SEATTLE PACIFIC LIBRARY

Seattle Pacific University
Digital Commons @ SPU

SPU Works

2021

Internalized model minority myth, God representations, and mental health among Christian Asian Americans

Paul Youngbin Kim
Seattle Pacific University

Follow this and additional works at: https://digitalcommons.spu.edu/works

Part of the Social and Behavioral Sciences Commons

Recommended Citation

Kim, P. Y. (2021). Internalized model minority myth, God representations, and mental health among Christian Asian Americans. Psychology of Religion & Spirituality. Advance online publication. https://doi.org/10.1037/rel0000435

This Article is brought to you for free and open access by Digital Commons @ SPU. It has been accepted for inclusion in SPU Works by an authorized administrator of Digital Commons @ SPU.

Internalized Model Minority Myth, God Representations, and Mental Health among Christian Asian Americans

Paul Youngbin Kim

Department of Psychology, Seattle Pacific University

Author Note

Data collection for this article was supported by a Faculty Research and Scholarship Grant from the School of Psychology, Family, and Community at Seattle Pacific University. There are no conflicts of interests to disclose.

Correspondence concerning this article should be addressed to Paul Youngbin Kim, Department of Psychology, Seattle Pacific University, 3307 Third Avenue West, Suite 107, Seattle, WA 98119-1922. Email: paulkim@spu.edu

©American Psychological Association, 2021. This paper is not the copy of record and may not exactly replicate the authoritative document published in the APA journal. Please do not copy or cite without author's permission. The final article is available, upon publication, at:

https://doi.org/10.1037/rel0000435

Abstract

The endorsement of the model minority stereotype by Asian Americans (i.e., internalized model minority myth) has associations with the mental health, but more empirical research is needed on factors that moderate this association. For many Asian Americans, religion is an important identity that intersects with racialized experiences, and the current study explores God representation (authoritarian, benevolent) as moderators of the association between internalized model minority myth and mental health (depressive symptoms, life satisfaction). Results based on 263 Christian Asian Americans revealed that internalized model minority stereotype was associated with decreased depressive symptoms. Also, authoritarian representation was associated with increased depressive symptoms and decreased life satisfaction. Benevolent representation was associated with increased life satisfaction. Finally, benevolent representation was a significant moderator of the association between internalized model minority myth and depression symptoms. The findings are preliminary given that this is a novel integration of the model minority and religiosity literature, but they suggest some promising implications for those working with Asian Americans in Christian settings.

Keywords: model minority myth, Asian Americans, God representations

Internalized Model Minority Myth, God Representations, and Mental Health Among Christian Asian Americans

"I am Asian, so I know a lot of doctors."

- Democratic presidential candidate *Andrew Yang*, on September 12, 2019, during the third Democratic presidential debate

All racial groups in the United States share in the experience of being stereotyped by others. For Asian Americans, the stereotypes that portray them as highly competent might be especially commonplace (e.g., Fiske et al., 2002; Zou & Cheryan, 2017). For non-Asians (e.g., Whites) who hold this perception of the competent Asian American, their view might also include a sense of resentment directed toward Asian Americans (e.g., Lin et al., 2005), which attests to the complexity of the seemingly positive stereotype. In particular, Asian Americans are often portrayed and treated as model minorities in the United States (S. J. Lee, 2015). The model minority stereotype is the belief that Asian Americans have achieved the most academic, financial, and vocational success among the racial minority groups in the U.S. (Fong, 2008). Also, the model minority stereotype has often been used by Whites to discount the experiences of racism by Asian Americans and other racial minority groups (Chou & Feagin, 2016). Moreover, as with all stereotypes, Asian Americans can also endorse the stereotype as being true, resulting in *internalized model minority stereotype* (Yoo et al., 2010). Andrew Yang's quote at the beginning of this article aptly illustrates this endorsement of Asian stereotypes by Asians and Asian Americans themselves. In recent psychological literature, articulating the consequences of endorsing the model minority stereotype for the psychological health of Asian Americans has been an important line of inquiry. The current study adds to this body of work, by examining the association between internalized model minority stereotype and mental health, and the moderating role of religiosity in the association.

In particular, a growing number of studies have recognized the complexity of the model minority stereotype's association with mental health. As Atkin et al. (2018) articulated in their literature review, although some studies have demonstrated harmful mental health associations with the model minority stereotype (e.g., Gupta et al., 2011), others have reported favorable mental health associations (e.g., Kiang et al., 2016). Given the mixed findings, identifying factors that might moderate the link between model minority myth and mental health is a much-needed area of research (Atkin, 2018). Atkin et al. (2018) found that school setting (majority Asian vs. majority non-Asian) moderated the association between internalized model minority myth and mental health, but there are likely other protective or exacerbating factors. To answer the question of whether internalized model minority stereotype is associated with mental health, both well-being (life satisfaction) and distress (depressive symptoms) were examined as outcome variables in the present study. Given the prior mixed findings, the nature of the association (i.e., favorable or deleterious) between internalized model minority stereotype and mental health was examined in an exploratory way in the present study. Also, God representation was examined as a moderator.

The cultural experiences of Asian Americans must be understood against the backdrop of their intersecting identities. One of these is religion. Scholars have articulated the salience of religion in Asian American lives, and despite its importance, how religion relates to Asian American psychological experiences are understudied (Ai, Bjorck, et al., 2013). In particular, the largest religious identification among Asian Americans is Christianity (42%; Pew Research Center, 2012). For Christian Asian Americans, religious behaviors, such as religious attendance, might be associated with reduced depressive symptoms, perhaps due to the social support that it provides (Ai, Huang, et al., 2013). Similarly, Appel et al. (2014) reported that religious

attendance was associated with better mental health self-ratings in a national sample of Christian Asian Americans. Beyond being generally protective for mental health of Christian Asian Americans, religion is also important for Asian Americans in coping with racialized experiences. For example, religious coping moderated the association between racism and well-being in a sample of Christian Asian American college students (P. Y. Kim et al., 2015). Similarly, experiences of racism were associated with specific types of religious coping – for example, racism was positively associated with the reliance on benevolent religious reappraisal/spiritual support (see Pargament et al., 2000) – which in turn predicted decreased anxiety symptoms (P. Y. Kim, 2017). Collectively, these studies suggest that the examination of religious variables, both as facilitators of mental health and ones that could potentially moderate or mediate the association between racial experiences and mental health, can be promising. The current study is an investigation of both the general effects of God representations on mental health, and specific role of God representations in synergy with racialized experiences of Asian Americans.

God Representations and Mental Health

Christians understand who God is using person characteristics, or God representations. Two popular dimensions of God representation are viewing God as *authoritarian* and *benevolent* (Johnson et al., 2015). According to Johnson et al. (2015), the authoritarian view emphasizes God's characteristics in governing over all things (controlling) and delivering discipline (punitive). On the flipside, the benevolent representation describes God as someone who intervenes during times of distress (helping) and pardons past wrongdoings (forgiving). Research with Americans have found that the most popular (31 percent) opinion about who God is tends to be authoritative, or one that is characterized by both judgement and engagement; and the second popular view was a benevolent view of God (24 percent), characterized by a good and loving

nature, inclination to show mercy and grace, and responsiveness to people in times of distress (Froese & Bader, 2010). Although Froese and Bader's (2010) term "authoritative" is slightly different conceptually from Johnson et al.'s (2015) term "authoritarian" applied in the present study, Froese and Bader (2010) nonetheless capture the broad idea that the average American's view of God reflects sternness or judgement on one side, and warmth and grace on the other. Authoritarian and benevolent God representations have yet to be tested with an Asian American sample, but both prior conceptual and research with other samples suggest that the endorsement of these representations is associated with various mental health outcomes. For example, Tung et al. (2018) found that benevolent God representations were correlated with better mental health among Protestant graduate students (14.10 percent Asian or Asian American). Similarly, benevolent God representation was associated with favorable mental health among U.S. adults (i.e., inverse associations with distress), and authoritarian God representation was associated with unfavorable mental health (e.g., positive associations with distress; Silton et al., 2014; racial/ethnic breakdown not reported). Beyond mental health, prior research suggests that both God representations are associated with prosocial behaviors such as volunteering and willingness to help those who are of different religion (Johnson et al., 2013).

One question that arises is regarding the validity of the authoritarian-benevolent bifurcation within Asian cultures. Despite the lack of prior studies on this topic with Asian Americans, a case could be made that (a) the authoritarian-benevolent representations as concepts are congruent with key aspects of Asian culture, and (b) the facilitative and deleterious effects of benevolent and authoritarian representations, respectively, might also hold in Asian American samples.

Ethnic socialization and religious upbringing are an intertwined experience for religious

Asian Americans (J. J. Park & Dizon, 2017). Furthermore, relationship to God can mirror relationship to self and others (Kirkpatrick & Shaver, 1990). Given these assertions, it is possible that Christian Asian Americans' view of God is partly shaped by cultural values reflecting how one is expected to relate to self and others. As an example, a cultural value that is commonplace in Asian settings is respect for authority (B. S. K. Kim et al., 2001; Kitano & Matsushima, 1981). Another core Asian cultural value is the emphasis on emotional restraint (B. S. K. Kim et al., 2005). Arguably, an authoritarian view of God is consistent with these cultural emphases on social hierarchy and emotional control. Given the congruence, it seems plausible that an authoritarian understanding of God as someone who is stern and to be respected might be familiar in the minds of Christian Asian Americans. Likewise, certain experiences as Asian Americans might readily relate to a benevolent God representation; I consider this in more depth later when internalized model minority stereotype is deliberated in relation to benevolent God representation.

Moreover, the nature of the two types of God representations' relation to mental health of Asian Americans might be similar to what is typically found in the literature – namely, authoritarian with negative outcomes, and benevolent with positive ones. To make this argument, it is helpful to consider parenting style, which is arguably a closely related construct to God representations. Assuming the correspondence, then any associations between parenting style and mental health outcomes in Asian American samples should provide a tentative clue for how God representations might also relate to mental health. In Asian contexts, although authoritarian parenting has been identified as a more common form of parenting (e.g., Dornbusch et al., 1987), there is also growing evidence that the adjustment outcomes as result of these parenting styles might be similar to what is typical in a Western context – a pattern where authoritative style

tends to be associated with favorable outcomes (e.g., self-regulation; Shen et al., 2018), and authoritarian tends to be associated with unfavorable ones (e.g., internationalizing and externalizing problems; Pinquart & Kauser, 2017). Given these findings, it seems reasonable that similar associations might exist between God representations and mental health outcomes among Asian Americans. However, these are conjectures based on an assumption of correspondence between parenting style and God representations, and therefore more direct assessment of God representations and mental health outcomes among Asian Americans is needed. Based on the prior evidence summarized earlier, it was hypothesized that benevolent representation will be related to decreased depressive symptoms and increased life satisfaction, and authoritarian representation will be related to increased depressive symptoms and decreased life satisfaction.

God Representations as Moderators

Finally, the moderating role of God representation in the empirical association between internalized model minority stereotype and mental health was explored. Given the aforementioned mixed findings on the associations between internalized model minority stereotype and mental health outcomes, it is reasonable to predict a moderating role of God representation in a scenario where internalized model minority myth facilitates mental health, and another scenario where it worsens mental health. If internalized model minority stereotype is associated with greater psychological distress and decreased life satisfaction, then I would argue that a benevolent representation of God might amplify any positive effect on mental health and protect against any negative effect. A benevolent God image might counter how internalized model minority stereotype relates to mental health of Asian Americans. Viewing God primarily as a helper and forgiver (i.e., benevolent) might neutralize the impact of the individual belief that Asian Americans should be high achieving and successful. Conversely, authoritarian view of

God might be described as emphasizing discipline and high standards (Johnson et al., 2015). For those who internalize the model stereotype, having a representation of the divine that similarly focuses on rigidity and high expectations could amplify the unfavorable impact of model minority stereotype on mental health.

On the other hand, if internalized model minority stereotype turns out to be associated with decreased depressive symptoms and increased life satisfaction, this association might be moderated by a benevolent view of God. In particular, benevolent view of God might be consistent with the central views of the internalized model minority stereotype – and more broadly, the highly competent aspect of the stereotype – in the sense that a benevolent God who is gracious and generous might also reward or bless God's people by making them more prosperous and successful (i.e., model minority).[1] This is also consistent with Froese and Bader's (2010) assertion that part of a benevolent view of God involves seeing God as a ready and available responder to the person; translated to the current study, this might mean that a reward from God due to the diligence and hard work of the individual might be readily available, which then can facilitate well-being and protect against distress. Thus, any positive benefit of the internalized model minority stereotype on mental health might be even more amplified for those who view God as more benevolent. That is, any positive influence of believing that Asian Americans are successful would be even greater if one also believes that this is consistent with their view of God. On the other hand, an authoritarian view of God might not affect the relationship one way or another.

Study Hypotheses

[1] I am grateful for an anonymous reviewer in the peer review process who suggested this rationale for how benevolent representation might interact with internalized model minority stereotype.

Hypothesis 1: Internalized model minority stereotype will be associated with depressive symptoms and life satisfaction.

Hypothesis 2: Benevolent God representation will be associated with better mental health, whereas authoritarian God representation will be associated with decreased mental health.

Exploratory Question: The moderating role of God representations in the association between internalized model minority stereotype and mental health will be explored.

Method

Participants were recruited through Prolific with an eligibility criteria of (a) being based in the U.S., (b) of Asian ethnicity, and (c) having Christianity as a religion. Participants were paid 3.00 USD each, which translated to 40.45 USD average reward/hour according to Prolific's calculation of how much the 3.00 USD payment was worth to each participant after the completion of the study. Initially, 276 participants filled out the online survey. After eliminating 1 case that did not provide informed consent and 12 cases that failed the attention check question, 263 participants (M_{age} = 26.88, SD = 8.58; age range 18 to 72 years; 111 females, 151 males, and 1 gender non-conforming person) were retained. Participants had lived 24.40 years (SD = 9.51) in the U.S. Education level included 32 with a high school diploma or GED, 64 with some college experience but no degree, 111 with a bachelor's degree, 15 with an associate's degree, 23 with a master's degree, 12 with a professional degree, and 6 with a doctorate. Participants could indicate more than 1 Asian ethnic group, and Asian ethnicities represented were 73 Filipina/o, 59 individuals from mainland China, 47 Korean, 40 Vietnamese, 22 individuals from Hong Kong, 21 individuals from Taiwan, 13 Japanese, 4 Indian, 4 Indonesian, 4 Malaysian, 1 Laotian, 1 Thai, and 9 "other."

Measures

Internalized Model Minority Myth

The Internalization of the Model Minority Myth Measure (IM-4; Yoo et al., 2010) is a measure that assesses the degree to which Asian Americans might endorse the model minority stereotype as being true. The measure contains two subscales (The Achievement Orientation subscale, which assesses the belief in Asian Americans' academic and vocational success due to hard work; and the Unrestricted Mobility subscale, which assesses the belief that Asian Americans experience little to no obstacles to their success in the United States; Yoo et al., 2010), but only the Achievement Orientation subscale was used in the current study. This subscale includes 10 items on a 7-point scale (1= strongly disagree, 7 = strongly agree), and participants are directed to respond to each item with a preceding statement, "In comparison to other racial minorities (e.g., African American, Hispanics, Native Americans)" (Yoo et al., 2010). Examples of items include "Asian Americans make more money because they work harder" and "Asian Americans are more likely to persist through tough situations" (Yoo et al., 2010). The measure was created for use with Asian Americans, and Yoo et al. (2010) reported good validity (e.g., correlation with key Asian values such as collectivism) and reliability (e.g., high internal consistencies) information for the Achievement Orientation subscale. In the current study, the measure demonstrated good internal consistency, $\alpha = .92$. A higher score indicated a stronger level of internalized model minority stereotype.

God Representation

The A/B-God Scale (Johnson et al., 2015) is a measure that assesses the representation of God. The measure includes two subscales, Authoritarian God Representation and Benevolent God Representation, and both subscales were utilized in the current study. A/B-God Scale includes 18 descriptions of God (9 items for each subscale) that participants rate on a 7-point

scale (1 = strongly disagree, 7 = strongly agree) in terms of their agreement that the word describe God. Example items are “controlling” and “judging” for the Authoritarian scale, and “compassionate” and “accepting” for the Benevolent scale (Johnson et al., 2015). Johnson et al. (2015) created the measure using Christian samples, and they reported good validity (e.g., association with personality traits such as agreeableness) and reliability (e.g., consistently high internal consistencies across their samples) information. In the current study, both subscales demonstrated high internal consistency: $\alpha = .90$ for Authoritarian Representation and $\alpha = .94$ for Benevolent Representation. A higher score indicated stronger endorsement of the God representation.

Depressive Symptoms

The Depression subscale from the Mental Health Inventory (Veit & Ware, 1983) assesses the experience of depressive symptoms in the last month. This subscale is made up of 4 items asking about symptoms of depression experienced in the last month, with 3 items on a 6-point scale (1 = none of the time, 6 = all of the time) and 1 item on a 5-point scale to fit the wording of the question, “Did you feel depressed during the past month?” (1 = No, never felt depressed at all, 5 = Yes, to the point that I did not care about anything for days at a time; Veit & Ware, 1983). Another exam item is, “During the past month, how much of the time have you been in low or very low spirits?” (Veit & Ware, 1983). Davies et al. (1988) provided some evidence of MHI’s validity through its correlations with similar psychological variables, and prior studies have used the MHI with Asian American samples (e.g., Miller et al., 2011). Veit and Ware (1983) reported high internal consistencies, and the current study also demonstrated a strong internal consistency, $\alpha = .94$. A higher score on the subscale indicated a greater level of depressive symptoms.

Life Satisfaction

The Satisfaction with Life Scale (SWLS; Diener et al., 1985) assesses the subjective well-being of individuals. The scale is made up of 5 items on a 7-point scale (1 = strongly disagree, 7 = strongly agree). An example item is, "In most ways my life is close to my ideal." The SWLS was developed with college and elderly samples, and the creators of the scale reported good internal consistency, temporal reliability, and expected correlations with other subjective well-being and distress variables (Diener et al., 1985). The SWLS has been used with Asian American samples (e.g., Benet-Martínez & Karakitapoglu-Aygün, 2003; Berkel & Constantine, 2005). In the present study, the scale demonstrated good internal consistency, $\alpha = .88$. A higher score indicated greater level of subjective well-being.

Results

Preliminary Analyses

Table 1 displays the correlations, means, standard deviations, and Cronbach's alphas. The variables significantly correlated with the outcome variable of depressive symptoms were internalized model minority myth ($r = -.20$, $p < .01$), authoritarian God representation ($r = .18$, $p < .01$), and life satisfaction ($r = -.39$, $p < .001$). The variables significantly correlated with the outcome variable of life satisfaction were authoritarian representation ($r = -.16$, $p < .05$), benevolent representation ($r = .25$, $p < .001$), and depressive symptoms ($r = -.39$, $p < .001$).

Main Analyses

Hypothesis 1: Internalized Model Minority Stereotype as Predictor of Depression and Life Satisfaction

To test Hypothesis 1, simple regression analyses were conducted with the predictor as the internalized model minority stereotype and the outcome variables of depressive symptoms and

life satisfaction (see Table 2). Results indicated that internalized model minority stereotype significantly and inversely predicted depressive symptoms (*b* = -0.24, *t* = -3.29, *p* = .001; R^2 = .04) but was a nonsignificant predictor of life satisfaction (*b* = 0.12, *t* = 1.35, *p* = .178; R^2 = .01). Thus, Hypothesis 1 was partially supported and identified depressive symptoms as a significant correlate of internalized model minority myth.

Hypothesis 2: Authoritarian and Benevolent God Representations as Predictors of Depression and Life Satisfaction

To test Hypothesis 2, simple regression analyses were conducted with the two God representation variables as predictors, and the two psychological health variables as outcomes (see Tables 3 and 4). Authoritarian God representation significantly predicted depressive symptoms (*b* = 0.16, *t* = 2.92, *p* = .004; R^2 = .03) and inversely predicted life satisfaction (*b* = -0.17, *t* = -2.59, *p* = .010; R^2 = .03). Benevolent God representation did not significantly predict depression (*b* = -0.12, *t* = -1.75, *p* = .081; R^2 = .01) but significantly predicted life satisfaction (*b* = 0.32, *t* = 4.13, *p* <.001; R^2 = .06). Thus, my hypothesis regarding authoritarian God representation was fully supported, whereas the prediction about benevolent representation was partially supported.

Exploratory Question: Moderation

Given the significant association between internalized model minority stereotype and depressive symptoms, I proceeded to examine the moderation of God representations in the empirical association between internalized model minority stereotype and depressive symptoms only. Model 1 from Hayes' (2017) PROCESS macro was used in SPSS v. 27 to test the empirical associations between the study variables. Model 1 is a regression analysis involving a predictor, a moderator, and an outcome variable (Hayes, 2017). In the current study, the predictor variable

was internalized model minority myth, outcome variable was depressive symptoms, and moderator variables were authoritarian and benevolent God representations. All predictor and moderator variables were centered prior to analysis.

Table 5 displays the regression results for authoritarian representation as a moderator. Authoritarian God representation was a significant predictor of depressive symptoms, $b = 0.16$, $t = 2.96$, $p = .003$. Authoritarian God representation was not a significant moderator, as the model minority myth x authoritarian representation term was a nonsignificant predictor of depression, $b = -0.06$, $t = -1.23$, $p = .22$.

Table 6 displays the regression results for benevolent representation as a moderator. Benevolent God representation was a nonsignificant predictor, $b = -0.08$, $t = -1.15$, $p = .25$. Benevolent representation was a significant moderator, as the model minority myth x benevolent God representation term was a significant predictor, $b = 0.16$, $t = 2.51$, $p = .01$. To further probe the interaction effect, the association between internalized model minority myth and depression scores at low (-1 *SD*), medium (mean), and high (+1 *SD*) levels of benevolent God representation was graphed (see Figure 1). This figure suggests that at a low level of internalized model minority stereotype, depression scores are lowest when benevolent God representation is high. However, this trend disappears as benevolent God representation increases.

Discussion

The model minority stereotype is a prevalent experience among Asian Americans in the United States (Chou & Feagin, 2016; Fong, 2008), and sometimes this stereotype is internalized by Asian Americans themselves (Yoo et al., 2010). The present study revealed that internalized model minority stereotype is inversely associated with symptoms of depression. The present study also introduced authoritarian and benevolent God representations as religious constructs

intersecting with racialized experiences such as the model minority stereotype to influence mental health. Both representations were predictive of mental health (benevolent representation associated with positive life satisfaction, authoritarian representation associated with decreased life satisfaction and increased depressive symptoms). Finally, I also explored how these representations might moderate the relation between internalized model minority stereotype and depressive symptoms. Results revealed a significant moderating effect of benevolent God representation, such that at low and medium levels of internalized model minority stereotype, depression scores are lowest when benevolent God representation is high. At a higher level of internalized model minority stereotype, however, this protective element of benevolent God representation disappears. Below, I offer thoughts on the association between internalized model minority stereotype and depressive symptoms, then the association between God representations and mental health, and finally the moderating effect of God representations.

Consistent with some prior findings (e.g., Kiang et al., 2016), internalized model minority stereotype was inversely associated with depression. This speaks to the protective function of Asian Americans believing that their own racial group tends to be successful in the United States. Although this study did not examine mediating variables that help to elucidate this somewhat counterintuitive relationship further, it is possible that factors such as increased perceived control (see Yoo et al., 2010) and collective self-esteem (see Tawa et al., 2012, for discussion in relation to structural racism) could help explain why this relationship exists. In terms of perceived control, the belief that one can control one's educational and economic outcome can act as a facilitator of mental health, by reducing depressive symptoms. In terms of collective esteem, internalizing the belief of the Asian American success story could foster a sense of pride in the ethnic identity and foster a sense of collective identity, which might protect

against depressive symptoms. Another interpretation is that internalized model minority stereotype reflects what J. Lee and Zhou (2014) refer to as the “success frame” for experiencing good outcomes (e.g., academic) that is prevalent in Asian American families (also see J. Lee & Zhou, 2015). That is, the finding that internalized model minority myth protects against mental health distress might be driven by internalized model minority stereotype’s congruency with the cultural or familial push for a certain type of mobility in the U.S. as Asian Americans – namely, through educational and vocational success (J. Lee & Zhou, 2014). Yet another explanation for the inverse association between internalized model minority myth and depression might be based on the notion of underreporting of symptoms. That is, it is possible that those who believe in the highly successful stereotype of Asian Americans might experience a sense of dissonance when experiencing depression, and this dissonance might lead to a minimization of their depressive symptoms. This interpretation of resistance to admitting emotional distress in order to maintain the internalized model minority stereotype is somewhat congruent with P.Y. Kim and Lee’s (2014) finding that internalized model minority myth was associated with unfavorable attitudes toward seeking psychological help.

In addition, the current study revealed that an authoritarian view of God was associated with more depressive symptoms and less life satisfaction, and a benevolent view of God was associated with more life satisfaction. These findings are consistent with prior studies that authoritarian view of God is associated with deleterious mental health outcomes, and benevolent view is associated with favorable ones (e.g., Silton et al., 2014). One explanation for the current findings around God representations is attachment to God. Tung et al. (2018) wrote that God representation might be viewed as a more explicit understanding of God, whereas attachment might be more emotional and implied and therefore a more proximal variable to mental health.

Therefore, as Tung et al. (2018) found and subsequently explained, it is possible that benevolent God representation is related to more life satisfaction due to an increase in secure attachment to God, and authoritarian God representation is related to detrimental mental health outcomes due to an increase in insecure attachment. Although I did not assess attachment, such a framework appears promising in interpreting the empirical associations between God representations and mental health in the current Asian American sample.

In addition to the attachment explanation, it is also possible that there are Asian cultural aspects that make the favorable and deleterious influence of benevolent and authoritarian God representations, respectively, even more pronounced. For example, a sense of connection with others is an important aspect of understanding the self in Asian cultures; put differently, the self is defined in relation to other people (Markus & Kitayama, 1991). Given this, for Asian American individuals, relationship with God might be deeply intertwined with the understanding of the self, and a view of self that is punitive and harsh versus kind and generous might lead to different kinds of mental health outcomes. Future empirical efforts are needed to answer this question more definitively whether salient cultural values might amplify the associations between God representations and mental health outcomes. But for now, what is clear from the current study is that the main effects associated with authoritarian and benevolent God representations seem to also hold within the Asian American context.

Regarding authoritarian view of God and its association with depression in particular, it is interesting to make sense of this outcome in light of Petts and Jolliff's (2008) finding that religious Asian youths were more likely to experience depressive symptoms compared to nonreligious Asian youths. Petts and Jolliff (2008) pointed to cultural factors present in Asian churches that might explain their finding (e.g., patriarchal culture and resulting cultural tensions).

Similarly, I wonder if the current finding around the authoritarian view of God can also be reflecting, at least in part, the internalization of traditional views that make up the participants' religious context.

Interestingly, benevolent representation was not directly related to depression, but combined with internalized model minority myth, it was associated with depressive symptoms. Specifically, the findings paint a nuanced picture that at a lower level of internalized model minority myth, benevolent representation appears to facilitate mental health by decreasing symptoms of depression. However, a higher level of internalized model minority seems to override the benefit of benevolent God representation on depressive symptoms. This is partially consistent with the literature arguing for the facilitative effect of benevolent God representation (e.g., Tung et al., 2018), but it also points to complexities when cultural experiences such as the model minority stereotype are considered. There has been a push for examining contextual factors (see Atkin et al., 2018) to explain the contradictory association between model minority myth and mental health, and this study contributes by highlighting the salience of God representation. As a tentative explanation, benevolent representation might mean that one views God as someone who rewards positive behaviors such as diligence and hard work – an interpretation that is consistent with the main tenet of the internalized model minority stereotype that emphasizes the importance of hard work and meritocracy for Asian American success (see Yoo et al., 2010). Hence, the congruency between the perspectives pushed forward by benevolent God representation and internalized model minority stereotype, at least when internalized model minority stereotype level is at a lower or medium level, might mean that benevolent representation of God is that much more helpful in decreasing depressive symptoms. A slightly different angle to understanding this interaction effect might be that Asian American

Christians who neither endorse the model minority stereotype nor view God as benevolent (see left side of Figure 1) are especially vulnerable to psychological distress such as depressive symptoms; conversely, either viewing God as benevolent or believing in the model minority stereotype – *one* of those elements – might be sufficient to protect against depressive symptoms.

Implications

The current findings, although preliminary, have intriguing implications for those working with Asian Americans in psychological and religious settings. First, clergy and mental health professionals should keep in mind the salience of racial stereotypes on mental health of Asian Americans, including those that might have mixed mental health outcomes, such as the model minority stereotype. Furthermore, the church setting affords a distinctive location for a deeper exploration of spiritual or religious topics, such as how the individual represents God in their mind. For instance, psychoeducation programming could be developed that incorporates the spiritual element of God representation and how it can influence one's mental health. Going deeper and based on my somewhat counterintuitive moderation finding, Asian American congregations will find it a fruitful endeavor to examine the ways that the model minority stereotype might be intertwined with a view of a God who blesses a certain group of people based on their exceptionalism. That is, the potential perils of benevolent God representation could be discussed in light of Asian American experiences at the sociocultural level. Admittedly, these are challenging conversations to have in the church setting that likely require a level of advanced training in both psychological and religious experiences of Asian Americans, but the current findings point to the necessity of bringing together the psychological and spiritual experiences of Asian Americans in a way that might be beneficial for them. Collaborations between mental health professionals, Asian American scholars, and religious leaders might be

especially worthwhile to tackle these topics more comprehensively.

Limitations and Future Directions

This study has some limitations that can motivate future empirical efforts in this area. First, the current study focused on life satisfaction and depressive symptoms as positive and negative mental health outcomes, respectively. However, there are other ways to conceptualize and assess mental health outcomes, including a general measure of psychological distress, that will yield additional evidence for how internalized model minority stereotype might be associated with specific and general mental health. Second, the current study highlighted mental health as outcome, but there are other outcomes associated with internalized model minority stereotype that would be important to examine. For example, internalized model minority stereotype is associated with anti-Black attitudes in a sample of Asian American college students (Yi & Todd, 2021). It seems plausible that religious variables might meaningfully intersect with internalized model minority stereotype to influence anti-Black attitudes. Third, there may be other religious factors to consider as mediators or moderators in the relation between internalized model minority myth and depressive symptoms. For example, religious coping has been examined in prior literature in conjunction with racialized variables (e.g., P. Y. Kim et al., 2015), and this might be a religious function that might have a synergic association with model minority stereotyping to influence mental health. Related, other ways of conceptualizing and assessing God representation has been identified in the literature (e.g., Johnson et al., 2019), and future researchers should see if there are even more nuanced differences that emerge based on Asian American samples. It is also notable that current conceptualizations and assessments of God representations tend not to include a focused view of whether God is fair or arbitrary in implementing justice, which may be a critical area to develop in the psychology of religion

literature. Moreover, as noted earlier, attachment to God has been identified as an important mediator in the relation between God representation and mental health (Tung et al., 2018). I encourage future researchers to consider including attachment measures to replicate the current study findings with Asian samples. Fourth, the present study used only the Achievement Orientation subscale of the IM-4 (Yoo et al., 2010). But the other subscale, Unrestricted Mobility, might also prove fruitful in relation to religion and mental health of Asian Americans, given its emphasis on the belief in fewer structural barriers to success for Asian Americans (Yoo et al., 2010). Elsewhere, researchers have found that views about mobility of Asian Americans held by White college students were associated with more individualistic understanding of the difficult experiences of Black and Latinx individuals (J. Z. Park et al., 2015). Also, as noted earlier, Yi and Todd (2021) found that the endorsement of the unrestricted mobility stereotype was related to anti-Black sentiments through the mediator of just world beliefs among Asian Americans. Combining and extending these ideas, it might be interesting to examine the degree to which Asian Americans who have internalized the unrestricted mobility stereotype might rely on individualistic perspectives to assess the experiences of other communities of color, but in conjunction with God representations such as a benevolent view of God (e.g., “Does God show more favor to me by placing fewer barriers to success in my life? Are members of other racial groups experiencing more difficulties because God is showing less favor to them?”). Fifth, the participants in my study were necessarily Christian because of the current study’s focus on God representations, but it would be worthwhile to examine how internalized model minority stereotype might relate to other spiritual variables that are not constrained to Christianity, or to any religion. The second largest group of Asian Americans report being unaffiliated with a religion (Pew Research Center, 2012), and it would be important to capture their experiences of

internalized model minority stereotype against the backdrop of any relevant spiritual constructs. Finally, the current study was a cross-sectional effort, and therefore it is unable to definitely state causal or sequential relationships among the study variables. Future researchers are encouraged to utilize methodologies that allow for these conclusions to be drawn.

References

Ai, A. L., Bjorck, J. P., Appel, H. B., & Huang, B. (2013). Asian American spirituality and religion: Inherent diversity, uniqueness, and long-lasting psychological influences. In K. I. Pargament, J. J. Exline, & J. W. Jones (Eds.), *APA handbooks in psychology®. APA handbook of psychology, religion, and spirituality (Vol. 1): Context, theory, and research* (p. 581–598). American Psychological Association. https://doi.org/10.1037/14045-032

Ai, A. L., Huang, B., Bjorck, J., & Appel, H. B. (2013). Religious attendance and major depression among Asian Americans from a national database: The mediation of social support. *Psychology of Religion and Spirituality, 5*(2), 78-89. https://doi.org/10.1037/a0030625

Appel, H. B., Ai, A. L., Huang, B., & Nicdao, E. (2014). Detrimental effects of discrimination on mental health in Asian Americans: Counteracting roles of religious involvement. *International Journal for the Psychology of Religion, 24*(1), 28-46. https://doi.org/10.1080/10508619.2012.761524

Atkin, A. L., Yoo, H. C., Jager, J., & Yeh, C. J. (2018). Internalization of the model minority myth, school racial composition, and psychological distress among Asian American adolescents. *Asian American Journal of Psychology,* 9(2), 108–116. https://doi.org/10.1037/aap0000096

Benet-Martínez, V., & Karakitapoglu-Aygün, Z. (2003). The interplay of cultural syndromes and personality in predicting life satisfaction: Comparing Asian Americans and European Americans. *Journal of Cross-Cultural Psychology*, *34*(1), 38-60. https://doi.org/10.1177/0022022102239154

Berkel, L. A., & Constantine, M. G. (2005). Relational variables and life satisfaction in African

American and Asian American college women. *Journal of College Counseling*, *8*(1), 5-13. https://doi.org/10.1002/j.2161-1882.2005.tb00067.x

Chou, R. S. & Feagin, J. R. (2016). *The myth of the model minority: Asian Americans facing racism* (2nd ed.). Paradigm Publishers. https://doi.org/10.1093/sf/sov089

Davies, A. R., Sherbourne, C. D., Peterson, J. R., & Ware, J. E. (1988). *Scoring manual: Adult health status and patient satisfaction measures used in RAND's Health Insurance Experiment* (N-2190-HHS). Santa Monica, CA: RAND Corporation.

Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, *49*(1), 71-75. https://doi.org/10.1207/s15327752jpa4901_13

Dornbusch, S. M., Ritter, P. L., Leiderman, P. H., Roberts, D. F., & Fraleigh, M. J. (1987). The relation of parenting style to adolescent school performance. *Child Development*, 1244-1257. https://doi.org/10.2307/1130618

Fiske, S. T., Cuddy, A. J., Glick, P., & Xu, J. (2002). A model of (often mixed) stereotype content: Competence and warmth respectively follow from perceived status and competition. *Journal of Personality and Social Psychology*, *82*(6), 878-902. https://doi.org/10.1037//0022-3514.82.6.878

Fong, T. P. (2008). *The contemporary Asian American experience: Beyond the model minority* (3rd ed.). Upper Saddle River, NJ: Pearson Prentice Hall.

Froese, P., & Bader, C. (2010). *America's four Gods: What we say about God--and what that says about us*. Oxford University Press.

Gupta, A., Szymanski, D. M., & Leong, F. T. L. (2011). The "model minority myth": Internalized racialism of positive stereotypes as correlates of psychological distress, and

attitudes toward help-seeking. *Asian American Journal of Psychology, 2*(2), 101–114. https://doi.org/10.1037/a0024183

Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (2nd ed.). Guilford publications.

Johnson, K. A., Li, Y. J., Cohen, A. B., & Okun, M. A. (2013). Friends in high places: The influence of authoritarian and benevolent god-concepts on social attitudes and behaviors. *Psychology of Religion and Spirituality, 5*(1), 15–22. https://doi.org/10.1037/a0030138

Johnson, K. A., Okun, M. A., & Cohen, A. B. (2015). The mind of the Lord: Measuring authoritarian and benevolent God representations. *Psychology of Religion and Spirituality, 7*(3), 227–238. https://doi.org/10.1037/rel0000011

Johnson, K. A., Okun, M. A., Cohen, A. B., Sharp, C. A., & Hook, J. N. (2019). Development and validation of the five-factor LAMBI measure of God representations. *Psychology of Religion and Spirituality, 11*(4), 339–349. https://doi.org/10.1037/rel0000207

Kiang, L., Witkow, M. R., & Thompson, T. L. (2016). Model minority stereotyping, perceived discrimination, and adjustment among adolescents from Asian American backgrounds. *Journal of Youth and Adolescence, 45*, 1366–1379. http://dx.doi.org/10.1007/s10964-015-0336-7

Kim, B. S. K., Atkinson, D. R., & Umemoto, D. (2001). Asian cultural values and the counseling process: Current knowledge and directions for future research. *The Counseling Psychologist*, *29*(4), 570-603. https://doi.org/10.1177/0011000001294006

Kim, B. S. K., Li, L. C., & Ng, G. F. (2005). The Asian American Values Scale--Multidimensional: Development, reliability, and validity. *Cultural Diversity and Ethnic Minority Psychology, 11*(3), 187–201. https://doi.org/10.1037/1099-9809.11.3.187

Kim, P. Y. (2017). Revisiting and extending the role of religious coping in the racism-mental health relation among Christian Asian American students. *Journal of Psychology & Theology*, *45*(3), 166-181. https://doi.org/10.1177/009164711704500302

Kim, P. Y., Kendall, D. L., & Webb, M. (2015). Religious coping moderates the relation between racism and psychological well-being among Christian Asian American college students. *Journal of Counseling Psychology, 62*(1), 87–94. https://doi.org/10.1037/cou0000055

Kim, P. Y., & Lee, D. H. (2014). Internalized model minority myth, Asian values, and help-seeking attitudes among Asian American students. *Cultural Diversity & Ethnic Minority Psychology, 20*(1), 98-106. https://doi.org/10.1037/a0033351

Kirkpatrick, L. A., & Shaver, P. R. (1990). Attachment theory and religion: Childhood attachments, religious beliefs, and conversion. *Journal for the Scientific Study of Religion 29*(3), 315-334. https://doi.org/10.2307/1386461

Kitano, H.H.L., & Matsushima, N. (1981). Counseling Asian Americans. In P. B. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (2nd ed., pp. 163-180). University of Hawaii Press.

Lee, J., & Zhou, M. (2014). The success frame and achievement paradox: The costs and consequences for Asian Americans. *Race and Social Problems*, *6*(1), 38-55. https://doi.org/10.1007/s12552-014-9112-7

Lee, J., & Zhou, M. (2015). *The Asian American Achievement Paradox.* Russell Sage Foundation.

Lee, S. J. (2015). *Unraveling the" model minority" stereotype: Listening to Asian American youth*. Teachers College Press.

Lin, M. H., Kwan, V. S., Cheung, A., & Fiske, S. T. (2005). Stereotype content model explains prejudice for an envied outgroup: Scale of anti-Asian American stereotypes. *Personality and Social Psychology Bulletin*, *31*(1), 34-47. https://doi.org/10.1177/0146167204271320

Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review, 98*(2), 224–253. https://doi.org/10.1037/0033-295X.98.2.224

Miller, M. J., Yang, M., Farrell, J. A., & Lin, L.-L. (2011). Racial and cultural factors affecting the mental health of Asian Americans. *American Journal of Orthopsychiatry, 81*(4), 489–497. https://doi.org/10.1111/j.1939-0025.2011.01118.x

Park, J. J., & Dizon, J. P. M. (2017). Race, religion, and spirituality for Asian American students. *New Directions for Student Services, 160*, 39-49. https://doi.org/10.1002/ss.20242

Park, J. Z., Martinez, B. C., Cobb, R., Park, J. J., & Wong, E. R. (2015). Exceptional outgroup stereotypes and white racial inequality attitudes toward Asian Americans. *Social Psychology Quarterly*, *78*(4), 399-411. https://doi.org/10.1177/0190272515606433

Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology, 56*(4), 519–543. https://doi.org/10.1002/(SICI)1097-4679(200004)56:4<519::AID-JCLP6>3.0.CO;2-1

Petts, R. J., & Jolliff, A. (2008). Religion and adolescent depression: The impact of race and gender. *Review of Religious Research*, 395-414.

Pew Research Center. (2012). Asian Americans: A mosaic of faiths. Retrieved from: http://www.pewforum.org/2012/07/19/asian-americans-a-mosaic-of-faiths-overview/

Pinquart, M., & Kauser, R. (2017). Do the associations of parenting styles with behavior

problems and academic achievement vary by culture? Results from a meta-analysis. *Cultural Diversity and Ethnic Minority Psychology, 24*(1), 75-100. https://doi.org/10.1037/cdp0000149

Shen, J. J., Cheah, C. S. L., & Yu, J. (2018). Asian American and European American emerging adults' perceived parenting styles and self-regulation ability. *Asian American Journal of Psychology, 9*(2), 140–148. https://doi.org/10.1037/aap0000099

Silton, N. R., Flannelly, K. J., Galek, K., & Ellison, C. G. (2014). Beliefs about God and mental health among American adults. *Journal of Religion and Health, 53*(5), 1285-1296. https://doi.org/10.1007/s10943-013-9712-3

Tawa, J., Suyemoto, K. L., & Roemer, L. (2012). Implications of perceived interpersonal and structural racism for Asian Americans' self-esteem. *Basic and Applied Social Psychology, 34*(4), 349-358. https://doi.org/10.1080/01973533.2012.693425

Tung, E. S., Ruffing, E. G., Paine, D. R., Jankowski, P. J., & Sandage, S. J. (2018). Attachment to God as mediator of the relationship between God Representations and mental health. *Journal of Spirituality in Mental Health*, *20*(2), 95-113. https://doi.org/10.1080/19349637.2017.1396197

Veit, C. T., & Ware, J. E. (1983). The structure of psychological distress and well-being in general populations. *Journal of Consulting and Clinical Psychology, 51*(5), 730-742. https://doi.org/10.1037/0022-006X.51.5.730

Yi, J., & Todd, N. R. (2021). Internalized model minority myth among Asian Americans: Links to anti-Black attitudes and opposition to affirmative action. *Cultural Diversity and Ethnic Minority Psychology.* Advance online publication. https://doi.org/10.1037/cdp0000448

Yoo, H. C., Burrola, K. S., & Steger, M. F. (2010). A preliminary report on a new measure:

Internalization of the Model Minority Myth Measure (IM-4) and its psychological correlates among Asian American college students. *Journal of Counseling Psychology, 57*(1), 114–127. https://doi.org/10.1037/a0017871

Zou, L. X., & Cheryan, S. (2017). Two axes of subordination: A new model of racial position. *Journal of Personality and Social Psychology, 112*(5), 696–717. https://doi.org/10.1037/pspa0000080

Table 1

Bivariate Correlations, Means, SDs, Cronbach's Alphas, and Possible Ranges for the Study Variables

Variable	1	2	3	4	5	*M*	*SD*	*α*
1. Internalized MMM [a]						5.23	0.93	.92
2. Authoritarian representation	-.02					3.79	1.24	.90
3. Benevolent representation	.14*	-.20**				5.74	1.05	.94
4. Depressive symptoms	-.20**	.18**	-.11			2.80	1.13	.94
5. Life satisfaction	.08	-.16*	.25***	-.39***		4.09	1.36	.88

[a] MMM = model minority myth.

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

Table 2

Depressive Symptoms and Life Satisfaction Regressed on Internalized Model Minority Myth

Variable	***b***	***SE b***	***t***	***p***	R^2 (F_{sig})
Outcome: Depressive symptoms					
					.04 (.001)
Constant	4.07	0.39	10.38	< .001	
Internalized model minority myth	-0.24	0.07	-3.29	.001	
Outcome: Life satisfaction					
					.01 (.178)
Constant	3.45	0.48	7.17	< .001	
Internalized Model Minority Myth	0.12	0.09	1.35	.178	

Table 3

Depressive Symptoms and Life Satisfaction Regressed on Authoritarian God Representation

Variable	***b***	***SE b***	***t***	***p***	R^2 (F_{sig})
Outcome: Depressive symptoms					
					.03 (.004)
Constant	2.19	0.22	9.92	< .001	
Authoritarian God representation	0.16	0.06	2.92	.004	
Outcome: Life satisfaction					
					.03 (.01)
Constant	4.75	0.27	17.78	< .001	
Authoritarian God representation	-0.17	0.07	-2.59	.010	

Table 4

Depressive Symptoms and Life Satisfaction Regressed on Benevolent God Representation

Variable	***b***	***SE b***	***t***	***p***	R^2 (F_{sig})
Outcome: Depressive symptoms					
					.01 (.081)
Constant	3.47	.39	8.98	< .001	
Benevolent God representation	-0.12	0.07	-1.75	.081	
Outcome: Life satisfaction					
					.06 (<.001)
Constant	2.25	0.45	4.95	< .001	
Benevolent God representation	0.32	0.08	4.13	< .001	

Table 5

Results of the Moderating Effect of Authoritarian God Representation on the Relationship Between Internalized Model Minority Stereotype and Depressive Symptoms

	b	***SE b***	***t***	***p***	**95% CI's**	
					Lower	**Upper**
Constant	2.80	0.07	41.68	< .001	2.67	2.93
Internalized model minority myth	-0.23	0.07	-3.10	.002	-0.37	-0.08
Authoritarian God representation	0.16	0.05	2.96	.003	0.05	0.27
Internalized model minority myth x Authoritarian God representation	-0.06	0.05	-1.23	.22	-0.17	0.04

Note. R^2 = .08. CI = confidence interval based on 5,000 bootstrapped estimates.

Table 6

Results of the Moderating Effect of Benevolent God Representation on the Relationship Between Internalized Model Minority Stereotype and Depressive Symptoms

	b	***SE b***	***t***	***p***	**95% CI's**	
					Lower	**Upper**
Constant	2.78	0.07	40.93	< .001	2.65	2.91
Internalized model minority myth	-0.20	0.07	-2.63	.01	-0.34	-0.05
Benevolent God representation	-0.08	0.07	-1.15	.25	-0.20	0.05
Internalized model minority myth x benevolent God representation	0.16	0.06	2.51	.01	0.04	0.29
Conditional Effects						
- 1 *SD*	-0.37	0.09	-4.00	< .001	-0.55	-0.19
Mean	-0.20	0.07	-2.63	.01	-0.34	-0.05
+1 *SD*	-0.03	0.11	-0.24	.81	-0.24	0.19

Note. R^2 = .07. CI = confidence interval based on 5,000 bootstrapped estimates. Conditional effects indicate the effect of internalized model minority stereotype on depressive symptoms at high (+1 *SD*), mean, and low (-1 *SD*) levels of benevolent God representation.

Figure 1

Associations Between Internalized Model Minority Stereotype and Depressive Symptoms at Low, Medium, and High Levels of Benevolent God Representation