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ETHNIC RACIAL SOCIALIZATION AND ITS RELATION TO KOREAN AMERICAN YOUNG ADULTS' MENTAL HEALTH

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ETHNIC RACIAL SOCIALIZATION AND ITS RELATION TO KOREAN AMERICAN
YOUNG ADULT'S MENTAL HEALTH

By

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A capstone project submitted for Graduation with University Honors

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ABSTRACT

Ethnic-racial socialization (ERS) in Asian American families is understudied. This study addresses that gap by focusing on Korean American families. Prior research shows an association between ERS and mental health, although these studies primarily focused on effects in childhood. This paper examines the effects on emerging adulthood. The results stem from a qualitative analysis of interviews with 20 Korean American young adults, aged 18-25 years, from Southern California. We assessed parents' messages about racism, Asian Americans, and other people of color, received while growing up, and their relation to participants' current mental health. We found that all but one participant described messages about racism as a problem. However, when participants also received messages minimizing racism and denigrating other groups of color, they described having negative mental health outcomes. We also found that some participants who described messages denigrating other groups of color also described messages characterizing either Korean Americans or Asian Americans as a model minority.

The relation to negative mental health may be explained by parents' lack of preparation of their children for racialized experiences and discrimination, either through their minimization of the threat or by suggesting that Korean American/Asian American superiority obviates the need to personally prepare for bias or collectively respond to systemic racism. We will discuss the implications for practice, including health-promoting family discussions about ethnicity and race.

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Introduction

Ethnic-racial socialization (ERS) is defined as “the messages and practices parents use to socialize their children about race and ethnicity,” including pride in one’s group, awareness of ethnic-racial discrimination, and intergroup relations (Hughes et al., 2009). Asian American youth experience varying psychosocial outcomes depending on their ERS (Nieri et al., 2024; Liu & Lau, 2013; Chen et al., 2021). However, there is little in the ERS research on Asian American subgroups, including Korean Americans. This study examines the relationship between ERS and mental health, using qualitative interview data from a sample of 20 self-identified Korean American-only young adults aged 18-25 years.

Mental health effects on people can be profound, and research is needed to promote a more equitable future. We need to better understand the psychological impacts of ERS on young adults (Park et al. 2021). In Asian American communities, there is a large amount of burnout and stress associated with poor mental health, and these can lead to suicide amongst youth (Chen et al. 2021). ERS is significant to the topic of mental health due to the parents’ need to address racism when socializing children. Approaching with a “color-blind” perspective, as in not educating children about race or racism, can lead children to feel confusion and have issues with ethnic-racial identity (Young et al., 2021). However, promoting mistrust of other races and being overly pessimistic about racism can also lead to poor mental health (Liu et al., 2013). ERS has also been directly and indirectly related to depressive symptoms (Nguyen et al., 2015). While socialization might have been criticized in the past, it is an important part of raising children in a system defined by racism (Guhin et al., 2021).

On a personal level, the topic of mental health among Asian Americans is important to me, as a mixed Korean American woman. Prioritizing success in an effort to live up to the Model

Minority Myth, which argues that Asians are inherently successful and academically gifted, has affected my mental health and that of my family and Korean American friends. I hope that this research informs efforts to improve parents' socialization of their children about ethnicity-race to better promote and protect mental health for young Korean Americans.

Prior research on the relation of ERS to mental health

To determine what prior research has found about ERS and its relation to mental health among Korean Americans, I conducted a review of literature. This review answered the question: What has prior research found about how ERS shapes the mental health of Asian American youth? Articles were included if they addressed ERS and mental health among youth and/or Asian Americans. Korean subgroup articles were a high priority. Excluded articles either did not focus on mental health and/or focused on different racial groups. “Youth” is defined here as individuals in two groups: adolescents, aged approximately 10-17 years, and emerging adults, aged approximately 18-25 years. Youth were chosen because although ERS may occur starting at birth, exposure to racialization, racism, and racial issues occurs more as one develops, which may, in turn, trigger ERS. Because this study involves data from emerging adults, the review of literature focused on prior research with youth. The publication years of the reviewed articles ranged from 2009 to 2025.

Forty-two studies were reviewed. The designs of prior studies included 20 cross-sectional quantitative analyses, five longitudinal quantitative analyses, four comparative quantitative analyses, eight qualitative analyses, and the rest were either mixed designs or theoretical articles.

The prior studies had diverse samples in terms of ethnicity-race. However, only a third of the studies included only Korean participants; of these, six focused on adolescents and three on young adults. Regarding the age of participants, 17 studies used adolescents, 12 studies used

emerging adults, eight studies used parents and children (ages 10-17), and two studies involved parents or caregivers only. Three studies were cross-national or multigenerational comparison studies, and five were theoretical studies without samples.

Mental health outcomes were examined for all but three of the reviewed studies, which instead solely examined cultural development as an outcome, how participants culturally identified and related to their heritage. Of the 39 studies that examined mental health, 18 examined depressive symptoms. One study drew the conclusion that while these depressive symptoms are important to the psychological outcomes of youth, all situations were context-specific (Shen et al., 2021). The other outcomes in the remaining studies included anxiety, psychological distress, self-esteem, behavioral and social outcomes, and general well-being and adjustment. Several studies also analyzed mental health in relation to peers and family members, as well as how different ERS methods affected these relationships with youth (Kim, 2016; Choi & Kim, 2010; Choi et al., 2014; Nelson et al., 2018; Park, 2020; Atkin & Yoo, 2021)

ERS was measured and examined in various ways in the reviewed studies. Cultural socialization was used in 35 studies. Cultural socialization includes parents teaching their children about holidays, traditions, foods, language, and history (Hughes et al., 2009). Preparation for bias, where parents prepared youth to face racial discrimination or prejudice (Juang et al., 2017), was used in 22 studies. Promotion of mistrust and discouragement of relations with other races was used in 10 studies (Tran & Lee, 2011). Avoidance of racially explicit conversation, silence on racial topics, or a “colorblind” approach was used in five studies (Young et al., 2020). Cultural pluralism, which emphasizes embracing diversity and equality (Seol et al., 2016), was used in three articles. Intergenerational historical trauma communication,

typically conveyed through stories, was used in six studies (Fueting et al., 2023). Two other forms of ERS were measured: “bottom-up” socialization, in which youth educate their parents about ethnicity and race (Cai & Lee, 2022), and social media-related ERS, in which youth learn about ethnicity and race from social media (Xie et al., 2021). One study also found that not all youth experience ERS the same way, depending on their race and background (Ajayi & Syed, 2014). This emphasizes the importance of considering ethnicity when evaluating ERS and race.

Recent research on ERS distinguishes between color-conscious socialization, defined as explicitly acknowledging racism and helping youth understand what racism and discrimination are, as well as how they might affect them, and color-blind socialization, defined as encouraging people to “treat everyone equally” and discouraging attention to race (Nieri et al., 2024). Of the reviewed studies, only 10 explicitly assessed these constructs. Although not always labeled as such, ERS strategies, such as preparing for bias and promoting mistrust, may be viewed as color-conscious. Other race-explicit communication from parents may also be considered color-conscious socialization (Juang et al., 2017).

A small subset of the studies discussed anti-racism socialization, a color-conscious form of socialization that teaches youth about systemic racism, rather than just racism in general, and may also include encouraging advocacy to address racism. Specifically, this socialization aims to debunk the model minority stereotype as well as other racial stereotypes and aims to protect mental health impacts of such stereotypes (Juang et al., 2017; Shih et al., 2019; Chen et al., 2021; Kim et al., 2024; Yoo et al., 2010). This socialization’s effects on mental health were generally positive; it helped develop coping mechanisms and psychological adjustment.

The present study uses the color-conscious and color-blind framework to analyze the socialization in Korean American families. Specifically, it assessed whether the socialization was

color-blind (i.e., did not directly address racism) or color-conscious (i.e., directly addressed racism).

Theoretical framework: the ERS – Mental Health relation.

ERS and mental health were found to be related in prior research. ERS encourages identity development which in turn leads to better psychological well-being and adjustment (Nguyen et al., 2015). ERS is also correlated with coping, and, in turn, coping improves psychological adjustment (Perry et al., 2025). Specifically for Asian Americans, there is an established framework as to why ERS and mental health would be related: “...racial discrimination and stereotypes may contribute to unique race-based stress and mental health disparities in Asian American adolescents” (Chen et al., 2021).

Seventeen of the reviewed studies found a direct relation between ERS and mental health. Cultural socialization was positively associated with children’s mental health, serving as a protective factor (Seol et al., 2016; Juang et al., 2017; Wu et al., 2020; Brown & Ling, 2012; Gartner et al., 2013; Juang & Syed, 2009; Burrola et al., 2012; Thai et al., 2017; Woo et al., 2020; Yoon et al., 2017). Pluralism’s impact was generally positive, leading to a greater sense of belonging and cultural competence (Tran & Lee, 2010; Tran & Lee, 2011; Seol et al., 2016; Liu & Lau, 2013; Gartner et al., 2013). Bottom-up socialization was generally positive, with youth demonstrating autonomy and taking steps to communicate with their parents (Cai & Lee, 2022; Kiang et al., 2023; Xie et al., 2021; Choi et al., 2018). Socialization through social media had mixed effects on mental health; on one hand, it was a source for validation and connection, and on the other, there was a lot of exposure to heightened distress and vicarious racism (Xie et al., 2021; Eboigbe et al., 2023; Cai & Lee, 2022; Young et al., 2020).

Color-conscious strategies were related to mental health. Preparation for bias had mixed

effects (Tran & Lee, 2010; Tran & Lee, 2011; Liu & Lau, 2013; Seol et al., 2016; Gartner et al., 2013; Burrola et al., 2012; Hughes et al., 2009; Nguyen et al., 2015; Yoon et al., 2017; Kiang et al., 2018). In some studies, it had a positive impact on mental health by buffering distress when experiencing discrimination (Burrola et al., 2012). One study found that when preparation for bias and cultural socialization were present together, there was a positive impact on coping and adjustment (Juang et al., 2017). But promoting fear of racism could also lead to excessive pessimism (Liu & Lau, 2013). Promotion of mistrust and silence on race were negatively correlated with mental health (Tran & Lee, 2010; Tran & Lee, 2011; Juang et al., 2017; Liu & Lau, 2013; Gartner et al., 2013). Color-blind socialization was harmful, leading to a feeling of a lack of support and confusion with identity (Young et al., 2020; Juang et al., 2017; Robinson-Wood et al., 2021; Kim et al., 2024). Racial silence generally led to negative mental health outcomes, including identity confusion, poor coping, and less resilience in the face of racial discrimination (Young et al., 2020; Juang et al., 2017; Cai & Lee, 2022; Fueting et al., 2023). Research on this form of socialization found that racial silence sometimes emerged after discussions of racism led to minimization of racism as a problem, emotionally unsafe conversations, and/or parental defensiveness. This caused children to avoid subsequent conversations with their parents, cope privately with racism, and/or fail to develop understandings of racism (Young et al., 2020; Cai & Lee, 2022; Robinson-Wood et al., 2021).

However, prior literature on color-conscious socialization has shown that some parents do not have explicit race-related conversations (Robinson-Wood et al., 2021). This leads to negative outcomes for the youth: feelings of mixed communication, confusion, and unreadiness in association with racism due to avoidance of race discussions in the family (Cai & Lee, 2022).

Fourteen studies found mediators or indirect pathways by which ERS affected mental

health. The effect of ERS on mental health was commonly mediated by ethnic racial identity (ERI), defined as “an individual’s sense of belonging and attitudes toward their ethnic-racial group, including the centrality of that identity to the self and feelings of pride and commitment to that group” (Zhou et al., 2019). A strong ERI is also seen as a buffer against the negative effects of bias and prejudice. ERS strengthens ERI, which in turn buffers against the negative effects of racial discrimination. Eight of the 14 studies utilized ERI as a mediator. Other mediators included belonging in three studies, self-esteem in two studies, and perceived discrimination in four studies. Perceived discrimination led to poorer school engagement among youth, meaning a lower psychological adjustment and less coping, and stronger ERS messages to deter perceived discrimination were associated with better mental health outcomes (Seol et al. 2016). Self-esteem has a direct effect on mental health, and ERS messaging improves self-esteem. ERS messages then buffer against potential discrimination that could lower self-esteem, thereby affecting your mental health. (Woo et al. 2020).

Eight studies identified moderators of ERS’s effect on mental health, including family ERI, nativity status, exposure to discrimination, and developmental stage. Some of these moderators served as additional variables affecting the impact of ERS on mental health. ERI buffering negative effects from exposure to discrimination acts as a mediator on ERS and discrimination. (Nguyen et al., 2015). Findings on nativity status indicated that ERS was more protective of mental health among American-born youth than among immigrant youth, with native-born youth feeling more well-adjusted and having stronger ties to their home country (Burrola et al., 2012). Exposure to high amounts of discrimination combined with preparation for bias was associated with better outcomes in comparison to low levels of discrimination. This was due to low levels of discrimination and high levels of preparation for bias, which increased

pessimism. ERS was also found to moderate the negative effect of discrimination on mental health by directly softening its effects on overall mental well-being (Seol et al., 2016; Liu & Lau, 2013; Thai et al., 2017; Gartner et al., 2013; Kiang et al., 2018).

This study

The present study addresses limitations in prior research. It focuses on Korean American emerging adults, a subgroup that has been less studied in prior research. While most prior ERS work examines outcomes in childhood, this study examines ERS outcomes in young adulthood. This study examines parents' messages about racism via racial socialization. It examines the relationship between these messages and mental health.

Methods

This study's data came from a larger project examining the racial learning of Asian American young adults. Participants were recruited through outreach by the research team to university student populations, Asian American-serving organizations, the team's personal networks, and snowball sampling. The research team distributed a recruitment email with an attached recruitment flyer. Interested participants contacted the research team to schedule an interview. The sample included Korean American-only and Vietnamese American-only young adults. They had to reside in Southern California, be 18-25 years old, be born in the US or have immigrated to the US before age 5 (i.e., before starting school), be English speaking, and have been raised by Asian American-only parent(s).

The present study employed the sub-sample of participants who identified as Korean American only (N = 20). See Table 1 for descriptives.

Table 1: Descriptives: Numbers of Sample Participants in Each Category			
Gender	Parents' Nativity Status	Parents' Highest Level of Education	Participants' High School (public or private)
Male: 6	Native: 1	High school or GED/AA Vocational Degree: 4	Public: 15
Female: 6	Immigrant: 16	Bachelor's Degree: 7	Private: 2
Not reported: 8	Not reported: 3	Graduate Degree: 9	Not reported: 3

Interviews were conducted in Fall 2023 through Spring 2024, online via Zoom (audio only) and in English. They lasted one to two hours and were facilitated by either one or two research team members at a time. Interviewers included two faculty members (one Korean American and one white European American married to an Asian Indian American) and seven trained Asian American research assistants (two Korean Americans, five other Asian Americans) who were either undergraduate students or recent college graduates— i.e., similar in age to the participants. At the start of each interview, the interviewers read aloud the consent form and obtained verbal consent. Participants received a \$60 Amazon gift card.

The interview asked about parents' messages while the respondent was growing up – that is, through high school. Our team relied on participants' reports of messages received from parents, an approach commonly employed by other ERS scholars (Hughes et al., 2009; Tran & Lee, 2010; Tran & Lee, 2011; Gartner et al., 2013). We asked participants to describe messages

they received about racism, including systemic racism, and messages about their ethnic subgroup, Asian Americans, white Americans, and other groups of color. We also asked about how parents' messages related to the participants' mental health.

Zoom interview transcripts were proofread and corrected by the research team. Using Dedoose qualitative analysis software, I conducted thematic analysis to identify mental health patterns by parents' lessons on racism and their relation to participants' mental health. I used the research team's existing codes that indicated whether parents' ERS messages were color-blind or color-conscious as well as codes dedicated to anti-POC messaging, minimization of racism, and Asian supremacy.

I created codes to indicate whether a participant's description of mental health included negative feelings and/or positive feelings. Mental health was analyzed via thematic coding of participants' feelings in response to ERS messages from their parents, as well as direct mentions of mental health. I assessed patterns of mental health for differences based on the type of socialization. I utilize pseudonyms when reporting results below.

Results

Parents' Ethnic-Racial Socialization Messages

Parents' ERS messages were divided into two categories: color-conscious or color-blind. One participant, Christy, received a color-blind message encouraging a focus on equality. She said, "They didn't really talk too much about racism.... They didn't touch too much on that." Christy mentioned that their parents educated her to be very general in her treatment of other people, leading her to avoid bringing up racism.

Remaining participants (n = 19) received color-conscious messages describing the existence of racism, but these messages did not always convey a problem for the participant.

Some messages characterized the existence of racism as not a problem (or not a big problem) – that is, they minimized the significance of racism. Five participants received messages minimizing racism and suggesting that racism was not an issue that participants would face or should worry about, even though it exists. Ha-yoon noted how their parents, during the Black Lives Matter protests after George Floyd's murder by police, reacted by insisting, “The world right now is great. We don't need to change anything.” Ha-yoon described receiving messages that minimized racism against other POCs. For example, about anti-Black racism, their message was: “they're disadvantaged, and they don't do anything about it, which is why they're committing crimes.” In contrast, their messages about anti-Asian racism were different: “Oh, we're disadvantaged. And we worked hard. And we got into these like schools. And we studied....” Thus, the parents’ messages were color-conscious in that they described the existence of racism, there were not anti-racist in that they communicated that some racism is ok.

Eighteen of the 19 participants received messages conveying a sense of Korean “superiority” over other racial groups. These messages consisted of 1) an emphasis on how racism was not a problem for Koreans due to their hard work and academic excellence, and/or 2) minimization of racism through an emphasis on distinctions from other people of color: other groups of color were worse off or not as hardworking as Asians, so Asian’s don’t have to worry about racism. Audrey gave this specific example: “One time I talked to my dad a lot about the LA Rebellion once. And, basically what he would say is that he didn't trust, like black people. Cause, well, like in the LA Rebellion, Koreans and Black Americans there were a lot of tensions. But in his point of view, Koreans, they came here with nothing and they grew to be the model minority...In his mind, we made it out ourselves, and that should be expected of other ethnic groups that are still at the bottom.”

As another example, Amanda pointed out her parents' "emphasis on viewing Korean people as a superior... and ...-a hierarchy to ... to view different races."

Thirteen of the 19 participants who received messages about racism's existence also received anti-people of color (POC) messaging, either putting down other groups of color, emphasizing wariness of other POCs, or perpetuating racial stigma. For example, Tina described their parents as delivering anti-POC messages, "They would have distrust with other ethnic groups, specifically Hispanics, or the Black community." Tina recollected an experience in church where her parents actively shielded her from people of another minoritized group. "They have this word in Korean: ...it means...'up to no good.' And they would say that when they like see ...those other...groups."

ERS and Participants' Mental Health

Ten participants described no mental health impacts of ERS. The other ten participants described mental health impacts – positive and/or negative. Two participants described only positive impacts. Five participants described only negative impacts. Three participants described both positive and negative impacts.

An example of no effect on mental health from ERS messages comes from Jebediah. He reported that his parents' ERS messaging did not affect his mental health because they provided few messages about race and racism. He said of his parents, "...because they were so ...-hands off..., it didn't have too much effect on my personal mental, emotional, wellbeing." That said, he said his parents engaged in anti-POC messaging. He said didn't entirely agree with his parents' views about race but didn't try to change them because he felt there was low likelihood that his parents would change their perspective. This suggests that Jebediah did not seek from his parents more ERS because he wished to avoid disagreement; thus, the absence of a mental health impact

is not due to no impact of ERS but rather due to the avoidance of ERS.

Like Jebediah, Minji described receiving few messages about race and racism as well as having no mental health impact. This lack of a relation is likely explained by the avoidance of parent-child conflict. Like Jebediah, Minji expressed that not receiving ERS was preferable because they avoided having to debate with their parents about it and had the opportunity to educate themselves and form their own opinions on ethnicity-race related topics. Here, the absence of an impact is due to the absence of ERS.

An example of the negative mental health impact of ERS comes from Jane. She noted continuous discomfort and sadness associated with ERS messages from her parents. This affected her relationship with her parents as well as caused her confusion as a young adult. Her parents' views on racism conflicted with Jane's views; her parents' messages conveyed Asian supremacy and anti-POC views. She said, "...when the conversations would come up, and they would disagree, ... I would feel sad, but on the other hand, if I try to just ignore it, and never talk to them about anything, it would also bring a lot of discomfort."

Jane felt unable to communicate constructively with her parents about racism. She said, "I was very vocal with my disagreements... So there would be a lot of opportunities to like try to talk about it. But I think because I was younger or something, or ... my parents are just like this, they aren't very open to new views.... During the disagreements, I think it kind of just ended with them...it kind of just felt like they were... thinking that what I'm saying is not right, and they just kinda pushed me off...." Like Jebediah, Jane had a desire to avoid her parents' ERS. Unlike Jebediah, however, her avoidance did not protect Jane from a mental health impact of either the past negative experiences of socialization or the present inability to engage in constructive discussions with her parents about race and racism. These findings about avoidance

of ERS to try to protect one's mental health are consistent with findings from prior research about youths' aversion to initiating direct racial dialogue with their parents (Robinson-Wood et al., 2021).

Jane also mentioned wanting her parents' ERS messaging to be more open... "Yeah, I wish that they were more open. I would not feel any sadness or madness if they didn't teach me it growing up, because maybe they don't know themselves or their parents didn't teach them... I think when it comes to being open-minded now, ... I'm able to have conversations like that. I think it does annoy me like a lot that they can't do that." She even reaffirmed she felt a duty to personally address racism within her family, "I do feel that it includes like changing how things are now... my best way would be to try to educate others. I guess it would really start with my family that would be an example. That would be my way to that would be like my responsibility in it." As an adult, Jane feels as though she has somewhat equal footing to her parents, which is frustrating because her parents still can't have racially explicit conversations. She feels having racially explicit conversations with her parents to finally feel fulfilled communicating her views and that now that she's their adult child, it's her responsibility to educate them in her mind.

An example of positive mental health impact of ERS comes from Jisoo. His parents' ERS led Jisoo to experience positive feelings stemming from a sense of Asian pride. Jisoo described feeling pride when he and his parents saw things in the Korean news. He said, "They definitely did talk a lot about Korean Americans; and what was happening in that community. So I learned a lot through them....-I guess that kinda made me foster my own interest towards like events, or just knowing more about Korean Americans in general." This finding is consistent with prior research that ERS helps to cultivate a strong ERI which in turn leads to better mental health (Nguyen et al., 2015). Jisoo said his parents "didn't really specifically address racism in general.

They just talked about... respecting people..." and that "what they taught me was good."

Perhaps because Jisoo and his parent did not talk directly about racism, and instead only talked about Korean heritage, there was no opportunity for disagreement and in turn, negative effects on mental health.

An example of mixed mental health related to ERS messages comes from Tina. She described a mixture of positive and negative mental health stemming from her parents' ERS. She described a conflict between her sense of personal duty to speak up against racism and her desire to avoid disagreements with her parents. While Jebediah was ok with not discussing racism, Tina felt it was important not to avoid the topic. She said, "...I became more outspoken as a teenager. Especially after Covid-19 ...I became more politically aware and more aware of these injustices of ethnic groups. So I would ...butt heads with my parents sometimes,...trying to persuade them:... 'you can't, you know, label a whole community based on your experiences with one person that also belongs in that same team.' But I found that ... it's definitely more hard to convince people the older that they become, because they're so set in their thinking...." Tina described messages from her parents about Asian Americans as a group...how they are hard workers. She described her parents as pressuring her to do well in school to live up to that group image. While this pressure motivated her to do better, Tina described it as exhausting at times, negatively affecting her mental health. She described it as "...working two times harder than everyone else...the hustle culture of it all...and some kind of breathing down our backs...." Despite this, Tina remains adamant that the pressure to do well academically was positive and motivated her to pursue higher education. "...I feel like it became like part of my habits...I am glad that they were so huge on academics, just because that kind of motivates me; it definitely transformed me to seek academic validation. So while it was exhausting at times... I feel like, in

a way, I'm definitely grateful that I have my parents as motivators.”

Like Tina, four other participants reported mental health effects from their parents’ message about the stereotype of a hard-working Korean, falling in line with the model minority myth. These cases reveal a conundrum involving their parents’ ERS. Parents’ ERS may contain conflicting messages: you have to work harder than everyone else to succeed, but also, you/we are superior as Korean Americans and better than other minorities. This set of messages fails to acknowledge systemic racism and burdens the individual child with all the responsibility for their success (or failure). Such messaging can negatively affect mental health.

Participants who received ERS messages minimizing racism reported negative or mixed mental health outcomes, including feelings of being “in the dark” about racism, being uneducated on racism, and being in conflict with their parents’ views on race and racism. Ju-won specifically recounts an uncomfortable experience of having racism against Asians minimized and not necessarily acknowledged, but rather attributed to needing to get better grades or do better in diverse sports. ”...Asians are gonna have it harder because they already look like they're good, but they need to be better...my mom, she's like....yeah, the only good thing that you have right now for college applications is being on water polo ... like no Asian kid is on water polo...my grades weren't exceptional. I didn't have a great SAT score... I didn't get good scores on APs. So the only thing I had was the fact that I was a water polo player as an Asian student...it's upsetting, especially given that I'm not particularly like the face of East Asians... I'm not light or skinny or good with grades in school. Yes, I'm the complete opposite of what a person would think when they're thinking of a Korean American.” Ju-won showed a lot of discomfort when discussing this minimization and felt upset by their parent’s messages toward them regarding how their race would dictate their college applications rather than other

accomplishments.

Discussion

The study aimed to identify the relation between ERS and mental health among Korean American young adults. I found evidence of positive, negative, and mixed relations to mental health. There was a theme of participants feeling unable to have racially explicit conversations with their parents. As mentioned in the prior literature, youth express an aversion to discussing racism due to parental defensiveness, how emotional these conversations can be, an overall theme of racial silence within the family, and, in turn, some youth choose to self-cope (Young et al., 2020; Cai & Lee, 2022; Robinson-Wood et al., 2021). Children's aversion to discussing racism with parents leads to poorer mental health. By not having racism on your radar as an issue you will face, can it even be an aspect of what affects your mental health? If you are taught it's not an issue, how can one attribute that to a mental health outcome?

It's plausible that the participants who reported no mental health impacts did not associate racism with a threat. It's not something they were told could hurt them or would hurt them because of either color-blind teachings, racial silence, or an emphasis on Korean Americans not suffering under racism due to just being Korean. Sensitivity to issues of racism is specific to each person. Some participants were very politically inclined; others were not. Some felt that they had a duty to stand up against racism, while others felt the opposite. Each child is going to process and cope with racism in different specific ways. For example, it was a lot easier for Jebediah to move on from his parents having anti-POC messages compared to Jane, who felt very strongly about her parents' messages and would "butt-heads" with them over their continued upsetting messages.

Limitations of this Study and Recommendations for Future Research

The study is limited to a small sample of candidates. There is also room for improvement regarding the nature of the questions asked and for further defining the categories of the message. There is also a need for research on native-born parents and their ERS methods and outcomes. We only had one participant with a known native-born parent.

For future research, I would recommend increasing the number of participants in the study and focusing the interview questions on ERS- and mental health-related topics. I also believe it's important we dive into these themes of "Asian supremacy" within different communities and subgroups of Asian Americans as a whole.

I also believe it's important not to blame parents. Racism is a systemic issue, and trying to tackle it at the individual level may be all one can do in their current situation. It's not fair, but it's also how we were socialized. These parents are trying to help educate their children, and this is how they typically survive and take on their responsibilities themselves, too. Providing deeper education to parents on the topics of racism and structural racism is extremely important because of how complex and deeply rooted these systems are in our society.

Although not concrete, even in the data we saw that female participants were more politically inclined than males and felt more strongly about racism. This could be useful for future research.

Implications for practice

If I could, I would ask parents if they were aware their children felt unsafe talking about racism, that they felt misguided or unheard. I recommend taking a more listening approach and learning from each other. All of these participants, in one way or another, just want to be heard, and the content of some parents' messages is upsetting. There should be room for open dialogue

and healthy disagreement without it feeling hostile or defensive.

Our parents do the best they can to raise us in a system they have navigated with unfair advantages as a way of life. We are fortunate to live in the times we live in, and although the world has changed, race and ethnicity are still key parts of a systemic racist system. These topics are extremely complex, and I advise you to give your parents grace while also being confident in your knowledge and experience. You deserve to be heard, but you can also appreciate all that our ancestors have gone through and the wisdom our parents have from so many experiences.

Young people need support. Parents need support. Race, systemic racism, socialization, and identity are complex, nuanced, and specific frameworks that are difficult to understand. We need to do better at avoiding reinforcing racism and racist or harmful stereotypes, but also, as a society, we need to be better at supporting parents. We need pathways and research on socialization to bridge this knowledge gap for our children and their mental health.

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