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Abstract

The present study is an empirical investigation of cultural mistrust as a mediator in the association between racial microaggressions and mental health (anxiety, depression, and well-being) in a sample of Asian American college students. In addition, we explored the role of cultural mistrust as a mediator in the association between racial microaggressions and attitudes toward seeking professional help. Asian American participants ($N = 156$) were recruited from two institutions located in the Pacific Northwest region of the United States. Participants filled out an online survey consisting of measures assessing the study variables. Bootstrapped results indicated that cultural mistrust was a significant mediator in the relation between microaggressions and well-being, such that racial microaggressions was significantly and positively associated with cultural mistrust, which in turn was significantly and inversely related to well-being. Mediation models involving anxiety, depression, and help-seeking attitudes as outcome variables were nonsignificant. The significant mediation finding (microaggressions → mistrust → well-being) has implications for improved understanding of Asian American students' reactions to modern day racism and how it relates to their sense of well-being.

Keywords: Racial microaggressions, Asian Americans, cultural mistrust.

Racial Microaggressions, Cultural Mistrust, and Mental Health Outcomes among Asian
American College Students

Contrary to the view that Asian Americans are model minorities who experience little hindrance to their success (Yoo, Burrola, & Steger, 2010), modern day racism is an everyday reality for Asian Americans (Sue, Bucceri, Lin, Nadal, & Torino, 2007). In particular, given the current political and sociocultural climate in the United States, subtle forms of racism such as racial microaggressions might be more commonplace compared to blatant ones (Sue, Capodilupo, et al., 2007). *Racial microaggressions* refer to “brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group” (Sue, Capodilupo, et al., 2007, p. 273). Microaggression examples specifically targeting Asian Americans include “praising” someone for English abilities (Tran & Lee, 2014), treating one as an expert on Asian culture (Endo, 2015), and so on (see Sue, Bucceri, et al., 2007 for more examples). Despite their subtlety and ambiguity (Sue, Capodilupo, et al., 2007), microaggressions’ association with adverse mental outcomes in Asian Americans is clear (Nadal, Wong, Sriken, Griffin, & Fujii-Doe, 2015; Ong, Burrow, Fuller-Rowell, Ja, & Sue, 2013).

Although the Asian American literature on the microaggressions-mental health link is growing, there is a lack of examination of *mediators*. In response to this deficit, there has been a call to examine mediators in empirical studies of racial microaggressions and mental health (Nadal et al., 2015; Wong, Derthick, David, Saw, & Okazaki, 2013). Such a call is especially fitting when one considers the potential for the improvement of the racial microaggressions literature, both in terms of building theories of causal associations and also for developing effective counseling interventions (see Frazier, Tix, & Barron, 2004, for a discussion of benefits

of mediation studies). We addressed this gap, by examining cultural mistrust as a mediator in the association between microaggressions and mental health.

Cultural Mistrust

Cultural mistrust refers to a sense of suspicion toward individuals from the mainstream culture (i.e., Whites) due to experiences of discrimination (Terrell & Terrell, 1981). Although the examination of this construct has been largely constrained to the African American literature (e.g., Terrell, Terrell, & Taylor, 1981; Townes, Chavez-Korell, & Cunningham, 2009), it stands to reason that mistrust as an outcome of racial oppression can be generalized to the Asian American context, given the reality of racism experienced by Asian Americans (Alvarez, 2009). To our knowledge, however, no studies have examined the associations between racial microaggressions, cultural mistrust, and psychological outcomes among Asian Americans, and we address this gap. Specifically, we propose that the experience of racial microaggressions would be associated with increased cultural mistrust, which in turn would be related to psychological health. Below, based on the logic of mediation, we first outline the rationale for the microaggressions-mistrust association, and then the rationale for the relation between cultural mistrust and the psychological outcomes of mental health and help-seeking attitudes.

Racial Microaggressions and Cultural Mistrust

Multicultural scholars have asserted that the experience of contemporary racism by people of color could eventually lead to a sense of suspicion toward those in the majority culture (Sue, 2010; Thompson & Neville, 1999). In support of these claims, in an Asian American student sample, Liang, Li, and Kim (2004) reported significant positive correlations between cultural mistrust (specifically, in the political and legal domains) and (a) racism-related stress stemming from perception of sociocultural and historic oppression (i.e., socio-historical racism),

and (b) rate of racist events experienced within the past year. Similarly, Alvarez and Helms (2001) reported that among the four identities specified in the People of Color Racial Identity Model (Helms, 1995), Immersion-Emersion status was the only one significantly and positively associated with both institutional (i.e., politics and law) and interpersonal cultural mistrust among Asian American students; because one of the elements of the Immersion-Emersion status is an intentional distancing of oneself from the mainstream culture (Helms, 1995), it makes sense that this particular identity status is positively associated with cultural mistrust. In addition, in a qualitative study with a mostly Asian American sample, one of the themes that emerged was a reduced ability to trust others (e.g., a romantic partner who is White) by the participants when they felt that others invalidated their experiences of racism (Lowe, Okubo, & Reilley, 2012). Finally, the African American literature has yielded studies with significant positive association between racism and mistrust (e.g., Combs et al., 2006). Taken together, these evidence suggest that the experience of racism should be associated with increased cultural mistrust among Asian Americans.

Cultural Mistrust and Mental Health

We also predicted that an increased level of cultural mistrust – as a result of experiences of racial microaggressions – would be related to psychological health. Although there is a lack of empirical studies that have examined cultural mistrust as a predictor of mental health outcomes among Asian Americans, there is some theorizing and also empirical evidence from an African American sample to suggest a significant cultural mistrust-mental health link. In particular, one view is that cultural mistrust is a healthy outcome for those who have experienced racial oppression (e.g., Sue, 2010; Tsai & Pike, 2000). For example, Tsai and Pike (2000) reported that Asian American students who were low-aculturated or bicultural had higher levels of paranoia

compared to a White comparison group, and as one of the explanations for this difference the authors (citing Newhill, 1990) posit that a sense of paranoia may have an adaptive function for people of color. This perspective suggests that in a mediation model like ours, cultural mistrust triggered by racial microaggression experiences may have a facilitative role on mental health. On the other hand, some have argued that mistrust has detrimental consequences, such as being unable to develop meaningful interpersonal connections with those from the majority culture (Sue, 2010). This particular view suggests an alternative prediction for our mediation model: it is also possible that cultural mistrust may increase distress symptoms and lower well-being. An evenhanded assumption based on the theorizing, then, is that cultural mistrust should significantly predict psychological health, but the nature of the association (positive vs. negative) may be debated.

We found one empirical study that examined the association between psychological health and cultural mistrust in a sample of African American students with a goal of specifying the nature of the association: Bell and Tracey (2006) found that a moderate level of cultural mistrust (in this study, referring to a greater level of trust in Whites compared to African Americans) was predictive of healthiest level of life satisfaction, relative to low or high levels of the participants' endorsement of mistrust. However, the question surrounding the nature of cultural mistrust predicting psychological health in Asian Americans remains unanswered in the literature, given that Bell and Tracey's study (a) was based on an African American sample, (b) utilized a definition of culture mistrust (i.e., how much more one trusted Whites relative to African Americans) different from most others in the literature (i.e., suspicion of those from mainstream culture; Terrell & Terrell, 1981), and (c) racism-related variables such as the actual experience or perception of racism was not taken into account in the association between cultural

mistrust and mental health. Therefore, our study advances the literature, by examining cultural mistrust and its prediction of psychological health among Asian Americans, taking into account the role of racial microaggressions. Based on the above literature, we predicted that cultural mistrust will significantly predict mental health, but the nature of the association (positive vs. negative) was left unspecified.

Exploratory Question: Cultural Mistrust and Professional Help-Seeking Attitudes

Lastly, we explored cultural mistrust's mediation between racial microaggressions and attitudes toward seeking mental health help. We decided to investigate this question in a tentative manner because the association between microaggressions and help-seeking attitudes has not been established, in contrast to the microaggressions-mental health link noted earlier. However, there are some limited reasons to think that microaggressions may predict unfavorable attitudes, based on a recent study that found that subtle racism predicted unfavorable help-seeking attitudes among Asian American students, controlling for emotional self-control and interpersonal shame (Kim, Kendall, & Chang, 2015). Furthermore, David (2010) in a Filipino American sample found a significant association between cultural mistrust and unfavorable help-seeking attitudes. Also, studies involving other samples such as South Asians from Great Britain (Soorkia, Snelgar, & Swami, 2011) and African Americans (e.g., Duncan & Johnson, 2007; Nickerson, Helms, & Terrell, 1994) have reported a significant association between cultural mistrust and help-seeking attitudes. Taken together, we deemed it worthwhile to explore cultural mistrust as a mediator, but we did this in an exploratory manner, given that the empirical association for the direct link between racial microaggression and help-seeking attitudes has not been established.

Hypothesis and Exploratory Question

We hypothesized that cultural mistrust will mediate the inverse relation between racial microaggressions and mental health outcomes (depression, anxiety, and well-being).

Specifically, we predicted that racial microaggressions would predict cultural mistrust, which in turn would be associated with mental health (anxiety, depression, and well-being).

We also explored cultural mistrust as a mediator in the association between racial microaggressions and help-seeking attitudes. Tentatively, we predicted that racial microaggressions will significantly and positively predict cultural mistrust, which in turn would significantly predict unfavorable help-seeking attitudes.

Method

Participant Characteristics

Participants were $N = 156$ Asian American undergraduate students ($M_{\text{age}} = 19.61$, $SD = 1.63$; females = 105). School years represented were 1st year ($n = 46$), 2nd ($n = 43$), 3rd ($n = 38$), 4th ($n = 24$), and “other” ($n = 5$). Ethnicities represented were Chinese ($n = 39$), Filipino ($n = 31$), Korean ($n = 25$), Japanese ($n = 21$), Vietnamese ($n = 9$), Taiwanese ($n = 6$), Cambodian ($n = 3$), Indian ($n = 3$), Indonesian ($n = 2$), Laotian ($n = 2$), Hmong ($n = 1$), and Thai ($n = 1$); 5 participants identified as biracial, 6 as multiethnic (i.e., combination of 2 or more Asian ethnicities), and 2 provided combinations that were ambiguous for categorization (e.g., use of the term “American” in conjunction with Asian ethnicities to describe ethnic makeup). Most participants reported U. S. as their place of birth ($n = 125$) and having lived the majority of their lives in the U. S. ($M = 18.08$, $SD = 3.97$). Thirty-nine participants reported that they have experienced utilizing counseling.

Procedure and Data Cleaning

Participants were students from a private liberal arts institution (Site 1; $n = 127$) and a public institution (Site 2; $n = 29$), both located in the Pacific Northwest. IRB permission was obtained prior to the implementation of the study, and all participants were treated according to the guidelines specified by the American Psychological Association. At Site 1, participants were recruited via an email announcement sent to Asian American students enrolled at the institution (email addresses were obtained by the 1st author from the Registrar's Office); participants were also recruited through social media pages and email lists of campus student organizations. At Site 2, participants were recruited via a social media page of a student organization and also through emailing lists of courses with larger number of Asian American students (e.g., course in an Asian American Studies program). Out of the 215 individuals who initially responded to the survey, 15 cases were deleted due to a failure to identify as Asian American. Next, we deleted 3 cases in which the participant failed to identify as an undergraduate student at the time of the study. Finally, we deleted 41 cases with more than 20% missing data, according to Olinsky, Chen, and Harlow's (2003) recommendations. The resulting final N for the current study was 156.

For the final sample, 95% of the cases had item-level missingness below 2%, and 5% of cases had item-level missingness between 3% and 17%. Little's (1988) test was nonsignificant, $\chi^2(4114) = 4239.44, p = .08$, indicating that the values were missing completely at random. Thus, we imputed the missing values using the Markov Chain Monte Carlo method available in SPSS (Version 23), generating five imputed data sets. Because SPSS does not provide pooled estimates for SDs and reliability coefficients, we report SDs (and corresponding means) and reliability based on original data, whereas the correlation coefficients reported are based on the

pooled estimates. One of the five imputed data sets was randomly selected on which to run tests of the indirect effects using the PROCESS macro.

Measures

Demographic variables. Background variables were gender, ethnicity, place of birth, years lived in U. S., school year, and prior utilization of professional counseling.

Racial microaggressions. The Racial and Ethnic Microaggressions Scale (REMS; Nadal, 2011) was used to assess the experience of racial microaggressions. The REMS includes 45 questions on a 2-point scale (0 = *I did not experience this event*; 1 = *I experienced this event at least once in the past six months*), with a higher score indicating more experience of racial microaggressions. Although the REMS includes six subscales (e.g., Assumptions of Inferiority Subscale; Nadal, 2011), we decided to use the total scale to capture the totality of the experience of racial microaggressions and also based on the lack of empirical precedence for using the subscales in relation to cultural mistrust and psychological outcomes. REMS was developed for use with racial minority samples and has demonstrated strong internal consistency (alphas = .93, .88) and validity (e.g., significant correlation with the Daily Life Experiences-Frequency Scale (Harrell, 2000) assessing everyday experiences of racial discrimination). REMS has been used with Asian American samples (Nadal et al., 2015). In our study, the REMS total demonstrated high internal consistency, $\alpha = .88$. The mean was used for analysis.

Cultural mistrust. A modified version of the Cultural Mistrust Inventory (CMI; Terrell & Terrell, 1981), a measure originally developed to assess the level of distrust harbored among African Americans toward individuals from the mainstream United States culture (i.e., Whites), was used to measure cultural mistrust. Two modifications were made to the CMI for use in the current study: (a) the term “Black(s)” was replaced with Asian American(s) – there is precedent

for similar modification for use with Asian American samples (see Kohatsu et al., 2000; also see David, 2010, for similar modification for use with Filipino Americans); and (b) at the recommendation of the first author's IRB, one item from the CMI that included an outdated and culturally insensitive phrase was removed. The resulting CMI included 47 items on a 7-point Likert scale (1 = *strongly disagree*; 7 = *strongly agree*)¹, with a higher score indicating a higher level of cultural mistrust. The CMI consists of four factors: Interpersonal Relations, Education and Training, Business and Work, and Politics and Law. We used the total scale. Terrell and Terrell (1981) reported good temporal consistency for the measure (test-retest consistency of .86) and also external validity (e.g., association with racial discrimination experience). In our study, the CMI demonstrated high internal consistency, $\alpha = .96$. The mean was used for analysis.

Mental health. The Anxiety, Depression, and Psychological Well-Being (PWB) subscales of the Mental Health Inventory (MHI; Veit & Ware, 1983) were used to assess mental health outcomes. The Anxiety (9 items), Depression (4 items), and PWB (14 items) subscales are rated on a 6-point Likert scale (with an exception of 1 Depression item, which is rated on a 5-point scale). The labels for the scales vary slightly to accommodate the wording of the items, but for all items, the highest score indicates the strongest endorsement (e.g., *always*), and the lowest the weakest (e.g., *never*), with higher scores indicating higher levels of anxiety, depression, and well-being. Veit and Ware (1983) reported good internal consistency for all three subscales (Anxiety $\alpha = .90$, Depression $\alpha = .86$, and PWB $\alpha = .92$). In addition, the MHI has demonstrated validity through its association with several expected variables (e.g., life events; see Davies et al., 1988). The MHI has been used with Asian American samples (e.g., Miller, Yang, Hui, Choi,

¹ Although Terrell and Terrell (1981) described a 9-point scale, several subsequent publications have used a 7-point scale for the CMI, including publications involving the original authors (e.g., Terrell, Terrell, & Taylor, 1981; Watkins & Terrell, 1988). For the sake of consistency with prior research, we decided to go with the 7-point scale version.

& Lim, 2011). The MHI demonstrated good internal consistency (anxiety $\alpha = .93$, depression $\alpha = .90$, well-being $\alpha = .94$). The mean scores were used for analysis.

Help-seeking attitudes. The Attitudes toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF; Fischer & Farina, 1995) was used to assess help-seeking attitudes. The ATSPPH-SF contains 10 items on a 4-point Likert scale (0 = *disagree*, 3 = *agree*), with a higher score indicating more favorable attitudes. Fischer and Farina (1995) reported good reliability (Cronbach's alpha = .84) and also evidence for validity, such as a significant correlation of the ATSPPH-SF and gender. The ATSPPH-SF has been used with Asian Americans (e.g., Kim et al., 2015; Miller et al., 2011). In our study, the measure's internal consistency was adequate, $\alpha = .78$. The mean was used for analysis.

Results

Primary Analyses

Bivariate correlations and descriptives for all study variables are displayed in Table 1. To test all our hypotheses, we used the SPSS Macro, PROCESS (Hayes, 2013), which provides bootstrapped estimates and 95% bias-corrected (BC) confidence intervals (CI's) for the indirect effects based on 5,000 resamples. First, we proposed that cultural mistrust would mediate the relationships between racial microaggressions and three mental health outcomes: (a) depression, (b) anxiety, and (c) well-being. Specifically, we predicted that racial microaggressions would positively predict cultural mistrust, which in turn would predict anxiety, depression, and well-being.

First, we tested the hypothesis that racial microaggressions would influence depression through cultural mistrust. Results indicated that the indirect effect was not significant ($B_{ab} = -.094$; [BC] 95% CI = $-.739, .519$). Next, we used the same procedure to test the hypothesis that

experiencing racial microaggressions influences anxiety through cultural mistrust. The results indicated that the indirect effect was non-significant ($B_{ab} = -.204$; [BC] 95% CI = $-.844, .413$).

Finally, we ran the same mediation test with microaggressions as the independent variable and cultural mistrust as the mediator, but the dependent variable was well-being. Results indicated that the indirect effect was significant ($B_{ab} = -.635$; [BC] 95% CI = $-.1.299, -.008$). For full results for this analysis, see Table 2. The total effect of microaggressions on well-being was significant ($B = -1.40, p = .001$), as well as both the a and b paths of the mediation model ($B_{a\ path} = 2.990, p = .001$; $B_{b\ path} = -0.212, p = .044$). Therefore, an increase in racial microaggression experiences was associated with increased cultural mistrust, which in turn was associated with reduced well-being. The results suggest that approximately 45% of the total negative impact of each additional experience of a microaggressions on well-being can be explained by the mediator—cultural mistrust. In summary, although cultural mistrust did not mediate the associations between racial microaggressions and either depression or anxiety, it did mediate the relationship between microaggressions and well-being.

Testing Alternative Models

Due to the cross-sectional nature of our study's method, the flow of causation is ambiguous. Therefore, we compared our proposed model's fit to a couple of alternative models. Our proposed model generated a moderately-good fit ($\chi^2 [1] = 2.081; p = .149$; root-mean-square error of approximation [RMSEA] = $.083, p_{close} = .226$; normed fit index [NFI] = $.975$). For our first alternative model we switched the mediator and the outcome, testing the hypothesis that microaggressions is associated with decreased well-being, which in turn, is associated with cultural mistrust. The resulting model fit was much poorer than for the proposed model ($\chi^2 [1] = 59.189; p < .001$; RMSEA = $.613, p_{close} < .001$; NFI = $.276$). For the second alternative model, we

designated microaggressions as predicting both cultural mistrust and well-being simultaneously.

Results indicated that this model is also a less-optimal fit than the original model ($\chi^2 [1] = 4.106; p < .043; RMSEA = .142, p_{close} < .084; NFI = .950$). Taken together, these findings are most consistent with the initially-proposed mediations.

Exploratory Research Question

We also explored cultural mistrust as a mediator in the association between racial microaggressions and help-seeking attitudes. Tentatively, we predicted that, controlling for prior counseling, racial microaggressions will significantly and positively predict cultural mistrust, which in turn would significantly predict unfavorable help-seeking attitudes. Mediation analysis in PROCESS revealed a non-significant indirect effect ($B = -.015; [BC] 95\% CI = -.315, .357$); therefore, this exploratory question was not supported by the data.

Discussion

Our study revealed that racial microaggressions predicted reduced well-being through cultural mistrust in a sample of Asian American college students. Specifically, an increase in microaggression experience was related to an increase in mistrust, which in turn was associated with decreased well-being. The significant mediation finding is partially consistent with prior research (Liang, Li, & Kim, 1994) and theorizing (e.g., Uba, 1982) on the racism-mistrust link in the Asian American context, and also the theorizing on cultural mistrust and mental health outcomes (e.g., Sue, 2010), but our study connects the disparate pieces in the literature by highlighting the indirect effect associated with cultural mistrust. More broadly, we answered the recent call to intentionally examine mediating models involving microaggressions and mental health (Nadal et al., 2015; Wong et al., 2014).

Explanation of the Findings

We first reflect on the link between microaggressions-mistrust, and then the association between mistrust and psychological well-being. A possible explanation for the positive association between microaggressions and cultural mistrust is that as the experience of racial microaggressions accumulates, one begins to develop various strategies to cope with the oppressive experiences. Thus mistrust may reflect a coping strategy in response to racial microaggressions, adopted by the individual because it allows oneself to be protected from experiencing more microaggressions (Sue, 2010). This interpretation of cultural mistrust as a coping strategy is partially consistent with the model posited by Wong et al. (2014; adapted from Hatzenbuehler, 2009) describing coping/emotion dysregulation as one of the key domains among psychologically mediating variables of the association between microaggressions and mental health.

Our mediation model implies, though, that the experience of cultural mistrust triggered by racial microaggressions may have psychological costs. Interestingly, the costs might not be anxiety or depressive symptoms as indicated by our null findings, but a reduced psychological well-being. Cultural mistrust may lead to a distancing of oneself from helpful interpersonal connections (Sue, 2010), resulting in reduced well-being. Because we did not assess directly for interpersonal support, however, we cautiously present this interpretation.

Implications for Research and Practice

The present findings have implications for future studies and also for clinical work with Asian American students. First, our findings suggest that it is a worthwhile endeavor for researchers to apply the cultural mistrust framework in studies of Asian American students' experience of racial discrimination. Replication and extension studies unpacking cultural mistrust as a correlate or outcome of contemporary racism experienced by Asian Americans is

likely to be a fruitful effort. Just as importantly, we would argue that highlighting cultural mistrust as a consequence of racialized experiences for Asian Americans is part of the larger, important effort to bring Asian American voice into the public and scholarly discourse on the reality of racism in the lives of Asian Americans, contrary to what the model minority stereotype (specifically, that Asian Americans do not experience racism and therefore are successful; see Yoo et al., 2010) portrays. Relatedly, our findings imply that the construct of cultural mistrust is one that can be generalized from an African American context to an Asian American one. This is not surprising considering the history of oppressive experiences that have impacted the various Asian American communities (e.g., Vincent Chin murder and subsequent events; internment of Japanese Americans; see Alvarez, 2009, for more examples) and how a sense of suspicion toward those in the mainstream culture develops because of those experiences. At the same time, we acknowledge that there may be culture-specific aspects of mistrust and discuss this as a possible future direction for research (see below under “Limitations and Future Directions”).

Second, our findings suggest that the nature of the association between cultural mistrust and well-being is a detrimental one. Given the empirical literature with a different definition of cultural mistrust (e.g., Bell & Tracey, 2006) and some theorizing about the potential benefits of cultural mistrust for psychological health (Newhill, 1990), we encourage future researchers to continue to pursue clarity regarding the nature of the association between cultural mistrust and psychological well-being.

Given the relatively small sample size, we were not able to examine within-group differences, and it could be premature to draw definite clinical implications that can be generalized to diverse Asian American ethnic groups. Therefore, implications for practice should be taken with caution. However, the results of the present study provided useful information that

could prove to be valuable for mental health professionals. For instance, given the detrimental association of cultural mistrust with the well-being of Asian Americans, therapists need to be more intentional in creating space in the beginning and throughout the counseling process to talk about the clients' experiences of racial microaggressions and cultural mistrust. Some Asian American clients may feel anxious about their cultural mistrust experiences. Instead of pathologizing them, therapists could validate and help clients to realize what they are experiencing is not abnormal, but a well-intentioned coping strategy. Moreover, therapists might find it necessary to explore how clients view cultural mistrust in relation to their well-being. Perhaps, therapists could help clients to gain insight into how cultural mistrust can function as a coping skill but also as a barrier to developing meaningful interpersonal connections with those from the majority culture (Sue, 2010).

Furthermore, if therapists are racially different from their Asian American clients, it is critical to invite clients to explore how their racial experiences and cultural mistrust might affect the therapy process. Day-Vines and colleagues (2007) have coined the term *broaching* to describe the counselor's ability to consider how sociopolitical factors influence the client's counseling concerns and therapy process. Engaging in broaching discussion regarding racial experiences would be necessary to make cultural mistrust overt in the therapy process, which, otherwise, might undermine therapeutic alliance and eventually clients' satisfaction in therapy. In fact, when broaching is handled by a consistent attitude of openness and respectful curiosity, clients can see therapists as conscious and sensitive of their sociopolitical experiences, thus developing therapist credibility (Day-Vines et al., 2007).

More importantly, given the cultural emphasis placed on respect for authority among Asian Americans, cultural mistrust might show up in indirect and subtle ways in therapy (e.g.,

silence, limited disclosure). Therapists who are unfamiliar with Asian American clients' cultural background may be more likely to misinterpret those behaviors and to see Asian American clients as being avoidant, resistant, or not ready for change. Thus, it is imperative for therapists to defer pathologizing judgments and to stay open and curious to learn more about the clients' experiences while broaching the subjects of racial microaggressions and cultural mistrust throughout the counseling process.

Limitations and Future Directions

The present study has its limitations that should inspire future studies. First, although we focused on cultural mistrust as a sole mediator, there may be other important mediators that need to be included as explanatory variables in the association between racial microaggressions and mental health. For instance and as noted earlier, Wong et al. (2014) based on Hatzenbuehler 2009, conceptualized that there may be mediators stemming from multiple domains including cognitive (hopelessness), interpersonal (e.g., social isolation), and coping/emotion dysregulation (e.g., rumination) domains. A possible future study could include several other variables from the coping/emotion dysregulation domain as competing mediators alongside cultural mistrust.

Second, our examination of the exploratory mediating model (microaggressions → cultural mistrust → help-seeking attitudes) did not control for other established correlates of Asian American help-seeking, with the exception of prior counseling experiences. Recently, Kim, Kendall, and Chang (2015) found that subtle racism predicted unfavorable help-seeking attitudes in Asian American college students, but only after controlling for prior counseling experience, emotional self-control, and interpersonal shame. We encourage future replications of our exploratory question but with an intentional controlling of theoretical and empirical correlates of Asian American help-seeking.

Third, although we made an empirical and theoretical case for the generalizability of the notion of cultural mistrust to the Asian American context, the measure we used, Cultural Mistrust Inventory (Terrell & Terrell, 1981) had to be revised for use in the present study. Future research endeavors might include the development of a cultural mistrust measure that is specific to Asian Americans. Alternatively, researchers might be interested in a fuller examination of the Cultural Mistrust Inventory's (Terrell & Terrell, 1981) psychometric properties when used with Asian American samples and modify it as appropriate. It might be interesting to highlight the shared and unique elements of cultural mistrust between African American and Asian American samples.

Fourth, our sample included various Asian groups. Given the relatively small sample size, we were not able to examine within-group differences in the levels of endorsement of the study variables, and more importantly, differences in the nature (i.e., positive or negative) or strength of the associations between racial microaggressions, cultural mistrust, and mental health. Future studies on this topic should be more intentional in obtaining a large enough sample size so that within-group differences among Asian ethnicities may be unpacked.

Fifth, our sample was specific to the Pacific Northwest region of the United States, and therefore the findings should be cautiously generalized to Asian Americans from other parts of the country. It could be a worthwhile endeavor for future researchers to attempt to replicate our findings using an Asian American sample that differs on the dimension of geographic location, and articulate how the difference can shape the associations between racial microaggressions, cultural mistrust, and mental health.

Finally, our study was based on self-report data. Future studies should creatively utilize alternate methodologies (e.g., experimental) to unpack the associations between racial discrimination, mistrust, and mental health.

Conclusion

The present study identified cultural mistrust as an important mediator to consider in the association between racial microaggressions and the psychological well-being of Asian American college students from the Pacific Northwest region of the United States. We hope that this preliminary finding will spur more research on the myriad of ways in which modern day racism impacts Asian American lives.

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Table 1

Bivariate Correlations, Means, and Standard Deviations for the Study Variables

Variable	1	2	3	4	5	6	7	<i>M</i>	<i>SD</i>
1. Counseling experience ^a	-							-	-
2. Racial microaggressions	.06	-						0.34	0.16
3. Cultural mistrust	.06	.59***	-					3.00	0.83
4. Anxiety	.25**	.26**	.12	-				2.98	0.99
5. Depression	.25**	.34***	.19*	.66***	-			2.36	0.90
6. Well-being	-.16*	-.25**	-.28***	-.55***	-.66***	-		3.50	0.90
7. Help-seeking attitudes	.21*	-.02	.00	.07	.05	.08	-	1.64	0.53

Note. ^a no = 0, yes = 1.

* $p < .05$; ** $p < .01$; *** $p < .001$.

The correlation coefficients are based on pooled estimates derived from the multiple imputation analysis, whereas the means and *SDs* are based on the original data.

Table 2

Regression Results for Test of Indirect Effect: Racial Microaggressions → Cultural Mistrust → Well-Being

Predictor	B	SE _B	t	p
Mediator Model (DV = cultural mistrust)				
Constant	1.986	0.124	16.083	<.001
Racial Microaggressions	2.990	0.327	9.158	<.001
Outcome Model (DV = well-being)				
Constant	4.397	0.263	16.732	<.001
Racial Microaggressions	-0.758	0.527	-1.438	.153
Cultural Mistrust	-0.212	0.105	-2.027	.044
	Boot Indirect	Boot SE	Bias-Corrected 95% CI	
Indirect Effect	-0.635	0.324	[-1.299, -.008]	

Note. $N = 156$. CI = confidence interval