support and wellbeing.

REFERENCES

AAPI Data. (2015, March 17.). Share of Total Income by Quintiles, 2013 [Infographic]. AAPI Data. http://aapidata.com/infographic-income-inequality/

Adedeji, A., Olonisakin, T.T., Metzner, F., Buchcik, J., Tsabedze, W., Boehnke, K., & Idemudia, E.S. (2023). Interpreting Microaggression as a Determinant of Wellbeing. *Journal of Racial and Ethnic Health Disparities, 10*(5), 2470–2481. https://doi.org/10.1007/s40615-022-01426-z

Ajrouch, K. J., Reisine, S., Lim, S., Sohn, W., & Ismail, A. (2010). Perceived everyday discrimination and psychological distress: does social support matter?. *Ethnicity & health*, *15*(4), 417-434. https://doi.org/10.1080/13557858.2010.484050

Ahmed, S. M., & Lemkau, J. P. (2000). Cultural issues in the primary care of South Asians. *Journal of immigrant health*, *2*(2), 89-96. https://doi.org/10.1023/A:1009585918590

Alsubaie, M. M., Stain, H. J., Webster, L. A. D., & Wadman, R. (2019). The role of sources of social support on depression and quality of life for university students. *International Journal of Adolescence and Youth*, *24*(4), 484-496. https://doi.org/10.1080/02673843.2019.1568887

American Psychological Association. (2022, January). *Suicide Among Asian Americans: Myths about suicides amongst Asian Americans* [Fact sheet]. https://www.apa.org/pi/oema/resources/ethnicity-health/asian-american/suicide#:~:text=Myth%3A%20Asian%20Americans%20have%20higher,than%20other%20racial%2Fethnic%20groups

Améredia. (n.d). *Indian American Demographics (South Asian).* https://ameredia.com/resources/demographics/south_asian.html

Anderson, N., Lett, E., Asabor, E. N., Hernandez, A. L., Nguemeni Tiako, M. J., Johnson, C., ... & Boatright, D. (2022). The association of microaggressions with depressive symptoms and institutional satisfaction among a national cohort of medical students. *Journal of general internal medicine, 37*(2), 298-307. https://doi.org/10.1007/s11606-021-06786-6

Apfelbaum, E. P., & Norton, M.I, & Sommers, S.R. (2012). "Racial Color Blindness: Emergence, practice, and implications." *Current directions in psychological Science, 21(3),* 205-209. https://doi.org/10.1177/0963721411434980

Auguste, E. E., Cruise, K. R., & Jimenez, M. C. (2021). The effects of microaggressions on depression in young adults of color: Investigating the impact of traumatic event exposures and trauma reactions. *Journal of traumatic stress*, *34*(5), 985-994. https://doi.org/10.1002/jts.22675

Avashia, N. (2022). *Another Appalachia: Coming Up Queer and Indian in a Mountain Place*. West Virginia University Press.

Bailey, D., Wolfe, D. M., & Wolfe, C. R. (1994). With a little help from our friends: Social support as a source of well-being and of copying with stress. *J. Soc. & Soc. Welfare, 21*, 127. https://doi.org/10.15453/0191-5096.2137

Bajpai, L. M. (2020). *India, Sri Lanka and the SAARC Region: History, Popular Culture and Heritage*. Taylor & Francis.

Banerjee, S. (2008). Dimensions of Indian culture, core cultural values and marketing implications: An analysis. *Cross Cultural Management: An International Journal, 15*(4), 367-378. https://doi.org/10.1108/13527600810914157

Bardhan, N. (2011). Slumdog Millionaire Meets “India Shining”: (Trans)national Narrations of Identity in South Asian Diaspora. *Journal of International and Intercultural Communication, 4*(1), 42-61. https://doi.org/10.1080/17513057.2010.533785

Bates, R. A., Ford, J. L., Jiang, H., Pickler, R., Justice, L. M., Dynia, J. M., & Ssekayombya, P. (2021). Sociodemographics and chronic stress in mother–toddler dyads living in poverty. *Developmental psychobiology*, *63*(6), e22179. https://doi.org/10.1002/dev.22179

Bavik, Y. L., Shaw, J. D., & Wang, X. H. (2020). Social support: Multidisciplinary review, synthesis, and future agenda. *Academy of Management Annals*, *14*(2), 726-758. https://doi.org/10.5465/annals.2016.0148

Bdier, D., & Mahamid, F. A. (2021). The association between gender-based violence, wellbeing, and mental health outcomes among Palestinian women. *Journal of Concurrent Disorders, 3*(3), 87-104. https://doi.org/10.54127/FXMG3412

Berkel, C., Murry, V. M., Hurt, T. R., Chen, Y. F., Brody, G. H., Simons, R. L., Cutrona, C., & Gibbons, F. X. (2009). It takes a village: Protecting rural African American youth in the context of racism. *Journal of youth and adolescence*, *38*, 175-188. https://doi.org/10.1007/s10964-008-9346-z

Blume, A. W., Lovato, L. V., Thyken, B. N., & Denny, N. (2012). The relationship of microaggressions with alcohol use and anxiety among ethnic minority college students in a historically White institution. *Cultural diversity and ethnic minority psychology*, *18*(1), 45. https://doi.org/10.1037/a0025457

Brenick, A., Schachner, M. K., & Jugert, P. (2018). Help or hindrance? Minority versus majority cross-ethnic friendships altering discrimination experiences. *Journal of Applied Developmental Psychology, 59*, 26-35. https://doi.org/10.1016/j.appdev.2018.04.006

Brondolo, E., Brady ver Halen, N., Pencille, M., Beatty, D., & Contrada, R. J. (2009). Coping with racism: A selective review of the literature and a theoretical and methodological critique. *Journal of behavioral medicine, 32*(1), 64-88. https://doi.org/10.1007/s10865-008-9193-0

Budiman, A., & Guiz, N.G. (2021, April 29). *Key facts about Asian origin groups in the U.S.* Pew Research. https://www.pewresearch.org/fact-tank/2021/04/29/key-facts-about-asian-origin-groups-in-the-u-s/

Cedeño, B., Shimkin, G., Lawson, A., Cheng, B., Patterson, D. G., & Keys, T. (2023). Positive yet problematic: Lived experiences of racial and ethnic minority medical students during rural and urban underserved clinical rotations. *The Journal of Rural Health*. https://doi.org/10.1111/jrh.12745

Cénat, J. M., Hajizadeh, S., Dalexis, R. D., Ndengeyingoma, A., Guerrier, M., & Kogan, C. (2022). Prevalence and effects of daily and major experiences of racial discrimination and microaggressions among Black individuals in Canada. *Journal of interpersonal violence*, *37*(17-18), NP16750-NP16778. https://doi.org/10.1177/08862605211023493

Chen, J. A., Zhang, E., & Liu, C. H. (2020). Potential impact of COVID-19–related racial discrimination on the health of Asian Americans. *American Journal of Public Health, 110*(11), 1624-1627. https://doi.org/10.2105/AJPH.2020.305858

Cho, E. D. (2021). From the yellow peril to the model minority and back again: Unraveling the orientalist representations of Asian Americans in the age of Covid-19. *Journal of Pastoral Theology*, *31*(2-3), 175-192. https://doi.org/10.1080/10649867.2021.1929711

Choi, S., Clark, P. G., Gutierrez, V., & Runion, C. (2022). Racial microaggressions and latinxs' well-being: a systematic review. *Journal of Ethnic & Cultural Diversity in Social Work, 31*(1), 16-27. https://doi.org/10.1080/15313204.2020.1827336

Choi, S., Weng, S., Park, H., Lewis, J., Harwood, S.A., Mendenhall, R., & Huntt, M.B. (2021). Sense of Belonging, Racial Microaggressions, and Depressive Symptoms among Students of Asian Descent in the United States. *Smith College Studies in Social Work, 91*(2), 115-141. https://doi.org/10.1080/00377317.2021.1882922

Coates, R. D. (2011). *Covert racism: Theories, institutions, and experiences*. Brill.

Cohen, S., & McKay, G. (2020). Social support, stress and the buffering hypothesis: A theoretical analysis. In *Handbook of psychology and health (Volume IV)* (pp. 253-267). Routledge.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological bulletin*, *98*(2), 310-357. https://doi.org/10.1037/0033-2909.98.2.310

Committee on Improving the Health, Safety, and Well-Being of Young Adults, National Research Council. (2015). *Investing in the health and well-being of young adults* (Bonnie, R. J., Stroud, C., Breiner, H., Ed.). National Academies Press (US).

Cosco, T. D., Prina, M., Stubbs, B., & Wu, Y. T. (2017). Reliability and validity of the Center for Epidemiologic Studies Depression Scale in a population-based cohort of middle-aged US adults. *Journal of nursing measurement*, *25*(3), 476-485. https://doi.org/10.1891/1061-3749.25.3.476

Cox, J. M. (2022). When color-conscious meets color-blind: millennials of color and color-blind racism. *Sociological Inquiry*, *92*, 769-791. https://doi.org/10.1111/soin.12411

Daga, S. (2016). *Conceptualizations of Well-being and Distress among South Asian College Students in the United States*. [Doctoral dissertation, Miami University]. http://rave.ohiolink.edu/etdc/view?acc_num=miami1468766325

Del Visco, S. (2019). Yellow peril, red scare: Race and communism in National Review. *Ethnic and Racial Studies*, *42*(4), 626-644. https://doi.org/10.1080/01419870.2017.1409900

Dalgard, O. S., Bj, S., & Tambs, K. (1995). Social support, negative life events and mental health. *The British Journal of Psychiatry*, *166*(1), 29-34. https://doi.org/10.1192/bjp.166.1.29

Douds, K. W., & Hout, M. (2020). Microaggressions in the United States. *Sociological Science*, *7*, 528-543. https://doi.org/10.15195/v7.a22

Dour, H. J., Wiley, J. F., Roy-Byrne, P., Stein, M. B., Sullivan, G., Sherbourne, C. D., Bystritsky, A. B., Rose, R. D., & Craske, M. G. (2014). Perceived social support mediates anxiety and depressive symptom changes following primary care intervention. *Depression and anxiety*, *31*(5), 436-442. https://doi.org/10.1002/da.22216

Durham, M. G. (2001). Displaced Persons: Symbols of South Asian Femininity and the Returned Gaze in U.S. Media Culture. *Communication Theory*, *11*(2), 201-217. https://doi.org/10.1111/j.1468-2885.2001.tb00239.x

Elias, S. (2015). Racism, Overt. In *The Wiley Blackwell Encyclopedia of Race, Ethnicity, and Nationalism* (eds A.D. Smith, X. Hou, J. Stone, R. Dennis and P. Rizova). https://doi.org/10.1002/9781118663202.wberen398

English, D., Lambert, S. F., Tynes, B. M., Bowleg, L., Zea, M. C., & Howard, L. C. (2020). Daily multidimensional racial discrimination among Black US American adolescents. *Journal of Applied Developmental Psychology*, *66*, 101068. https://doi.org/10.1016/j.appdev.2019.101068.

Ennis, N. E., Hobfoll, S. E., & Schröder, K. E. (2000). Money doesn't talk, it swears: How economic stress and resistance resources impact inner-city women's depressive mood. *American Journal of Community Psychology*, *28*(2), 149-173. https://doi.org/10.1023/A:1005183100610

Fahad Ali, S. (2011). South Asian Representations in the Media. In Torres, R. A., Leung, K., & Soepriatna, V. (Eds.), *Outside and In-Between: Theorizing Asian-Canadian Exclusion and the Challenges of Identity Formation* (pp. 171-176). Brill. https://doi.org/10.1163/9789004466357_015

Falak, S., & Safdar, F. (2020). Perceived discrimination, social support, and psychological distress in transgender individuals. *PsyCh journal*, *9*(5), 682-690. https://doi.org/10.1002/pchj.373

Fisher, R.J. and Katz, J.E. (2000), Social-desirability bias and the validity of self-reported values. *Psychology & Marketing*, *17*, 105-120. https://doi.org/10.1002/(SICI)1520-6793(200002)17:2<105::AID-MAR3>3.0.CO;2-9

Forrest-Bank, S., & Jenson, J. M. (2015). Differences in experiences of racial and ethnic microaggression among Asian, Latino/Hispanic, Black, and White young adults. *J. Soc. & Soc. Welfare*, *42*, 141. https://doi.org/10.15453/0191-5096.3891

Forrest-Bank, S. S., & Jenson, J. M. (2015). The relationship among childhood risk and protective factors, racial microaggression and ethnic identity, and academic self-efficacy and antisocial behavior in young adulthood. *Children and youth services review, 50*, 64-74. https://doi.org/10.1016/j.childyouth.2015.01.005

Forrest-Bank, S. S., & Cuellar, M. J. (2018). The Mediating Effects of Ethnic Identity on the Relationships between Racial Microaggression and Psychological Well-Being. *Social Work Research, 42*(1), 44-56. https://doi.org/10.1093/swr/svx023

Foster, L., Uribe-Zarain, X., & Obafemi-Ajayi, T. (2023). Microaggressions in the heartland "flyover" region: history, progress, lessons learned and challenges. *Equality, Diversity and Inclusion: An International Journal, Vol: ahead-of-print*. https://doi.org/10.1108/EDI-12-2022-0364

Fredrick, S. S., Demaray, M. K., Malecki, C. K., & Dorio, N. B. (2018). Can social support buffer the association between depression and suicidal ideation in adolescent boys and girls?. *Psychology in the Schools, 55*(5), 490-505. https://doi.org/10.1002/pits.22125

Friedman, H. S. (Ed.). (2011). *The Oxford handbook of health psychology*. Oxford University Press.

Gallo, D. J. (2016). *The Impact of Racial Microaggressions on Asian American College Students' Satisfaction with Social Support, Sense of Belonging, and Campus Racial Climate* (Publication No. 10092288) [Doctoral Dissertation, Roosevelt University]. ProQuest Dissertations Publishing.

Gariépy, G., Honkaniemi, H., & Quesnel-Vallée, A. (2016). Social support and protection from depression: Systematic review of current findings in Western countries. *The British Journal of Psychiatry, 209*(4), 284-293. https://doi.org/10.1192/bjp.bp.115.169094

Gellert, P., Suhr, R., Gholami, M., Rapp, M., Kuhlmey, A., & Nordheim, J. (2016). Testing the stress-buffering hypothesis of social support in couples coping with early-stage dementia. *European Health Psychologist*, 589-589. https://doi.org/10.1371/journal.pone.0189849

Gee, G. C., Ro, A., Shariff-Marco, S., & Chae, D. (2009). Racial discrimination and health among Asian Americans: evidence, assessment, and directions for future research. *Epidemiologic reviews*, *31*(1), 130-151. https://doi.org/10.1093/epirev/mxp009

Goel, N. J., Thomas, B., Boutté, R. L., Kaur, B., & Mazzeo, S. E. (2022). "What will people say?": Mental health stigmatization as a barrier to eating disorder treatment-seeking for South Asian American women. *Asian American Journal of Psychology.* Advance online publication. https://doi.org/10.1037/aap0000271

Grey, I., Arora, T., Thomas, J., Saneh, A., Tohme, P., & Abi-Habib, R. (2020). The role of perceived social support on depression and sleep during the COVID-19 pandemic. *Psychiatry research*, *293*, 113452. https://doi.org/10.1016/j.psychres.2020.113452

Guo, Y., Wu, H., Dong, D., Zhou, F., Li, Z., Zhao, L., & Long, Z. (2023). Stress and the brain: Emotional support mediates the association between myelination in the right supramarginal gyrus and perceived chronic stress. *Neurobiology of Stress*, *22*, 100511. https://doi.org/10.1016/j.ynstr.2022.100511

Gutierrez, A. M., Schneider, S. C., Islam, R., Robinson, J. O., Hsu, R. L., Canfield, I., & Guerrini, C. J. (2022). Experiences of stigma in the United States during the COVID-19 pandemic. *Stigma and Health*. https://doi.org/10.1037/sah0000354

Gutierrez, E. (1996). The "dotbuster" attacks: Hate crime against Asian Indians in Jersey City, New Jersey. *Middle States Geographer*, *29*, 30-38.

Ha, S. K., Nguyen, A. T., Sales, C., Chang, R. S., Ta, H., Srinivasan, M., Chung, S., Palaniappan, L., & Lin, B. (2020). Increased self-reported discrimination and concern for physical assault due to the COVID-19 pandemic in Chinese, Vietnamese, Korean, Japanese, and Filipino Americans. *medRxiv*, 2020-09. https://doi.org/10.1101/2020.09.15.20194720

Hargittai, E. (2020). Potential biases in big data: Omitted voices on social media. *Social Science Computer Review*, *38*(1), 10-24. https://doi.org/10.1177/0894439318788322

Harris, R. B., Stanley, J., & Cormack, D. M. (2018). Racism and health in New Zealand: Prevalence over time and associations between recent experience of racism and health and wellbeing measures using national survey data. *PloS one*, *13*(5), e0196476. https://doi.org/10.1371/journal.pone.0196476

Hashemi, N., Marzban, M., Sebar, B., & Harris, N. (2021). Perceived discrimination and subjective well-being among Middle Eastern migrants in Australia: The moderating role of perceived social support. *International Journal of Social Psychiatry*, *67*(2), 110-119. https://doi.org/10.1177/0020764020940740

Henin, A., & Berman, N. (2016). The promise and peril of emerging adulthood: Introduction to the special issue. *Cognitive and Behavioral Practice*, *23*(3), 263-269. https://doi.org/10.1016/j.cbpra.2016.05.005

Henry, M. G. (2003). `Where are you Really from?': Representation, Identity and Power in the Fieldwork Experiences of a South Asian Diasporic. *Qualitative Research*, *3*(2), 229-242. https://doi.org/10.1177/14687941030032005

Hobfoll, S. E. (1985). Limitations of social support in the stress process. In *Social support: Theory, research and applications* (pp. 391-414). Springer, Dordrecht.

Holland, J., Murphy, D., & Joseph, S. (2021). Assessment of well-being in the clinic: Using the state version of the short Scale of General Well-Being as a clinical outcome measure. *Journal of Clinical Psychology*, *77*(7), 1629-1643. https://doi.org/10.1002/jclp.23166

Hollingsworth, D. W., Cole, A. B., O'Keefe, V. M., Tucker, R. P., Story, C. R., & Wingate, L. R. (2017). Experiencing racial microaggressions influences suicide ideation through perceived burdensomeness in African Americans. *Journal of counseling psychology*, *64*(1), 104. https://doi.org/10.1037/cou0000177

Houshmand, S., Spanierman, L. B., & Tafarodi, R. W. (2014). Excluded and avoided: Racial microaggressions targeting Asian international students in Canada. *Cultural Diversity and Ethnic Minority Psychology*, *20*(3), 377-388. https://doi.org/10.1037/a0035404

Houshmand, S., & Spanierman, L. B. (2021). Mitigating racial microaggressions on campus: Documenting targets' responses. *New Ideas in Psychology*, *63*, 100894. https://doi.org/10.1016/j.newideapsych.2021.100894

Huynh, V. W., Raval, V. V., & Freeman, M. (2022). Ethnic-racial discrimination towards Asian Americans amidst COVID-19, the so-called "China" virus and associations with mental health. *Asian American Journal of Psychology, 13*(3), 259–269. https://doi.org/10.1037/aap0000264

Hurd, N. M., Varner, F. A., Caldwell, C. H., & Zimmerman, M. A. (2014). Does perceived racial discrimination predict changes in psychological distress and substance use over time? An examination among Black emerging adults. *Developmental Psychology*, *50*(7), 1910–1918. https://doi.org/10.1037/a0036438

Hudson, N. W., Lucas, R. E., & Donnellan, M. B. (2017). Day-To-Day Affect is Surprisingly Stable: A 2-Year Longitudinal Study of Well-Being. *Social Psychological and Personality Science, 8*(1), 45-54. https://doi.org/10.1177/1948550616662129

Islam, F., Multani, A., Hynie, M., Shakya, Y., & McKenzie, K. (2017). Mental health of South Asian youth in Peel Region, Toronto, Canada: A qualitative study of determinants, coping strategies and service access. *BMJ open*, *7*(11), e018265. http://dx.doi.org/10.1136/bmjopen-2017-018265

James, C. V., Moonesinghe, R., Wilson-Frederick, S. M., Hall, J. E., Penman-Aguilar, A., & Bouye, K. (2017). Racial/ethnic health disparities among rural adults—United States, 2012–2015. *MMWR Surveillance Summaries*, *66*(23), 1. https://doi.org/10.15585/mmwr.ss6623a1

James, P. B., Wardle, J., Steel, A., & Adams, J. (2019). Post-Ebola psychosocial experiences and coping mechanisms among Ebola survivors: a systematic review. *Tropical Medicine & International Health*, *24*(6), 671-691. https://doi.org/10.1111/tmi.13226

Jiwani, Y. (2018). The Exotic, the Erotic and the Dangerous: South Asian Women in Popular Film. *Canadian Woman Studies Les Cahiers De La Femme*, *13*(1). https://cws.journals.yorku.ca/index.php/cws/article/view/37656

Kandula, N. R., Cooper, A. J., Schneider, J. A., Fujimoto, K., Kanaya, A. M., Van Horn, L., deKoning, L., & Siddique, J. (2018). Personal social networks and organizational affiliation of South Asians in the United States. *BMC Public Health*, *18*(1), 1-12. https://doi.org/10.1186/s12889-018-5128-z

Kantamneni, N. (2020). The impact of the COVID-19 pandemic on marginalized populations in the United States: A research agenda. *Journal of vocational behavior*, *119*, 103439. https://doi.org/10.1016/j.jvb.2020.103439

Karasz, A., Gany, F., Escobar, J., Flores, C., Prasad, L., Inman, A., Kalasapudi, V., Kosi, R., Murthy, M., Leng, J., & Diwan, S. (2019). *Mental health and stress among South Asians. Journal of immigrant and minority health*, *21*, 7-14. doi: 10.1007/s10903-016-0501-4

Khodarahimi, S., Veiskarami, H. A., Mazraeh, N., Sheikhi, S., & Bougar, M. R. (2021). Mental Health, Social Support, and Death Anxiety in Patients With Chronic Kidney Failure. *The Journal of Nervous and Mental Disease*, *209*(11), 809-813. https://doi.org/10.1097/nmd.0000000000001386

Kim, A. C. (2018). Prosecuting "Chinese Spies": Empirical analysis of economic espionage. *Cardozo Law Review*, 40(2).

Kim, P. Y., Kendall, D. L., & Cheon, H.-S. (2017). Racial microaggressions, cultural mistrust, and mental health outcomes among asian american college students. *American Journal of Orthopsychiatry*, *87*(6), 663–670. https://doi.org/10.1037/ort0000203

Kim, Y., & Dee, V. (2017). Self-care for health in rural Hispanic women at risk for postpartum depression. *Maternal and child health journal*, *21*, 77-84. https://doi.org/10.1007/s10995-016-2096-8

Kogan, C. S., Noorishad, P. G., Ndengeyingoma, A., Guerrier, M., & Cénat, J. M. (2022). Prevalence and correlates of anxiety symptoms among Black people in Canada: A significant role for everyday racial discrimination and racial microaggressions. *Journal of Affective Disorders*, *308*, 545-553. https://doi.org/10.1016/j.jad.2022.04.110

Kozhimannil, K. B., & Henning-Smith, C. (2018). Racism and health in rural America. *Journal of health care for the poor and underserved*, *29*(1), 35-43. https://doi.org/10.1353/hpu.2018.0004

Kuhn, U., & Brulé, G. (2019). Buffering effects for negative life events: The role of material, social, religious and personal resources. *Journal of happiness studies*, *20*, 1397-1417. https://doi.org/10.1007/s10902-018-9995-x

Kumar, T. (2016). " How Do You Know He's Not a Terrorist?": Examining Microaggressions against People of South Asian Descent. *Multicultural Education*, *24*(1), 12.

Kumar, S., Nakulan, A., Thoppil, S. P., Parassery, R. P., & Kunnukattil, S. S. (2016). Screening for depression among community-dwelling elders: usefulness of the center for epidemiologic studies depression scale. *Indian journal of psychological medicine*, *38*(5), 483-485. https://doi.org/10.4103/0253-7176.191380

Labrague, L. J. (2021). Psychological resilience, coping behaviours and social support among health care workers during the COVID-19 pandemic: A systematic review of quantitative studies. *Journal of nursing management*, *29*(7), 1893-1905. https://doi.org/10.1111/jonm.13336

Langford, C.P.H., Bowsher, J., Maloney, J.P. and Lillis, P.P. (1997), Social support: a conceptual analysis. Journal of Advanced Nursing, *25*, 95-100. https://doi.org/10.1046/j.1365-2648.1997.1997025095.x

Lechner, W. V., Laurene, K. R., Patel, S., Anderson, M., Grega, C., & Kenne, D. R. (2020). Changes in alcohol use as a function of psychological distress and social support following COVID-19 related University closings. *Addictive behaviors*, *110*, 106527. https://doi.org/10.1016/j.addbeh.2020.106527

Lee, R. M. (2003). Do ethnic identity and other-group orientation protect against discrimination for Asian Americans?. *Journal of Counseling Psychology, 50*(2), 133-141. https://doi.org/10.1037/0022-0167.50.2.133

Lee, J. C., & Kye, S. (2016). Racialized Assimilation of Asian Americans. *Annual Review of Sociology, 42*, 253-273. https://doi.org/10.1146/annurev-soc-081715-074310

Lee, S., & Waters, S. F. (2021). Asians and Asian Americans' experiences of racial discrimination during the COVID-19 pandemic: Impacts on health outcomes and the buffering role of social support. *Stigma and Health*, *6*(1), 70-78. https://doi.org/10.1037/sah0000275

Lee, S. Y., Martins, S. S., & Lee, H. B. (2015). Mental disorders and mental health service use across Asian American subethnic groups in the United States. *Community Mental Health Journal*, *51*(2), 153-160. https://doi.org/10.1007/s10597-014-9749-0

Lee, C., Sung, Y. T., Zhou, Y., & Lee, S. (2018). The relationships between the seriousness of leisure activities, social support and school adaptation among Asian international students in the US. *Leisure Studies*, *37*(2), 197-210. https://doi.org/10.1080/02614367.2017.1339289

Lepore, S.J. (1997). Social—Environmental Influences on the Chronic Stress Process. In: Gottlieb, B.H. (eds) *Coping with Chronic Stress. The Springer Series on Stress and Coping.* Springer, Boston, MA. https://doi.org/10.1007/978-1-4757-9862-3_5

Lepore, S. J., Evans, G. W., & Schneider, M. L. (1991). Dynamic role of social support in the link between chronic stress and psychological distress. *Journal of personality and social psychology*, *61*(6), 899-909. https://doi.org/10.1037/0022-3514.61.6.899

Li, Y., & Nicholson Jr, H. L. (2021). When “model minorities” become “yellow peril”—Othering and the racialization of Asian Americans in the COVID-19 pandemic. *Sociology compass*, *15*(2), e12849. https://doi.org/10.1111/soc4.12849

Lichter, D. T. (2012). Immigration and the new racial diversity in rural America. *Rural sociology*, *77*(1), 3-35. https://doi.org/10.1111/j.1549-0831.2012.00070.x

Lin, N., Dean, A., & Ensel, W. M. (1981). Social support scales: a methodological note. *Schizophrenia Bulletin*, *7*(1), 73-89. https://doi.org/10.1093/schbul/7.1.73

Linville, D., Brown, T., Sturm, K., & McDougal, T. (2012). Eating disorders and social support: perspectives of recovered individuals. *Eating Disorders*, *20*(3), 216-231. https://doi.org/10.1080/10640266.2012.668480

Lök, N., Bademli, K. (2021). The Relationship Between the Perceived Social Support and Psychological Resilience in Caregivers of Patients with Schizophrenia. *Community Mental Health Journal*, *57*(2), 387–391. https://doi.org/10.1007/s10597-020-00665-w

Longo, Y., Coyne, I., & Joseph, S. (2017). The scales of general well-being (SGWB). *Personality and Individual Differences*, *109*, 148-159. https://doi.org/10.1016/j.paid.2017.01.005

Longo, Y., Coyne, I., & Joseph, S. (2018). Development of the short version of the scales of general well-being: The 14-item SGWB. *Personality and Individual Differences*, *124*, 31-34. https://doi.org/10.1016/j.paid.2017.11.042

Loya, F., Reddy, R., & Hinshaw, S. P. (2010). Mental illness stigma as a mediator of differences in Caucasian and South Asian college students' attitudes toward psychological counseling. *Journal of Counseling Psychology*, *57*(4), 484–490. https://doi.org/10.1037/a0021113

Lu, Y., & Wang, C. (2022). Asian Americans' racial discrimination experiences during COVID-19: Social support and locus of control as moderators. *Asian American Journal of Psychology, 13*(3), 283–294. https://doi.org/10.1037/aap0000247

Lupien, S. J., Juster, R. P., Raymond, C., & Marin, M. F. (2018). The effects of chronic stress on the human brain: From neurotoxicity, to vulnerability, to opportunity. *Frontiers in neuroendocrinology, 49*, 91-105. https://doi.org/10.1016/j.yfrne.2018.02.001

Maguire, R., Hanly, P., & Maguire, P. (2021). Living well with chronic illness: How social support, loneliness and psychological appraisals relate to well-being in a population-based European sample. *Journal of health psychology*, *26*(10), 1494-1507. https://doi.org/10.1177/1359105319883923

Manejwala, R., & Abu-Ras, W. (2019). Microaggressions on the university campus and the undergraduate experiences of Muslim south Asian women. *Journal of Muslim Mental Health*, 13(1). https://doi.org/10.3998/jmmh.10381607.0013.102

MaloneBeach, E. E., & Zarit, S. H. (1995). Dimensions of social support and social conflict as predictors of caregiver depression. *International psychogeriatrics, 7*(1), 25-38. https://doi.org/10.1017/s1041610295001827

Maiter, S., & Stalker, C. (2011). South Asian immigrants' experience of child protection services: Are we recognizing strengths and resilience?. *Child & Family Social Work, 16*(2), 138-148. https://doi.org/10.1111/j.1365-2206.2010.00721.x

McAdoo, H. P. (2002). The village talks: Racial socialization of our children. In H. P. McAdoo (Ed.), *Black children: Social, educational, and parental environments* (2nd ed., pp. 47–55). Thousand Oaks, CA: Sage.

McGowan, M. O., & Lindgren, J. (2006). Testing the model minority myth. *Northwestern University Law Review,* 100(1), 331-337.

McGuire, A. P., Gauthier, J. M., Anderson, L. M., Hollingsworth, D. W., Tracy, M., Galea, S., & Coffey, S. F. (2018). Social support moderates effects of natural disaster exposure on depression and posttraumatic stress disorder symptoms: Effects for displaced and nondisplaced residents. *Journal of traumatic stress*, *31*(2), 223-233. https://doi.org/10.1002/jts.22270

McMahon, S. D., Coker, C., & Parnes, A. L. (2013). Environmental stressors, social support, and internalizing symptoms among African American youth. *Journal of Community Psychology*, *41*(5), 615-630. https://doi.org/10.1002/jcop.21560

McMurtry, C. L., Findling, M. G., Casey, L. S., Blendon, R. J., Benson, J. M., Sayde, J. M., & Miller, C. (2019). Discrimination in the United States: Experiences of Asian Americans. *Health Services Research*, *54*, 1419-1430. https://doi.org/10.1111/1475-6773.13225

Meade, A. W., & Craig, S. B. (2012). Identifying careless responses in survey data. *Psychological Methods*, *17*(3), 437–455. https://doi.org/10.1037/a0028085

Midgette, A. J., & Mulvey, K. L. (2021). Unpacking young adults' experiences of race-and gender-based microaggressions. *Journal of social and personal relationships*, *38*(4), 1350-1370. https://doi.org/10.1177/0265407521988947

Mishra, S. (2020). Social networks, social capital, social support and academic success in higher education: A systematic review with a special focus on 'underrepresented' students. *Educational Research Review*, *29*, 100307. https://doi.org/10.1016/j.edurev.2019.100307

Monroe, S. M. (2008). Modern approaches to conceptualizing and measuring human life stress. *Annu. Rev. Clin. Psychol.*, *4*, 33-52. https://doi.org/10.1146/annurev.clinpsy.4.022007.141207

Moskowitz, D., Vittinghoff, E., & Schmidt, L. (2013). Reconsidering the effects of poverty and social support on health: a 5-year longitudinal test of the stress-buffering hypothesis. *Journal of Urban Health*, *90*, 175-184. https://doi.org/10.1007/s11524-012-9757-8

Mudambi, A. (2019). South Asian American Discourses: Engaging the Yellow Peril-Model Minority Dialectic. *Howard Journal of Communications*, *30*(3), 284-298, https://doi.org/10.1080/10646175.2018.1491431

Muffuletto, S. L. (2018). *Effects of American Media Representation of South Asian Americans* [Master's thesis, Harvard University]. http://nrs.harvard.edu/urn-3:HUL.InstRepos:37799749

Nadal, K. L. (2011). The Racial and Ethnic Microaggressions Scale (REMS): construction, reliability, and validity. *Journal of counseling psychology*, *58*(4), 470-480. https://doi.org/10.1037/a0025193

Nadal, K. L., Wong, Y., Griffin, K. E., Davidoff, K., & Sriken, J. (2014). The adverse impact of racial microaggressions on college students' self-esteem. *Journal of college student development*, *55*(5), 461-474. https://doi.org/10.1353/csd.2014.0051

Nadal, K. L., Griffin, K. E., Wong, Y., Hamit, S., & Rasmus, M. (2014). The impact of racial microaggressions on mental health: Counseling implications for clients of color. *Journal of Counseling & Development*, *92*(1), 57-66. https://doi.org/10.1002/j.1556-6676.2014.00130.x

Nadal, K. L., Davidoff, K. C., Davis, L. S., Wong, Y., Marshall, D., & McKenzie, V. (2015). A qualitative approach to intersectional microaggressions: Understanding influences of race, ethnicity, gender, sexuality, and religion. *Qualitative Psychology*, *2*(2), 147–163. https://doi.org/10.1037/qup0000026

Nadal, K. L., Wong, Y., Sriken, J., Griffin, K., & Fujii-Doe, W. (2015). Racial microaggressions and Asian Americans: An exploratory study on within-group differences and mental health. *Asian American Journal of Psychology*, *6*(2), 136-144. https://doi.org/10.1037/a0038058

Nadal, K. L. Y., Corpus, G., & Hufana, A. (2022). The forgotten Asian Americans: Filipino Americans' experiences with racial microaggressions and trauma. Asian American Journal of Psychology, 13(1), 51–61. https://doi.org/10.1037/aap0000261

O'Keefe, V. M., Wingate, L. R., Cole, A. B., Hollingsworth, D. W., & Tucker, R. P. (2015). Seemingly harmless racial communications are not so harmless: Racial microaggressions lead to suicidal ideation by way of depression symptoms. *Suicide and Life-Threatening Behavior*, *45*(5), 567-576. https://doi.org/10.1111/sltb.12150

Ong, A. D., Burrow, A. L., Fuller-Rowell, T. E., Ja, N. M., & Sue, D. W. (2013). Racial microaggressions and daily well-being among Asian Americans. *Journal of counseling psychology*, *60*(2), 188-189. https://doi.org/10.1037/a0031736

Ong, H. L., Vaingankar, J. A., Abdin, E., Sambasivam, R., Fauziana, R., Tan, M. E., Chong, S. A., Goveas, R. R., Chiam, P. C., & Subramaniam, M. (2018). Resilience and burden in caregivers of older adults: moderating and mediating effects of perceived social support. *BMC psychiatry*, *18*(1), 1-9. https://doi.org/10.1186/s12888-018-1616-z

Budiman, A., & Guiz, N.G. (2021, April 29). *Key facts about Asian origin groups in the U.S.* Pew Research. https://www.pewresearch.org/fact-tank/2021/04/29/key-facts-about-asian-origin-groups-in-the-u-s/

Parker, K., Horowitz, J. M., Brown, A., Fry, R., Cohn, D., & Igielnik, R. (2018, May 22). *What Unites and Divides Urban, Suburban, and Rural Communities.* Pew Research. https://www.pewresearch.org/social-trends/2018/05/22/what-unites-and-divides-urban-suburban-and-rural-communities/

Patel, S. G. (2008). *Well-being and negative mood of South Asian American college students: Contributions of attachment, acculturation, and racial identity* [Doctoral Dissertation, University of Maryland Libraries]. Digital Repository at the University of Maryland.

Paykel, E. S. (1994). Life events, social support and depression. *Acta Psychiatrica Scandinavica*, *89*, 50-58. https://doi.org/10.1111/j.1600-0447.1994.tb05803.x

Plaut, V. C., Thomas, K. M., Hurd, K., & Romano, C. A. (2018). Do color blindness and multiculturalism remedy or foster discrimination and racism?. *Current Directions in Psychological Science*, *27*(3), 200-206. https://doi.org/10.1177/0963721418766068

Prizmić-Larsen, Z., Kaliterna-Lipovčan, L., Larsen, R., Brkljačić, T., & Brajša-Žganec, A. (2020). The role of flourishing in relationship between positive and negative life events and affective well-being. *Applied Research in Quality of Life, 15*, 1413-1431. https://doi.org/10.1007/s11482-019-09743-y

Poolokasingham, G., Spanierman, L. B., Kleiman, S., & Houshmand, S. (2014). “Fresh off the boat?” racial microaggressions that target South Asian Canadian students. *Journal of Diversity in Higher Education, 7*(3), 194–210. https://doi.org/10.1037/a0037285

Priest, N., Paradies, Y., Trenerry, B., Truong, M., Karlsen, S., & Kelly, Y. (2013). A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people. *Social science & medicine*, *95*, 115-127. https://doi.org/10.1016/j.socscimed.2012.11.031

Puyat, J. H. (2013). Is the influence of social support on mental health the same for immigrants and non-immigrants?. *Journal of Immigrant and Minority Health*, *15*(3), 598-605. https://doi.org/10.1007/s10903-012-9658-7

Reinhardt, J. P., Boerner, K., & Horowitz, A. (2006). Good to have but not to use: Differential impact of perceived and received support on well-being. *Journal of Social and Personal Relationships*, *23*(1), 117-129. https://doi.org/10.1177/0265407506060182

Reisinger, J. (2022). Subjective well-being and social desirability. *Journal of Public Economics, 214*, 104745. https://doi.org/10.1016/j.jpubeco.2022.104745

Roy, S. (2020, September 5). *New tapes show more of Nixon 'hatred' for India, Indians*. Indian Express. https://indianexpress.com/article/india/richard-nixon-india-hatred-tapes-6583701/

Roy, S., Hassan, S., Kanaya, A. M., Kandula, N. R., & Desai, M. M. (2023). Associations of Discrimination, Low Social Support, and Limited English Proficiency with Depression in South Asian Immigrants. *Journal of Immigrant and Minority Health*, 1-9. https://doi.org/10.1007/s10903-023-01467-4

Ruiz, R. J., Grimes, K., Spurlock, E., Stotts, A., Northrup, T. F., Villarreal, Y., ... & Pickler, R. H. (2022). The mastery lifestyle intervention to reduce biopsychosocial risks for pregnant Latinas and African Americans and their infants: protocol for a randomized controlled trial. *BMC Pregnancy and Childbirth*, *22*(1), 1-11. https://doi.org/10.1186/s12884-022-05284-9

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*(6), 1069–1081. https://doi.org/10.1037/0022-3514.57.6.1069

Sahi Iyer, D., & Haslam, N. (2003). Body image and eating disturbance among south Asian-American women: The role of racial teasing. *International Journal of Eating Disorders*, *34*(1), 142-147. https://doi.org/10.1002/eat.10170

Sahni, P. S., Singh, K., Sharma, N., & Garg, R. (2021). Yoga an effective strategy for self-management of stress-related problems and wellbeing during COVID19 lockdown: A cross-sectional study. *PloS one*, *16*(2), e0245214. https://doi.org/10.1371/journal.pone.0245214

Sanchez, D., Adams, W. N., Arango, S. C., & Flannigan, A. E. (2018). Racial-ethnic microaggressions, coping strategies, and mental health in Asian American and Latinx American college students: A mediation model. *Journal of Counseling Psychology, 65*(2), 214–225. https://doi.org/10.1037/cou0000249

Sarason, I.G., Levine, H.M., Basham, R.B., et al. (1983). Assessing social support: The Social Support Questionnaire. Journal of Personality and Social Psychology, 44, 127- 139. https://doi.org/10.1037/0022-3514.44.1.127

Sarason, I., Shearin, P., & Sarason, B. (1987). A Brief measure of Social Support: Social Support Questionnaire. *Journal of Social and Personal Relationships*, 497-510. https://doi.org/10.1177/0265407587044007

Schetter, C. D., & Dolbier, C. (2011). Resilience in the context of chronic stress and health in adults. *Social and Personality Psychology Compass*, *5*(9), 634-652. https://doi.org/ 10.1111/j.1751-9004.2011.00379.x

Seawell, A. H., Cutrona, C. E., & Russell, D. W. (2014). The effects of general social support and social support for racial discrimination on African American women's well-being. *Journal of Black Psychology*, *40*(1), 3-26. https://doi.org/10.1177/0095798412469227

Shah, N. S., & Kandula, N. R. (2020). Addressing Asian American misrepresentation and underrepresentation in research. *Ethnicity & disease, 30*(3), 513-516. https://doi.org/10.18865/ed.30.3.513

Shaligram, D., Khan, M., Adiba, A., & Anam, S. (2022). Cultural considerations for working with South Asian Youth. *Child and Adolescent Psychiatric Clinics*, *31*(4), 789-803. https://doi.org/10.1016/j.chc.2022.06.006

Sharma, R. (2011). Desi Films: Articulating Images of South Asian Identity in a Global Communication Environment. *Global Media Journal – Canadian Edition*, *4*(1), 127-143. https://www.proquest.com/scholarly-journals/desi-films-articulating-images-south-asian/docview/888155401/se-2

Sharma, N., Shaligram, D., & Yoon, G. H. (2020). Engaging South Asian youth and families: A clinical review. *International Journal of Social Psychiatry*, *66*(6), 584-592. https://doi.org/10.1177/0020764020922881

Shams, T. (2020). Successful yet Precarious: South Asian Muslim Americans, Islamophobia, and the Model Minority Myth. *Sociological Perspectives*, *63*(4), 653-669. https://doi.org/10.1177/0731121419895006

Shih, K. Y., Chang, T. F., & Chen, S. Y. (2019). Impacts of the model minority myth on Asian American individuals and families: Social justice and critical race feminist perspectives. *Journal of Family Theory & Review*, *11*(3), 412-428. https://doi.org/1 0.1111/jftr.12342

Shields, M. (2004). Stress, health and the benefit of social support. *Health reports*, *15*(1), 9-38.

Singh, K., & Bandyopadhyay, S. (2021). Enhancing college students well-being: The psycho-spiritual well-being intervention. *Journal of Human Behavior in the Social Environment*, *31*(7), 867-888. https://doi.org/10.1080/10911359.2020.1823294

Singh, S., McBride, K., & Kak, V. (2015). Role of social support in examining acculturative stress and psychological distress among Asian American immigrants and three sub-groups: Results from NLAAS. *Journal of Immigrant and Minority Health*, *17*(6), 1597-1606. https://doi.org/10.1007/s10903-015-0213-1

Skadegård, M. C. (2017). WITH FRIENDS LIKE THESE, WHO NEEDS ENEMIES?: Structural Discrimination and Good Intentions in Danish Everyday Contexts. *Nordic Journal of Migration Research*, *7*(4), 214–223.

Snipp, C. M. (1996). Understanding Race and Ethnicity in Rural America 1. *Rural sociology*, *61*(1), 125-142.

South Asian American Digitial Archive (n.d). *An Introduction to South Asian American History* https://www.saada.org/resources/introduction

South Asian Americans Leading Together (n.d).. *South Asians In the US.* https://saalt.org/south-asians-in-the-us/

Spanierman, L. B., Clark, D. A., & Kim, Y. (2021). Reviewing racial microaggressions research: Documenting targets' experiences, harmful sequelae, and resistance strategies. Perspectives on Psychological Science, 16(5), 1037-1059. https://doi.org/10.1177/17456916211019944

Srinivasan, R. (2019). *Experiences of name-based microaggressions within the South Asian American population*. [Doctoral Dissertation, Columbia University]. Columbia University Academic Commons. https://doi.org/10.7916/d8-3ym2-0m78

Stevens-Watkins, D., Sharma, S., Knighton, J. S., Oser, C. B., & Leukefeld, C. G. (2014). Examining cultural correlates of active coping among African American female trauma survivors. Psychological Trauma: Theory, Research, Practice, and Policy, 6(4), 328–336. https://doi.org/10.1037/a0034116

Stokes, L. R., Shaw, D. S., & Wilson, M. N. (2020). Race/ethnic and socioeconomic microaggressions experienced by low-income parents in three US cities. *Race and Social Problems, 12*(2), 145-153. https://doi.org/10.1007/s12552-019-09279-8

Substance Abuse and Mental Health Services Administration. (2022, January). *Mental Illness*. National Institute of Mental Health Research. https://www.nimh.nih.gov/health/statistics/mental-illness

Sudol, N. T., Guaderrama, N. M., Honsberger, P., Weiss, J., Li, Q., & Whitcomb, E. L. (2021). Prevalence and nature of sexist and racial/ethnic microaggressions against surgeons and anesthesiologists. *JAMA surgery*, *156*(5), e210265-e210265. https://doi.org/10.1001/jamasurg.2021.0265

Sue, D. W. (2003). *Overcoming our racism: The journey to liberation*. John Wiley & Sons.

Sue, D. W. (2013). Race talk: The psychology of racial dialogues. *American Psychologist, 68*(8), 663–672. https://doi.org/10.1037/a0033681

Sue, D. W., Alsaidi, S., Awad, M. N., Glaeser, E., Calle, C. Z., & Mendez, N. (2019). Disarming racial microaggressions: Microintervention strategies for targets, White allies, and bystanders. *American Psychologist, 74*(1), 128–142. https://doi.org/10.1037/amp0000296

Sue, D. W., Bucceri, J., Lin, A. I., Nadal, K. L., & Torino, G. C. (2007). Racial microaggressions and the Asian American experience. *Cultural Diversity and Ethnic Minority Psychology, 13*(1), 72–81. https://doi.org/10.1037/1099-9809.13.1.72

Sue, D. W., Lin, A. I., Torino, G. C., Capodilupo, C. M., & Rivera, D. P. (2009). Racial microaggressions and difficult dialogues on race in the classroom. *Cultural Diversity and Ethnic Minority Psychology, 15*(2), 183–190. https://doi.org/10.1037/a0014191

Sue, S., Cheng, J. K. Y., Saad, C. S., & Chu, J. P. (2012). Asian American mental health: a call to action. *American Psychologist*, *67*(7), 532-534. https://doi.org/10.1037/a0028900

Syed, M., & Mitchell, L. L. (2013). Race, Ethnicity, and Emerging Adulthood: Retrospect and Prospects. *Emerging Adulthood, 1*(2), 83-95. https://doi.org/10.1177/2167696813480503

Szkody, E., Stearns, M., Stanhope, L., & McKinney, C. (2021). Stress-buffering role of social support during COVID-19. *Family process*, *60*(3), 1002-1015. https://doi.org/10.1111/famp.12618

The Asian American Man Study. (n.d.). *Discrimination and Stereotypes*. http://www.theasianamericanman.com/stereotypes.html

Taylor, S. E. (2007). Social Support. In H. S. Friedman & R. C. Silver (Eds.), Foundations of health psychology (pp. 145–171). Oxford University Press.

Thakore, B. K. (2013). *Just like everyone else? Locating South Asians in 21st century American popular media* (Publication No. 3566573). [Doctoral dissertation, Loyola University, Chicago]. ProQuest Dissertations & Theses Global. https://www.proquest.com/dissertations-theses/just-like-everyone-else-locating-south-asians-21/docview/1416425214/se-2

Thakore, B.K. (2014). Must-See TV: South Asian Characterizations in American Popular Media. *Sociology Compass, 8*(2), 149-156. https://doi.org/10.1111/soc4.12125

Torres, L., Driscoll, M. W., & Burrow, A. L. (2010). Racial microaggressions and psychological functioning among highly achieving African-Americans: A mixed-methods approach. *Journal of Social and Clinical Psychology*, *29*(10), 1074–1099. https://doi.org/10.1521/jscp.2010.29.10.1074

Torres, L., & Taknint, J. T. (2015). Ethnic microaggressions, traumatic stress symptoms, and Latino depression: A moderated mediational model. *Journal of Counseling Psychology, 62*(3), 393–401. https://doi.org/10.1037/cou0000077

Tonsing, K., Zimet, G. D., & Tse, S. (2012). Assessing social support among South Asians: The multidimensional scale of perceived social support. *Asian journal of psychiatry*, *5*(2), 164-168. https://doi.org/10.1016/j.ajp.2012.02.012

Uddin, S. (2017). *Exploring Perceptual Changes and Stigma Relating to Mental Health and Wellbeing within the South Asian Community*. [Undergraduate Dissertation, Manchester Metropolitan University]. https://e-space.mmu.ac.uk/id/eprint/619236

Unzueta, M. M., & Lowery, B. S. (2008). Defining racism safely: The role of self-image maintenance on white Americans' conceptions of racism. *Journal of Experimental Social Psychology, 44*(6), 1491-1497. https://doi.org/10.1016/j.jesp.2008.07.011

Valentine, S. E., & Shipherd, J. C. (2018). A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States. *Clinical psychology review, 66*, 24-38. https://doi.org/10.1016/j.cpr.2018.03.003

Velando-Soriano, A., Ortega-Campos, E., Gómez-Urquiza, J. L., Ramírez-Baena, L., De La Fuente, E. I., & Cañadas-De La Fuente, G. A. (2020). Impact of social support in preventing burnout syndrome in nurses: A systematic review. *Japan Journal of Nursing Science, 17*(1), e12269. https://doi.org/10.1111/jjns.12269

Viswanathan, L., & Vernachio, B. (2021). Connecting Stereotypes of South Asians in the American Media to South Asian Teenagers' Internalized Racism. *Journal of Student Research, 10*(2). https://doi.org/10.47611/jsrhs.v10i2.1707

Wade-Bohleber, L. M., Duss, C., Crameri, A., & von Wyl, A. (2020). Associations of social and psychological resources with different facets of chronic stress: A study with employed and unemployed adolescents. *International journal of environmental research and public health, 17*(14), 5032. https://doi.org/10.3390/ijerph17145032

Walker-Anderson, M. (2020). *Racial microaggressions in everyday work life of black special educators in PK-12 schools* (Publication No. 28763942). [Doctoral dissertation, University of Texas, Austin]. ProQuest Dissertations & Theses Global. https://www.proquest.com/dissertations-theses/racial-microaggressions-everyday-work-life-black/docview/2572561123/se-2

Wall Street Journal. (2008, November 5). *President-elect Obama.* https://www.wsj.com/articles/SB122586244657800863

Wang, D. and Kleiner, B.H. (2001), "Discrimination against Asian Americans", *Equal Opportunities International*, Vol. 20 No. 5/6/7, pp. 64-69. https://doi.org/10.1108/02610150110786750

Wang, S. C., & Santos, B. M. C. (2022). "Go back to China with your (expletive) virus": A revelatory case study of anti-Asian racism during COVID-19. *Asian American Journal of Psychology, 13*(3), 220–233. https://doi.org/10.1037/aap0000287

Wellman, B., & Gulia, M. (2018). The network basis of social support: A network is more than the sum of its ties. In *Networks in the global village* (pp. 83-118). Routledge.

Williams, M. T., Printz, D. M. B., & DeLapp, R. C. T. (2018). Assessing racial trauma with the Trauma Symptoms of Discrimination Scale. *Psychology of Violence, 8*(6), 735–747. https://doi.org/10.1037/vio0000212

Williams, M. T., Skinta, M. D., & Martin-Willett, R. (2021). After Pierce and Sue: A revised racial microaggressions taxonomy. *Perspectives on Psychological Science, 16*(5), 991-1007. https://doi.org/10.1177/1745691621994247

Wise, T. (2009). *Between Barack and a hard place: Racism and white denial in the age of Obama*. City Lights Books.

Wong, G., Derthick, A. O., David, E. J. R., Saw, A., & Okazaki, S. (2014). The what, the why, and the how: A review of racial microaggressions research in psychology. *Race and social problems, 6*(2), 181-200. https://doi.org/10.1007/s12552-013-9107-9

Wood, D., Crapnell, T., Lau, L., Bennett, A., Lotstein, D., Ferris, M., & Kuo, A. (2018). Emerging adulthood as a critical stage in the life course. *Handbook of life course health development*, 123-143. https://doi.org/10.1007/978-3-319-47143-3_7

Xu, J., Ou, J., Luo, S., Wang, Z., Chang, E., Novak, C., Shen, J., Zheng, S., & Wang, Y. (2020). Perceived social support protects lonely people against COVID-19 anxiety: A three-wave longitudinal study in China. *Frontiers in Psychology*, *11*, 566965. https://doi.org/10.3389/fpsyg.2020.566965

Yan, X., Zhu, Y., Hussain, S. A., & Bresnahan, M. (2022). Anti-Asian microaggressions in the time of COVID-19: Impact on coping, stress, and well-being. *Asian American Journal of Psychology, 13*(3), 248–258. https://doi.org/10.1037/aap0000281

Yeh, C. J., & Wang, Y. W. (2000). Asian American coping attitudes, sources, and practices: Implications for indigenous counseling strategies. *Journal of College Student Development, 41*, 94-103.

Yi, J., Neville, H. A., Todd, N. R., & Mekawi, Y. (2023). Ignoring race and denying racism: A meta-analysis of the associations between colorblind racial ideology, anti-Blackness, and other variables antithetical to racial justice. *Journal of Counseling Psychology*, *70*(3), 258–275. https://doi.org/10.1037/cou0000618

Ystgaard, M., Tambs, K., & Dalgard, O. S. (1999). Life stress, social support and psychological distress in late adolescence: a longitudinal study. *Social Psychiatry and Psychiatric Epidemiology*, *34*(1), 12-19. https://doi.org/10.1007/s001270050106

Young-Jones, A., McCain, J., & Hart, B. (2020). EVALUATION OF MICROAGGRESSIONS IN THE COLLEGE POPULATION. *Journal of Cultural Diversity*, *27*(4), 93-102.

Zahnd, W. E., Murphy, C., Knoll, M., Benavidez, G. A., Day, K. R., Ranganathan, R., Luke, P., Zgodic, A., Shi, K., Merrell, M. A., Crouch, E. L., Brandt, H. M., & Eberth, J. M. (2021). The intersection of rural residence and minority race/ethnicity in cancer disparities in the United States. *International journal of environmental research and public health*, *18*(4), 1384. https//doi.org/10.3390/ijerph18041384

Zhang, Y., Zhang, L., & Benton, F. (2021). Hate crimes against Asian Americans. *American journal of criminal justice*, *47*(3), 441-461. https://doi.org/10.1007/s12103-020-09602-9

Ziersch, A., Miller, E., Baak, M., & Mwanri, L. (2020). Integration and social determinants of health and wellbeing for people from refugee backgrounds resettled in a rural town in South Australia: a qualitative study. *BMC Public Health*, *20*, 1-16. https://doi.org/10.1186/s12889-020-09724-z

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of personality assessment*, *52*(1), 30-41. https://doi.org/10.1207/s15327752jpa5201_2

APPENDIX A: DEMOGRAPHICS SURVEY

Which of the following best describes your country of origin? Please select all that apply.

- Bangladesh
- Nepal
- Bhutan
- Sri Lanka
- Maldives
- Afghanistan
- India
- Pakistan
- Other (please list)

How old are you? _____

What is your gender?

- Transgender Man
- Cisgender Man
- Transgender Women
- Cisgender Woman
- Gender queer
- Non-binary or gender non-conforming
- Prefer not to say
- Prefer to self describe: _____

What is your sexual orientation? (multi select)

- Gay
- Lesbian
- Bisexual
- Pansexual
- Queer
- Asexual
- Prefer not to say
- Prefer to self-describe: _____

Which statement best describes your generational status?

- I was not born in the United States
- I was born in the U.S., and both of my parents were born in another country
- I was born in the U.S., one parent was born in the U.S., and the other parent was born in another country
- I was born in the U.S., both parents were born in the U.S., and at least one grandparent was born in another country
- I was born in the U.S., both parents, and all grandparents were born in the U.S.
- Something else, please self-describe: _____

If you were not born in the United States:

Please list the country of your birth: ____

At what age did you come to the U.S: _____

How would you describe your current religion or faith, if any?

Agnostic
Atheist
Baha'i
Buddhist
Christian
Druid
Hindu
Jainism
Jewish
Muslim
Native American Folk Religion
Pagan
Sikh
Unitarian-Universalism
Wiccan
Nothing in particular
A better description not listed: _____
Prefer not to respond

Which of the following best describes your current employment status? Please mark all that apply.

Employed full time
Employed part time
Self-employed
Out of work, and have been for 1 year or more
Out of work, and have been for less than 1 year
Student
Retired
Unable to work due to disability
Homemaker

What is your total personal income, before taxes? Please include only the income you bring in from wages and salaries.

Under $720
$720-$5,999
$6,000-$11,999
$12,000-$23,999
$24,000-$35,999
$36,000-$47,999
$48,000-$59,999
$60,000-$89,999
$90,000-$119,999
$120,000-$179,000
$180,000-$239,000
$240,000+

What is your total household income, before taxes? Please include all wages and salaries, money you get from family members living elsewhere, and all other sources.

Under $720
$720-$5,999
$6,000-$11,999
$12,000-$23,999
$24,000-$35,999
$36,000-$47,999
$48,000-$59,999
$60,000-$89,999
$90,000-$119,999
$120,000-$179,000
$180,000-$239,000
$240,000+

Including yourself, how many people live on your household income? ____

What is the highest grade or level of school that you have completed?

Middle School (Grades 6-8)
Freshman (Grade 9)
Sophomore (Grade 10)
Junior (Grade 11)
Senior (Grade 12)
High School Graduate
Some College
Graduated 2-year College
Graduated 4-year College
Post Graduate

How would you describe the geographical region of the area you were raised in?

- Rural
- Suburban
- Urban

How would you describe the geographical region of the area you currently live in?

- Rural
- Suburban
- Urban

APPENDIX B: INFORMED CONSENT

You are invited to participate in a study conducted by Archita Birla, a doctoral student in the Department of Psychology at Georgia Southern University, and Dr. Rebekah Estevez, a faculty member in the Department of Psychology at Georgia Southern University.

The purpose of the study is to examine the lived experiences of South Asian Americans. You will be asked questions about your personal lived experiences related to discrimination, social support (friends and family), general wellbeing, and mental health.

The study should take 20 to 45 minutes to complete and you will be compensated with a total of $2.80 for your participation.

The risks associated with this research are no greater than what you would encounter in day-to-day life. Questions about microaggressions may be upsetting for some people. If you wish to seek mental health assistance related to your participation in this study, you may contact the National Mental Health Hotline at 866-903-3787.

You can also contact the following resources for support:

National Suicide Prevention Lifeline
24/7 Crisis Line: 988, press 1
https://988lifeline.org/

National Alliance on Mental Illness (NAMI)
Helpline: 800-950-6264
text "HelpLine" to 62640
https://nami.org/

Information you provide may not benefit you directly but will help researchers and mental health professionals better understand the experiences of South Asian Americans. There are no costs to you for participating in the study.

You will receive small monetary compensation (2.80 dollar) for your time. Delivery of compensation will occur through the Prolific system. Please be sure to provide your survey code to Prolific when submitting the survey. Your survey code will be given to you in the survey. You will not be compensated if you choose to withdraw before the completion of the study.

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. Furthermore, if you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. You will not be penalized in any way for withdrawing from the study. You may also skip any question that causes discomfort or distress. Please print off a copy of this consent form to keep for your records.

No personally-identified information will be collected for this study; however, absolute anonymity can never be guaranteed over the Internet. Data from this study will be maintained for 5 years by Dr. Estevez in a password protected drive. Study data may be used in research publications or presentations. Data from this study may be placed in a publicly available repository for study validation and further research. You will not be identified in any publication, presentation, or public dataset using information obtained from this study. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions. Individuals from the Georgia Southern University Institutional Review Board may inspect all study records to ensure research procedures are properly followed.

This study has been reviewed and approved by the Georgia Southern University Institutional Review Board under tracking number H24006. For questions concerning your rights as a research participant in this or other studies, contact Georgia Southern University Institutional Review Board at (912) 478 - 5465. For questions about this study, contact Archita Birla.

Study Title:
South Asian American Wellbeing

Principal Investigator:
Archita Birla
1029 Brannen Hall
Department of Psychology

Georgia Southern University
Statesboro, Georgia 20460-8041
Ab44224@georgiasouthern.edu

Research Advisor:
Dr. Rebekah Estevez
2034 Brannen Hall
Department of Psychology

Georgia Southern University
Statesboro, Georgia 20460-8041
ringram@georgiasouthern.edu

In review, in order to take the survey you must:
a) agree to participate
b) be between the ages of 18-25
c) reside in the United States
d) identify as South Asian American

APPENDIX C: DEBRIEF

You have completed this study!

You will receive compensation through Prolific's system.

The purpose of this study is to better understand the lived experience of South Asian Americans, related to areas of discrimination, social support, wellbeing, and mental health symptoms.

This study has been reviewed and approved by the Georgia Southern University Institutional Review Board under tracking number H24006. This study is entitled: South Asian American Wellbeing. For questions concerning your rights as a research participant in this or other studies, contact Georgia Southern University Institutional Review Board at (912) 478 - 5465. For questions about this study, contact Archita Birla.

We appreciate your participation, and we recognize that thinking about and answering questions about microaggressions can be upsetting. If these questions made you think about areas of your life that you would like to talk more about, we encourage you to contact the National Mental Health Hotline at 866-903-3787.

You can also contact the following resources for support:

National Suicide Prevention Lifeline
24/7 Crisis Line: 988, press 1
https://988lifeline.org/

National Alliance on Mental Illness (NAMI)
Helpline: 800-950-6264
text "HelpLine" to 62640
https://nami.org/