

Gendered Racial Microaggressions, Life Satisfaction, and Body Esteem Among East Asian American Women: The Roles of the Collective Self-Esteem, Body Shame, and Body Surveillance

by

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ABSTRACT

Guided by the intersectionality theory and objectification theory, the author explored whether body surveillance (BSU), body shame (BSH), and collective self-esteem (CSE) may serve as possible mediators and moderators for the association between gendered racial microaggression (GRMA) and East Asian American (EAA) women's body esteem (BES) and life satisfaction (SWLS). A total of 173 EAA women completed an online survey. This study used the PROCESS computational tool (Hayes, 2013) to explore the mediation and moderation hypotheses. The mediation analysis results indicated that BSU, BSH, and CSE-PR (private), and CSE-MB (membership) mediated the associations between GRMA and outcome variables (e.g., BES and SWLS). The results from simple effects of moderation analysis revealed that for EAA women with lower collective self-esteem (CSE-ID), the association between GRMA and BES was significantly negative. In addition, among EAA women with a higher level of private collective self-esteem (CSE-PR), the association between GRMA and SWLS was significantly negative.

Keywords: East Asian American Women, Body Esteem, Body Shame, Body Surveillance, Collective Self-Esteem, Gendered Racial Microaggression

DEDICATION

I dedicate this dissertation to my precious daughter, Leilani. She was an 8-month-old when I started my doctoral program. Learning to be a mother to Leilani, wanting to minimize the time away from her, and wanting to make her proud about her mommy pushed me to accomplish what seemed impossible at first. I spent the past three years hunting for quality time with her while staying busy with school work and clinical work.

Now that I finally completed the course requirements and dissertation, I can dedicate more time to Leilani, the most powerful force that helped me get through everything that happened in the last three years.

Mommy loves you, and I hope one day (when you are old enough), you read this dissertation and understand how much you helped me.

I also dedicate this work to my beloved parents in Japan. They never doubted my ability to accomplish anything I set my mind to. They witnessed my growth when I left Japan at 17 years old with a bare minimum fluency in English. Besides the English proficiency, I have grown exponentially, and my desire to make them proud has always been at the core of my mental strength. I hope to see you again, and even if it is not a possibility, I hope this work can provide as a tangible proof of how far I have come.

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CHAPTER I

OVERVIEW

Psychological Studies of Asian Americans

Numerous psychological studies with Asian Americans (AA) have historically grouped pan-ethnic AA groups as if they are homogenous, which often has been acknowledged as the study's limitation by the researchers (Chan, 1991; Drouhot & Garip, 2021; Liang & Fassinger, 2008; Rogers-Sirin & Gupta, 2012). AA could include immigrants from any part of Asia, the largest continent on earth with much diversity (Liu et al., 2009).

Who Are East Asian Americans?

Among 18.2 million AA, over 7 million identify as East Asian Americans (EAA), according to the U.S. Census Bureau (2018). The label EAA refers to an individual who is a descendant from China, (South) Korea, Japan, or Taiwan. EA countries are grouped in terms of geographical location (located in the Eastern side of Asia). Often, they are considered similar regarding their shared traditional values (e.g., filial piety, great focus on education, collectivism, modesty), which makes them distinct from other Asian ethnic groups (e.g., South Asians, Pacific Islanders). EAA was also the first wave of Asian immigration to the United States, as Chinese and Japanese immigrants were the first to arrive in the United States in the 1800s (Liu et al., 2009). Therefore, the stereotypes about AA are often rooted in the U.S. society's initial impression of and prejudice against Chinese and Japanese immigrants (hence EAA).

Model Minority Myth and Foreigner Stereotypes

Literature supports that AAs face the model minority and perpetual foreigner stereotypes daily in the United States (Cheryan & Monin, 2005; Huynh et al., 2011; Wing, 2007). In the United States, AAs are often viewed as the "model" minority for their higher educational

attainment (Covarrubias & Liou, 2014; Sakamoto et al., 2009) and higher median household income (Sakamoto et al., 2009; U.S. Census Bureau, 2018). The model minority myth is potentially harmful to AAs despite its positive impression on the surface (Aoki & Mio, 2009; Hartlep, 2013; Kawamura & Rice, 2009; Zhang, 2010). AAs also receive unfair treatment based on the perpetual foreigner stereotypes, which lead to AAs not feeling accepted in or belonged to the United States (Gupta et al., 2014; Lee et al., 2016; Thibeault et al., 2018). Model minority and foreigner stereotypes together contribute to the othering of AAs and to the dearth of psychological research on AA (Hartlep, 2013; Leong & Gupta, 2009). AA women face additional unique sets of stereotypes, including being perceived as exotic, erotic, and mysterious (Hall, 2009; Shimizu, 2007).

EAs are often associated with the model minority stereotypes, the assumption that AAs are working hard and succeeding more than other minorities in the United States (Hartlep, 2013; Lee et al., 2017; Lee et al., 2009). At the same time, EAA women experience the perpetual foreigner stereotype, assuming that one is a foreigner, regardless of her actual nationality and immigration status (Matsuda, 1996; Pituc, 2013; Rogers-Sirin & Gupta, 2012). Both stereotypes may contribute to the scant research on the AA population. The model minority myth misleads people to think AAs have fewer mental health issues (Hartlep; 2013; Wing, 2007). Additionally, the perpetual foreigner stereotype contributes to the invisibility of AAs; hence, they are often less prioritized as study subjects. Racial issues in the United States often take place between “Black and White or Latino and White in the Southwest” (Wing, 2007, p. 482) as Matsuda (1996) described that the foreigner stereotype “is the reason our history and literature are not considered worthy of study, why our accents and languages are considered threats to the American way” (p. 166). EAs (Chinese and Japanese Americans in particular) have the most

extended history in the United States, and they were the first to be associated with the model minority myth (Lee et al., 2017) and foreigner stereotypes (Lee, 2010). Therefore, this study will specifically look at EAA women, that is, AA women with one of the following heritages: Chinese, Japanese, Korean, and Taiwanese (Kim et al., 2003; Sadler et al., 2003; You, 1997) to respond to the call for the need for more culturally sensitive research to avoid dismissing heterogeneity within AA women (Drouhot & Garip, 2021).

Overlooked Body Esteem Issues and Gendered Racism

Body esteem (BES) refers to one's evaluation of her own body or appearance (Mendelson et al., 2001). Historically, BES and its related constructs (e.g., body image, body dissatisfaction) were measured utilizing Western-based criteria (Gluck & Geliebter, 2002; Lucero et al., 1992). Researchers have noted that the AA women population, in particular, tended to be overlooked when studying BES-related phenomena (Lau et al., 2006; Smart, 2009; Yokoyama, 2007; Yu et al., 2019). The model minority myth also contributed to AA women seeking less help due to the pressure to be problem-free (Masuda et al., 2017; Nicdao et al., 2007; Sim, 2019), clinicians failing to make appropriate referrals (Franko et al., 2007; Sim, 2019), and scholars publishing scant treatment literature for AA women (Yu et al., 2019). In recent years, with acknowledgment of these issues, body image-related studies have slowly begun to pay more attention to AA women and have improved the measures of body dissatisfaction to include culturally sensitive assessment (Lau et al., 2006; Ting & Hwang, 2007; Yu et al., 2019).

Research has indicated that AA women have equivalent (Nouri et al., 2011) or higher (Kennedy et al., 2004) prevalence of body dissatisfaction, leading to poor BES. Some studies have found that AA women's source of dissatisfaction has more to do with racially salient

features, such as eye shape and nose shape (Cheng & Kim, 2018; Frederick et al., 2016; Kaw, 1993; Kawamura, 2011; Koff et al., 2001; Mintz & Kashubeck, 1999; Yokoyama, 2007). Others have indicated that EAA women's poor BES is due to fear of gaining weight (Akoury et al., 2019; Barry & Garner, 2001; Brady et al., 2017; Cheng, 2014; Davis & Katzman, 1999; Javier & Belgrave, 2019; Sanders & Heiss, 1998; Smart & Tsong, 2014). Another body of literature has revealed that AA women expressed dissatisfaction with both ethnic/racial features and weight (Kennedy et al., 2004; Smart et al., 2011). These mixed and inconclusive findings of the prevalence and etiology of poor BES in EAA women highlight the need for more research in this area.

It may be the case that AA women struggle to embrace both their ethnic/racial features and weight, given the multiple layers of oppression and objectification they face every day. Qualitative studies shed light on racism, sexism, and experiences of being othered as contributors to AA women's struggle to love their bodies (Lee & Vaught, 2003; Mukkamala & Suyemoto, 2018; Pyke & Johnson, 2003). Cheng and Kim (2018) reviewed empirical studies linking racial and sexual objectification of AA women. They posited that AA women's BES concerns might be distinct due to their experiences of racial and sexual objectification. The mixed findings likely reflect the lack of comprehensive understanding of EAA women's poor BES, which is alarming if EAA women's poor BES is not just due to dissatisfaction with weight or facial features, but both. Therefore, it is essential to examine gendered racial microaggressions (GRMA) as the construct that captures the nuanced oppression experienced by EAA women due to their intersecting identities.

Gender and Race are Interwoven in Daily Microaggressions

Historically, the research looked at sexism and racism as separate constructs. Yet, researchers have become increasingly supportive of the idea of gendered racism, the view that women of color experience microaggressions that are products of an interplay of both racism and sexism (Keum et al., 2018; Pyke & Johnson, 2003). For example, AA women may experience the following four domains of GRMA: subscription of submissiveness, assumption of universal appearance, fetishism, and media invalidation (Keum et al., 2018). Each domain involves sexual, racial, and foreigner objectification (Cheng et al., 2017; Lee & Vaught, 2003; Yokoyama, 2007).

For example, stereotypes such as *lotus blossom* and *geisha* reinforce the view of EAA women as docile and submissive (Seethaler, 2013; Zhou & Paul, 2016). As an example of the assumption of universal appearance, Japanese, Korean, or Taiwanese women could be misperceived as Chinese, as many people assume that EAA women are difficult to tell apart (Aoki & Mio, 2009). As an example of fetishism, some White men's sexual fantasies developed through the history of Western political, military, and economic dominance over Asia (Woan, 2007). Such fetishism with power dynamic (e.g., White men as superior) is still evident in pornography (Leidhold, 1981; Mayall & Russell, 1993; Zhou & Paul, 2016) and dating scenes (Mok, 1998; Seethaler, 2013; Woan, 2007). For example, pornography reinforces the coupling of a White man and an EAA woman, where an EAA woman is submissive and inactive (Mayall & Russell, 1993; Zhou & Paul, 2016). As an example of media invalidation, AA women characters appearing in the movie/TV often played stereotyped roles, such as “the submissive and docile *geisha*, the hypersexual, seductive, and dangerous *dragon lady*, and the newest addition, the assimilated, studious female nerd” (Seethaler, 2013, p. 117). Literature supports that such experiences of GRMA—racial, sexual, and the foreigner objectification—could be associated

with increased body surveillance (BSU), increased body shame (BSH), and lower collective self-esteem (CSE; Lee & Vaught, 2003; McKinley & Hyde, 1996; Pyke & Johnson, 2003).

Conceptual Framework: Intersectionality Theory and Objectification Theory

The construct of gendered racism was first applied to studies in Black women. Researchers have recently begun to identify unique GRMA experienced by EAA women (Keum et al., 2018; Le et al., 2020). However, the impact of gendered racism on EAA women has not been addressed yet in the psychological literature. Guided by the intersectionality theory (Crenshaw, 1993) and objectification theory (Fredrickson & Roberts, 1997), the present study examines the mechanism between gendered racism and BES and SWLS among EAAs. Based on Black feminism and critical race theory, Crenshaw (1993) defined intersectionality as a way to dismantle systemic racism by examining the interplay of the multiple social memberships of an individual to understand the oppressed individuals' experiences fully. In addition, many scholars claim sexism and racism are both embedded in the daily experience of women of color and have particular salience in microaggressions such women encounter (Blake, 2017; Gianettoni & Roux, 2010; Harnois & Ifatunji, 2011; Lewis, 2016; Mohr & Purdie-Vaughns, 2015; Monnat, 2010; Moody & Lewis, 2019; Mukkamala, 2017; Pang & Hill, 2018). Because the present study looks at gendered racism, which is the interface between race and sex, intersectionality theory is a naturally fitting framework to employ.

Research has indicated that living in a society where women are sexually objectified compels women to excessively attend to both their physical safety and appearance; thus, women may feel little control over such objectified experiences (Fredrickson & Roberts, 1997). Within the framework of this theory, self-objectification occurs when women internalize their experiences of sexual objectification and begin to measure their worthiness based on their

appearance (Fredrickson & Roberts, 1997). Self-objectification could manifest in maladaptive behaviors, such as BSU, which refers to regular monitoring of one's appearance. BSH is a possible psychological consequence of objectified experiences, which is the feeling of shame one experiences resulting from the perception that her body does not meet the *ideal* body standards (Moradi, 2010; Moradi et al., 2005; Syzmanski, 2020). It has been viewed as a precursor or indicator of disordered eating and poor BES (American Psychological Association, 2013). McKinley (1998) posited that self-objectification could lead to low BES and low self-esteem. This theory is a fitting framework for the present study, which looks at EAA women's experiences of GRMA: a mix of racial, sexual, and foreigner objectification. Objectification theory has led scholars to call for a need to investigate the impact of sexual and racial objectification on AA women's body image (Cheng & Kim, 2018).

Gendered Racial Microaggressions, Body Surveillance, Body Shame, Body Esteem, and Life Satisfaction

Based on the objectification theory, this author hypothesized BSU and BSH would mediate the relationship between GRMA and BES and between GRMA and SWLS. There is sufficient evidence to indicate that GRMA entails many objectified experiences (Armenta et al., 2013; Cheng, 2017; Cheng & Kim, 2018; Pituc, 2013; Yokoyama, 2007). Literature supports that GRMA (e.g., sexual objectification) is negatively associated with women's subjective well-being via increased BSU (Choma et al., 2009; Syzmanski, 2019). Much literature has documented those objectified experiences may cause BSU in women (Kim et al., 2014; McKinley & Hyde, 1996; Moradi, 2010; Moradi et al., 2005). Regarding BSH, the literature supports the positive association between objectified experiences (e.g., GRMA) and BSH (Kim et al., 2014; McKinley & Hyde, 1996; Moradi, 2010; Moradi et al., 2005; Tiggemann & Boundy, 2008; Syzmanski,

2019). For example, a higher BSH was associated with lowered self-esteem and increased disordered eating in some studies (Dakanalis et al., 2014; Lee et al., 2019). Additionally, studies revealed that BSH mediated the association between GRMA and disordered eating in AA women (Le et al., 2020) and the association between mindfulness and quality of life among adolescent obese/overweight girls (Moreira & Canavarro, 2017). Furthermore, objectified experiences were found to affect women of color's BES via BSH (Cheng & Kim, 2018; Claudat et al., 2016). In summary, GRMA is likely positively associated with BSH and BSU, which would ultimately be negatively associated with BES and SWLS.

This author also hypothesized that BSU and BSH might serve as moderators for the associations between the independent variable (IV), GRMA, and dependent variables (DVs), BES and SWLS. A significant difference in the strength or the direction of the relationships between IV and DVs may exist, depending on the level of BSU and BSH. In other words, for EAA women who endorse a lower level of BSU or a lower level of BSH, the association between IV (i.e., GRMA) and DVs (i.e., BES and SWLS) will likely be not significant, because EAA women with lower BSH or BSU likely pay less attention to body comparison, which may help them manage the stress from the GRMA. Therefore, their SWLS or BES may remain at a similar level despite the levels of GRMA. On the other hand, EAA women with a higher level of BSH or BSU would perceive more prominent inadequacy of their bodies, which may make them more vulnerable in the face of GRMA, and GRMA may significantly affect their SWLS or BES, as compared to those who endorse lower-level BSH or BSU.

Gendered Racial Microaggressions, Collective Self-Esteem, Body Esteem, and Life Satisfaction

CSE is a construct that assesses how individuals make meaning of their social group, such as racial or ethnic groups (Luhtanen & Crocker, 1992). The present study hypothesized CSE to be a mediator. In other words, this author hypothesized lower CSE to be a surrogate outcome of GRMA, which in turn would be associated with reduced BES and SWLS. Also, one study found that microaggressions from the White perpetrator were negatively associated with physiological stress in AAs via lowered explicit and implicit self-esteem as mediators (Wong-Padoongpatt et al., 2017). In other words, GRMA would be associated with lower CSE, which would ultimately reduce SWLS (Ai et al., 2015; Barry & Grilo, 2003; Fong, 1997; Iwamoto & Liu, 2010; Junn & Masuoka, 2008; Qin et al., 2008).

Another way to view the role of CSE is that it could serve as a buffer (i.e., moderator) for the association between GRMA and SWLS or between GRMA and BES. Literature supports that CSE would moderate the negative association between discrimination and SWLS (Zhang & Leung, 2002), paranoia (Kong, 2016), and anxious depressive symptoms (Gupta et al., 2014). Higher ethnic CSE was found to reduce anxious depressive symptoms in AA immigrant adolescents (Gupta et al., 2014). Higher CSE was also found to moderate the relationship between discrimination and psychological distress among recent immigrants (Hassan et al., 2013). Furthermore, ethnic identity (a similar construct) was shown to attenuate the negative association between societal pressure (e.g., thin-ideal) and disordered eating in AAs (Rakhkovskaya & Warren, 2014; Rakhkovskaya & Warren, 2016). Also, higher CSE was found to moderate the relationship between the endorsement of stereotypes and perceived stress in African American women (Barrie et al., 2016). EAA woman who endorses higher membership

CSE may feel that she is a worthy member of her race/ethnic group (Luhtanen & Crocker, 1992); hence, she may not feel affected by how other racial/ethnic groups view her. An EAA woman with higher private CSE is likely to feel glad to be a member of her racial/ethnic group (Luhtanen & Crocker, 1992); therefore, she may not let perceived microaggression affect how happy she feels (e.g., life satisfaction; SWLS). An EAA woman who has higher public CSE may perceive that her racial/ethnic group is valued by others (Luhtanen & Crocker, 1992); therefore, such belief that others value her ethnic group may counter any countering messages (e.g., microaggression). Lastly, an EAA woman who endorses higher importance of identity may view that belonging to her race/ethnicity to be an important part of how she identifies herself (Luhtanen & Crocker, 1992); hence, if combined with other domains of CSE (membership, public, and private) being high, she is likely to feel positive about herself as ethnic identity contributes greatly to her self-esteem. These pieces of evidence support the moderating role of CSE on the association between GRMA and outcome variables, SWLS and BES.

Research Hypotheses:

The present study examined the following 12 hypotheses:

Hypothesis 1: BSU would mediate the association between perceived GRMA and BES (Figure 1).

Hypothesis 2: BSU would mediate the association between perceived GRMA and SWLS (Figure 2).

Hypothesis 3: BSH would mediate the association between perceived GRMA and BES (Figure 3).

Hypothesis 4: BSH would mediate the association between perceived GRMA and SWLS (Figure 4).

Hypothesis 5: CSE is expected to mediate the association between GRMA and BES (Figure 5).

Hypothesis 6: CSE is expected to mediate the association between GRMA and SWLS (Figure 6).

Hypothesis 7: BSU is expected to moderate the association between GRMA and BES (Figure 7). Specifically, for EAA women with lower endorsement of BSU, their BES was expected to maintain relatively high regardless the levels of GRMA. This author hypothesized EAA women with higher endorsement of BSU would have a negative association between GRMA and BES (Figure 7-a).

Hypothesis 8: BSU is expected to moderate the association between GRMA and SWLS (Figure 8). Specifically, for EAA women with lower endorsement of BSU, their SWLS was expected to maintain relatively high regardless the levels of GRMA. This author hypothesized EAA women with higher endorsement of BSU would have a negative association between GRMA and SWLS (Figure 8-a).

Hypothesis 9: BSH is expected to moderate the association between GRMA and BES. Specifically, for EAA women with lower endorsement of BSH, their BES was expected to maintain at a higher level regardless the levels of GRMA. This author hypothesized EAA women with higher endorsement of BSH would have a negative association between GRMA and BES (Figure 9-a).

Hypothesis 10: BSH is expected to moderate the association between GRMA and SWLS (Figure 10). Specifically, for EAA women with lower endorsement of BSH, their SWLS was expected to maintain at a higher level regardless the levels of GRMA. This author hypothesized

EAA women with higher endorsement of BSH would have a negative association between GRMA and SWLS (Figure 10-a).

Hypothesis 11: CSE is expected to moderate the association between GRMA and BES (Figure 11). Specifically, for EAA women with higher CSE, their BES was expected to maintain at a higher level regardless the levels of GRMA. This author hypothesized EAA women with lower CSE would have a negative association between GRMA and BES (Figure 11-a).

Hypothesis 12: CSE is expected to moderate the association between GRMA and SWLS (Figure 12). Specifically, for EAA women with higher CSE, their SWLS was expected to maintain at a higher level despite the levels of GRMA. This author hypothesized EAA women with lower CSE would have a negative association between GRMA and SWLS (Figure 12-a).

Methodology

Participants

Study participants were recruited by distributing the survey to the listserv of professional organizations (e.g., Asian American Psychological Association; APA Division 35: Psychology of Women; APA Division 17: Society of Counseling Psychology; APA Division 45: Society for the Psychological Study of Culture, Ethnicity, and Race), asking local and online EAA communities to distribute the survey (e.g., Japanese church in the United States; online EAA newsletters *Nichi Bei*, *Pacific Citizens*, *The Korea Daily*, *The Korea Times*, *Taiwanese American.org*, *AsAm News*, and *Asian American Press*), and using personal and professional contacts to distribute the survey (snowball method). After completing the survey, participants could voluntarily enter into a raffle for a chance to win one of 10 \$25 Amazon gift cards. Since the recruitment using those methods did not work as smoothly as anticipated, the author later added Amazon Mechanical Turk as a method to supplement the 150 participants by paying \$2

per worker. To participate, one must have met all of the following criteria: (a) self-identified as an EAA woman, (b) was age 18 and older, and (c) resided in the United States.

Measures

Demographic Questionnaire

Participants were asked to complete a self-report demographic questionnaire, including age, generational immigration status, ethnicity, level of education, socioeconomic status, sexual orientation, number of years in the United States, and language proficiency. Those who respond as a biological male, younger than 18 years old, not living in the United States, and “others” for ethnicity were excluded from the study as the study is looking to examine the experiences of EAA women.

Gendered Racial Microaggressions

The Gendered Racial Microaggression Scale for Asian American Women (GRMA; Keum et al., 2018) is a 22-item scale that assesses how often AA women experience microaggressions related to their racial identity and their gender as a woman. GRMA has four subscales, including ascription of submissiveness (e.g., “others expect me to be submissive”), assumption of universal appearance (e.g., “others have suggested that all Asian American women look alike”), fetishism (e.g., “others take a romantic interest in Asian American women just because they never had sex with an Asian American woman before”), and media invalidation (e.g., “I see non-Asian women being cast to play female Asian characters”). In addition, the GRMA includes a frequency scale, and a stress scale. Both the frequency scale and stress scale are made of the same 22 items, while the frequency scale asks how often the experience happened, and the stress scale asks how stressful the experience was. Participants rated all items on a 6-point Likert scale from 0 (“Never”) to 5 (“Always”) for the frequency

subscale. Also, participants were asked to rate on a 6-point Likert scale from 0 (“Not at all stressful”) to 5 (“Extremely stressful”) for the stress subscale. Averaging responses to the 22 items obtain the scores, and higher scores indicated that participants experience a higher frequency of and more stressful gendered and racial microaggressions (GRMA). Convergent validity for this scale has been established through its significant positive associations with experiences of racial microaggressions and sexist events (Keum et al., 2018). Positive correlations supported the construct validity of the GRMA with the Racial Microaggression Scale (RMAS; Torres-Harding et al., 2012) and Schedule of Sexist Events (SSE; Klonoff & Landrine, 1995). Associations also supported the four factors correlated with each other at moderate to a high level and the construct validity of the scale with depression (Patient Health Questionnaire-9; Kroenke & Spitzer, 2002) and internalized racism scores (Internalized Racism for Asian American Scale; Choi et al., 2017). The Cronbach’s alpha was .91 for the frequency scale among AA women (Le et al., 2020). The Cronbach’s alpha for the present study was .94 for GRMA-FR and .94 for GRMA-ST.

Experience of Discrimination

The Everyday Discrimination Scale (EDS; Williams et al., 1997) is a 9-item self-report measure that assesses participants’ experience of interpersonal discrimination that is chronic or episodic. Participants indicated how often they encountered a particular type of discriminatory experience on a 6-point Likert scale from 1 (“Never”) to 6 (“Almost every day”). Higher scores indicate a greater perception of racial discrimination in daily life. The sample items include “you are treated with less courtesy than other people are” and “you receive poorer service than other people at restaurants or stores.” Chang et al. (2012) found that reliability coefficients alpha was .92 for Vietnamese Americans and .88 for Chinese Americans in their study. Kim et al.

(2014) also supported the EDS' reliability with racial and ethnic minority groups with a Cronbach's alpha of .88. For the present study, the Cronbach's alpha was .91.

Collective Self-Esteem

The Collective Self-Esteem Scale (CSE; Luhtanen & Crocker, 1992) is a 16-item self-report measure that assesses participants' thoughts about their social/ethnic group (Liang & Fassinger, 2008). Participants indicated their CSE concerning their racial/ethnic group on a 7-point Likert scale from 1 ("strongly disagree") to 7 ("strongly agree"). There are four subscales of the CSE, including membership CSE (e.g., "I'm am a worthy member of my race/ethnic group"), public CSE (e.g., "Overall, my racial/ethnic group is considered good by others"), private CSE (e.g., "In general, I'm glad to be e a member of my racial/ethnic group"), and identity importance CSE (e.g., "The racial/ethnic group I belong to is an important reflection of who I am"), with each subscale consisting of four items. The CSE demonstrated positive correlations with personal self-esteem (Rosenberg, 1965) and collectivism (Hui, 1988). The scale also demonstrated an adequate 6-week test-retest correlation of .68 for the total scale (Luhtanen & Crocker, 1992). A study with AA college students yielded coefficient alphas of .69 with CSE membership, .80 with public CSE, .70 with private CSE, and .81 with CSE identity (Liang & Fassinger, 2008). A Cronbach's alpha was .86 for the total scale with Korean music therapists (Kim, 2012). For the present study, the Cronbach's alpha was .78 for CSE membership (CSE-MB), .71 for public CSE (CSE-PB), .84 for private CSE (CSE-PR), and .86 for CSE identity (CSE-ID).

Body Surveillance

The Body Surveillance subscale is one of the Objectified Body Consciousness Scale (OBCS; McKinley & Hyde, 1996), which is widely used to measure self-objectification. Body

surveillance is defined by the extent to which women monitor their body and think about their body in terms of how others might perceive it instead of how one feels about it. The Body Surveillance subscale consists of eight items that are rated on a 1 (“strongly disagree”) to 7 (“strongly agree”) scale, along with a “NA (not applicable)” option. The overall score is obtained by averaging the total scores of applicable items (McKinley & Hyde, 1996). Higher scores indicate higher levels of BSU. The sample items are “During the day, I think about how I look many times,” and “I am more concerned with what my body can do than how it looks” (reverse-scored item). Validity evidence was supported by positive association with public body consciousness (Miller et al., 1981) and negative association with body esteem (Franzoi & Shields, 1984). The coefficient alpha was .87 among AA women (Le et al., 2020). For the present study, the Cronbach’s alpha was .83.

Body Shame

Body shame was assessed using the BSH subscale from the Objectified Body Consciousness Scale (McKinley & Hyde, 1996). This subscale includes eight items assessing the extent to which participants perceive themselves to be failing to attain the ideal appearance standards. Example items are “I feel ashamed of myself when I haven’t made an effort to look my best” and “Even when I can’t control my weight, I think I’m an okay person” (reverse-scored item). In the Body Surveillance subscale, items are rated on the same 7-point Likert type scale from 1 (“strongly disagree”) to 7 (“strongly agree”) along with a “NA (not applicable)”. The overall scores are obtained by averaging the total scores of applicable items, and higher scores indicate that participants endorsed a higher level of BSH. The construct validity of the Body Shame subscale was supported by a positive correlation with control beliefs (McKinley & Hyde, 1996) and a negative correlation with body esteem (Franzoi & Shields, 1984). The Cronbach’s

alpha was .87 among AA women (Le et al., 2020). For the present study, the Cronbach's alpha was .86.

Life Satisfaction

The Satisfaction with Life Scale (SWLS; Diener et al., 1985) is a 5-item measure to assess overall judgment of the participant's life to measure the concept of life satisfaction (SWLS). The participants rate responses on a 7-point Likert type scale from 1 ("strongly disagree") to 7 ("strongly agree"). Sample items are "In most ways, my life is close to my ideal" and "So far I have gotten the important things I want in life." Validity evidence was supported by the positive correlations with extraversion (Tellegen, 1982) and positive affect (Watson et al., 1988) as well as negative correlations with neuroticism (Tellegen, 1982) and depression (Beck et al., 1961). The Cronbach's alpha was .85 for foreign-born AA and .87 for U.S.-born AA (Armenta et al., 2013). For the present study, the Cronbach's alpha was .93.

Body Esteem

The Body-Esteem Scale for Adolescents and Adults (BES) is a 23-item scale (Mendelson et al., 2001) that includes three subscales of (a) appearance satisfaction (e.g., "I like what I look in pictures"), (b) weight satisfaction (e.g., "I'm proud of my body"), and (c) other's attributions about one's body and appearance (e.g., "my looks help me get dates"). Participants rated the impact of their body image on a 5-point Likert scale ranging from 0 ("never") to 4 ("always"). A higher score indicates higher BES. The Cronbach's alpha for the total scale was .94 for undergraduate women (Skorek et al., 2014). For the present study, the Cronbach's alpha was .94 for the total scale.

Procedure

After receiving approval from the Institutional Review Board at Radford University, this author recruited participants by sending emails to request participation (e.g., APA listserv of Division 17, 35, and 45; Asian American Psychological Association listserv; relevant EAA student organizations, and online EAA newspapers mentioned earlier), asking personal and professional contacts to help to distribute the survey link, and posting the survey link online (e.g., Facebook) to achieve snowballing. To be eligible for this study, the participant needed to be 18 years of age or older and self-identify as an EAA woman. Next, the participants were directed to an online survey via software (www.qualtrics.com) that began with an informed consent page in the present study. The consent form informed participants about their rights, including the right to withdraw, the purpose of the research, and the confidentiality policy. If participants agreed to participate after reading the informed consent, the survey prompted them to complete the survey.

The survey included demographic questions, the Gendered Racial Microaggression Scale for Asian American Women (GRMA), the Collective Self-Esteem Scale (CSE), the Body-Esteem Scale (BES), Everyday Discrimination Scale (EDS), and the Objectified Body Consciousness Scale (OBCS), and the Satisfaction with Life Scale (SWLS). In addition, there was one validity check item interspersed on the survey (i.e., this is a checking item. Please click “7 Strongly Agree” for this item) to ensure that participants were responding conscientiously throughout the survey. At the end of the survey, the participants were provided with a debriefing form, which included resources for those participants who want further assistance with their experiences.

Data Analyses

A total of 214 participants accessed the survey. Among them, 14 participants were removed because they stopped responding after the demographic section; 13 participants were removed as they did not identify as EAA (they selected “others” on ethnicity question); and three participants were removed because they incorrectly answered the validity check item. Eleven participants were removed because they did not complete the survey (e.g., not answering any item on a particular measure, not responding to more than half of the survey). After removing the participants who did not meet the participation criteria or who missed a significant portion of the survey, 173 participants were left in the final data set. The missing data (the frequency was < 1.7% on all measures) were imputed using the Expectation-Maximization algorithm (Shafer & Graham, 2002) in SPSS. Means, standard deviations, zero-order correlations for variables, and Cronbach’s alpha for each variable are reported in Table 1.

Before conducting mediation and moderation analyses, AVONA was conducted to examine whether each DV (i.e., BES and SWLS) varies significantly as a function of socioeconomic status, immigration generation status, language proficiency, sexual orientation, ethnicity, and levels of education. In addition, the correlation analysis examined whether each DV (i.e., BES and SWLS) varies significantly as a function of continuous variables (i.e., age and years lived in the United States). While marital status and socioeconomic status were significantly correlated with both outcome variables, no known existing empirical study provides evidence for EAA or AA women. They were not treated as covariates in the present study. Because the Everyday Discrimination Scale (EDS) has been associated with SWLS and self-esteem among minority populations (Ajrouch et al., 2010; Beccia et al., 2020; Utsey et al., 2000), it was treated as a covariate.

Mediation hypotheses (hypotheses 1-6) were examined by utilizing SPSS version 27.0 statistics package (IBM Corp., Armonk, NY) PROCESS model 4 (Hayes, 2013). A total of 10,000 bootstrap samples (Mallinckrodt et al., 2006; Preacher & Hayes, 2008) and a 95% confidence interval was used in the estimations. If the results did not include zero, then the indirect effect was concluded as statistically significant at the .05 level (Shrout & Bolger, 2002).

The present study applied Hayes' (2013) PROCESS model 1 to test moderation hypotheses (hypotheses 7-12). A significant R^2 change for the interaction term would indicate a significant effect in moderation analysis (Aiken & West, 1991). If a significant interaction effect is detected, then the pick-a-point procedure or "spotlight analysis" would be implemented (Hayes, 2018) through probing the interaction with moderator values equal to the ± 1 SD from the mean of the moderators (i.e., body surveillance, body shame, and collective self-esteem).

Results

Mediation Analyses

Results partially confirmed hypothesis 1 and hypothesis 2. BSU mediated the associations between the stress level of GRMA and both outcome variables, BES (indirect effect ab : -0.09, $SE = .04$, 95% CI [-0.16, -0.02]) and SWLS (indirect effect ab : -0.13, $SE = .04$, 95% CI [-0.25, -0.03]). However, the mediation was not significant for the associations between the frequency of GRMA and the outcome variables BES (indirect effect ab : -0.07, $SE = .04$, 95% CI [-0.16, 0.01]) and SWLS (indirect effect ab : -0.11, $SE = .06$, 95% CI [-0.23, 0.01]). Results fully confirmed hypotheses 3 and 4. The associations between the frequency of GRMA and both BES (indirect effect ab : -0.20, $SE = .04$, 95% CI [-0.23, -0.09]) and SWLS (indirect effect ab : -0.20, $SE = .04$, 95% CI [-0.37, -0.07]) were significantly mediated by BSH. The associations between the stress level of GRMA and both BES (indirect effect ab : -0.14, $SE = .04$, 95% CI [-

0.22, -0.05]) and SWLS (indirect effect ab : -0.14, $SE = .04$, 95% CI [-0.22, -0.05]) were also significantly mediated by BSH. Results partially confirmed hypothesis 5 and hypothesis 6, as only two subscales of CSE, CSE-MB (indirect effect ab : -0.09, $SE = .04$, 95% CI [-0.15, -0.03]) and CSE-PR (indirect effect: -0.06, $SE = .04$, 95% CI [-0.12, -0.02]), significantly mediated the association between the stress level of GRMA and BES. The direct effect was not significant neither for GRMA-FR on BES (direct effect $c' = 0.02$, $p = .79$, 95% CI [-0.11, 0.15]) nor for GRMA-ST on BES (direct effect $c' = 0.00$, $p = .95$, 95% CI [-0.10, 0.11]). For SWLS as an outcome variable, again, only CSE-MB (indirect effect ab : -0.13, $SE = .04$, 95% CI [-0.25, -0.04]) and CSE-PR (indirect effect: -0.07, $SE = .04$, 95% CI [-0.17, -0.01]) significantly mediated the association only when the stress level of GRMA was an independent variable. The direct effect was not significant neither for GRMA-FR on SWLS (direct effect $c' = 0.02$, $p = .11$, 95% CI [-0.61, 0.06]) nor for GRMA-ST on SWLS (direct effect $c' = -0.26$, $p = .06$, 95% CI [-0.53, 0.01]). The associations with the frequency of GRMA and outcome variables were not significantly mediated by any of the CSE subscales: CSE-MB (indirect effect ab : -0.06, $SE = .04$, 95% CI [-0.13, 0.01]), CSE-PR (indirect effect ab : -0.05, $SE = .03$, 95% CI [-0.11, 0.01]), CSE-ID (indirect effect ab : -0.00, $SE = .01$, 95% CI [-0.04, 0.01]), or CSE-PB (indirect effect ab : -0.02, $SE = .02$, 95% CI [-0.07, 0.00]). The association with the stress level of GRMA and BES were significantly mediated by CSE-MB (indirect effect ab : -0.09, $SE = .04$, 95% CI [-0.15, -0.03]) and CSE-PR (indirect effect: -0.06, $SE = .04$, 95% CI [-0.12, -0.02]). CSE-ID (indirect effect ab : -0.00, $SE = .01$, 95% CI [-0.03, 0.01]) nor CSE-PB (indirect effect ab : -0.02, $SE = .01$, 95% CI [-0.05, 0.00]) significantly mediated the association.

Moderation Analyses

Neither BSU nor BSH was a significant moderator for any of the associations, invalidating hypotheses 7 to 10. For EAA women in the sample, different levels of BSU did not affect the association between GRMA and BES. The results indicated that two-way interaction of GRMA-FR x BSU was not statistically significant ($B = 0.01$, $SE = .04$, 95% CI [-0.06, 0.09]). Also, two-way interaction of GRMA-ST x BSU was not statistically significant ($B = -0.04$, $SE = .04$, 95% CI [-0.11, 0.03]).

For EAA women in the sample, different levels of BSU did not affect the association between GRMA and SWLS. The two-way interaction of GRMA-FR x BSU was not statistically significant ($B = -0.04$, $SE = .09$, 95% CI [-0.22, 0.14]). Also, two-way interaction of GRMA-ST x BSU was not statistically significant ($B = -0.10$, $SE = .08$, 95% CI [-0.26, 0.06]).

For EAA women in the sample, different levels of BSH did not affect the association between GRMA and BES. The results indicated that two-way interaction of GRMA-FR x BSH was not statistically significant ($B = 0.01$, $SE = .03$, 95% CI [-0.05, 0.08]). Also, two-way interaction of GRMA-ST x BSH was not statistically significant ($B = 0.00$, $SE = .03$, 95% CI [-0.05, 0.06]).

For EAA women in the sample, different levels of BSH did not affect the association between GRMA and SWLS. The results indicated that two-way interaction of GRMA-FR x BSH was not statistically significant ($B = 0.08$, $SE = .08$, 95% CI [-0.09, 0.25]). Also, two-way interaction of GRMA-ST x BSH was not statistically significant ($B = 0.05$, $SE = .07$, 95% CI [-0.09, 0.19]).

Hypothesis 11 was partially confirmed, as a subscale of CSE, CSE-ID, significantly moderated the association between the frequency of GRMA and BES ($B = 0.07$, $SE = .03$, 95% CI [0.01, 0.14], $\Delta R^2 = .03$). Specifically, the association between GRMA-FR and BES was

significantly negative for EAA women with low levels (one standard deviation below the mean) of CSE-ID in the sample ($B = -0.25$, $SE = .09$, 95% CI [-0.42, -0.08]). The moderation was not significant for those with high levels (one standard deviation above the mean) of CSE-ID ($B = -0.04$, $SE = .10$, 95% CI [-0.24, 0.16]). Hypothesis 12 was partially confirmed, as a subscale of CSE, CSE-PR, significantly moderated the association between the frequency of GRMA and SWLS ($B = -0.30$, $SE = .10$, 95% CI [-0.51, -0.09], $\Delta R^2 = .04$). Specifically, the association between GRMA-FR and SWLS was significantly negative for EAA women with high levels (one standard deviation above the mean) of CSE-PR in the sample ($B = -0.77$, $SE = .21$, 95% CI [-1.18, -0.36]). The moderation was not significant for those with low levels (one standard deviation above the mean) of CSE-PR ($B = -0.69$, $SE = .21$, 95% CI [-0.48, 0.34]).

Discussion

Based on the results, it is likely that EAA women engaged in increased monitoring of their body when they perceived highly stressful GRMA (Ko & Wei, 2020), which could ultimately lead to a damaged BES (McKinley & Hyde, 1996) and lowered SWLS (Szymanski, 2019). It is also likely that for EAA women, experiencing frequent or stressful GRMA could lead to an increased feeling of BSH (Pyke & Johnson, 2003; Wong et al., 2017), which ultimately could result in poorer BES (APA, 2013; Cheng et al., 2017; McKinley, 1998) and reduced SWLS (Ha, 1995; Wong & Tsai, 2007; You, 1997). Furthermore, experiencing highly stressful GRMA could likely lead to a reduced sense of affiliation with EAA women's ethnic/racial group and a less favorable view of their ethnic/racial group (Fischer & Holz, 2007), both of which could lead to poorer BES (Cheng et al., 2017; Hall, 1998; Kaw, 1993; Pyke & Johnson, 2003) and reduced SWLS.

Significant moderation results indicated that having a stronger ethnic identity could serve as a protective factor for BES against frequent encounters of GRMA. Specifically, CSE-ID moderated the association between GRMA-FR and BES. In particular, for EAA women who placed lower importance on their ethnic identity, their BES was more susceptible to the negative influence of frequent GRMA. Conversely, for EAA women with a higher level of CSE, the association between GRMA-FR and BES was not significant. Additionally, EAA women who have a favorable view of their ethnic/racial group could be at risk for experiencing more reduced SWLS when encountering frequent GRMA. This could be due to multiple factors such as EAA women's cognitive dissonance when encountering exchanges (e.g., prejudicial slights) that do not align with their worldview (Major et al., 2007; Townsend et al., 2010), functional pessimism often observed in AA populations (Chang 1996; Chang, 2001; Chang & Asakawa, 2003; Chang et al., 2001; Fischer & Chalmers, 2008; Heine & Lehman, 1995), or the reflection of humility (Akhtar, 2018; Brown, 2010; Vera & Rodriguez-Lopez, 2004).

Contributions

The present study provided empirical evidence that objectification theory (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996) could be applied in examining the effect of gendered racism (Essed, 1991). EAA women experience GRMA comprised of racial, sexual, and foreigner objectification. As the objectification theory claimed, experiences of feeling objectified led to heightened vigilance about one's appearance and increased shame about one's body. Additionally, such objectification led to internalizing the negative view of one's ethnic/racial group, leading to EAA women to hold less favorable view of their ethnic/racial group and decreased level of affiliation with the group. The stress level and frequency of GRMA led to shame regarding one's physical appearance among EAA women, which led to lowered BES and

SWLS. Lastly, the stress associated with GRMA led to a decreased level of affiliation with their ethnic/racial group, and feeling less proud about their group (Pyke & Dang, 2003), which ultimately led to lowered BES and SWLS among EAA women in this study.

The present study provided converging evidence to existing findings by Crocker et al.'s (1994) and Gilmore et al.'s (2001) studies; a higher CSE-ID is a protective factor for body image and wellbeing. The finding regarding the CSE-PR provided a diverging result from Crocker et al.'s finding (1994). The result from the present study, however, revealed that a higher level of CSE-PR increased the vulnerability to GRMA's negative impact on SWLS. The converging and diverging results contributed to increased level of understandings in terms of the role CSE plays, while highlighting the need for future research to better understand the complexity of CSE in EAA women's wellbeing.

Overall, the present study confirmed intersectionality theory's (Crenshaw, 1993) claim that looking at multiple intersecting oppressed identities helps study a minoritized population. An additional strength of the current study is using a community sample instead of convenient sampling (e.g., usage of college students), and it diversified the sample's demographic factors.

Limitations

The study's limitations include the voluntary participation and the data collection period overlapping the worldwide COVID-19 pandemic. Studies support that BES (Baceviciene & Jankauskiene, 2021; Swami et al., 2021; Vall-Roqué et al., 2021) and SWLS (Ammar et al., 2020; Trzebiński et al., 2020) were negatively impacted by this pandemic. Also, anti-Asian sentiment became more overt during the period (Chen et al., 2020; Dhanani & Franz, 2020; Hswen et al., 2021; Nguyen et al., 2020), which could have affected how participants reported their experiences of GRMA.

Implications

The findings supported that experiencing GRMA could lead to objectified body consciousness and lowered CSE, which in turn would affect EAA women's BES and SWLS negatively. Mental health professionals are encouraged to minimize their active participation in GRMA. Clinicians are also to be aware of the culturally unique root of body image-related issues. When encountering EAA female clients with body image-related concerns, a clinician should explore if GRMA, BSH, BSU, and lower CSE could be possible pieces of the issue. Community outreach could help local EAA women increase more awareness of GRMA's adverse effects. Additionally, preventive workshops could help the population feel a stronger ethnic identity and develop a balanced expectation (e.g., being aware that gendered racism exists while feeling empowered to be who they are).

CHAPTER II

LITERATURE REVIEW

Heterogeneity within Asian Americans

Existing psychological studies have generally grouped Asian American (AA) female participants; therefore, some of the studies this author reviewed do not explicitly look at East Asian American (EAA) women. This author would use the term AA women if participants in the referred studies were broadly defined. In addition, this author would use the term EAA women if the study specifically looked at or consists of more than half of AA women from any of the following ethnic backgrounds: Chinese, Korean, Japanese, and Taiwanese American.

Who are “Asian Americans”?

Before delving into the literature review, it is essential to identify who AAs are. U.S. Census Bureau (2017) reported that 18.2 million AAs lived in the United States. This population accounted for 5.6% of the total U.S. population. Furthermore, the AA group is considered the fastest-growing population in the United States, as there was an 81% population growth of the entire AA population between 2000 and 2019 (Pew Research Center, 2021). In 1965, the AA population stood less than 1%, and ever since the exclusionary and discriminatory immigration policies (e.g., *The Chinese Exclusion Act of 1882*) ended, this population proliferated, and the Asian immigrant population has outnumbered that of Latinx in the past several decades in the United States (Pew Research Center, 2012).

It is important to note that the term “AA” broadly categorizes people with any of the following origins: Central Asians, East Asians, Native Hawaiians, and Pacific Islanders, Southeast Asians, South Asians, and West Asians. Therefore, there is a great diversity within this broadly defined “AA,” as Asia as a continent having over 40 countries. The U.S. Census

identifies 19 Asian origin groups (in order of population size): Chinese, Indian, Filipino, Vietnamese, Korean, Japanese, Pakistani, Cambodian, Hmong, Thai, Laotian, Bangladeshi, Burmese, Nepalese, Indonesian, Sri Lankan, Malaysian, Bhutanese, and Mongolian (Pew Research Center, 2021).

Who are “East Asian Americans”?

As the most substantial portion of the AA population, EAAs make up about 45% of the AA population. EAAs consist of about 4.9 million Chinese (excluding Taiwanese), 1.8 million Korean, and 1.5 million Japanese in the United States (Asian American Studies Center, 2020; U.S. Census Bureau, 2017). The U.S. Census does not show the accurate number of Taiwanese Americans in the United States, as Taiwanese Americans are currently included in the “other Asians” category on the census survey (Kuo, 2017; Roy, 2020; U.S. Department of State, 2018). While no accurate population estimate is available for Taiwanese Americans from the U.S. Census, one source estimated there are almost 1 million Taiwanese Americans (Kuo, 2017) in the United States in 2015 and that the number is steadily increasing (Kuo, 2017). This means that EAAs consist of over 8 million individuals, making up about 45% of the AA population. The literature thus far has identified a unique culture of EAA groups, which include collectivism, shame avoidance, hierarchical relationships, emotion regulation, conformity to norms, filial piety, humility, and emphasis on educational achievement (Kim, 2007; Kim et al., 1999; Sue & Sue, 2016).

The study of AA psychology only started in the early 1970s when the AA Psychological Association was established and started to publish research related to the AA population (Leong & Gupta, 2009). Psychological research that focuses on AA is still scant compared to other racial groups such as European Americans, Black Americans, and Latinx Americans (Kawamura &

Rice, 2009; Leong & Gupta, 2009). When the study included AA participants, it often overlooked within-group diversity (Cummins et al., 2005; Hynes, 2019; Lee et al., 2017; Sue & Sue, 2016). Unfortunately, this dismissal of heterogeneity within AA has resulted in a less accurate portrayal of each AA ethnic group. Many scholars have identified this lack of precision and cultural sensitivity as the limitations resulting from the use of the broad AA category in their studies (Alvarez & Helms, 2001; Chan, 1991; Drouhot & Garip, 2021; Liang & Fassinger, 2008; Rogers-Sirin & Gupta, 2012) and encouraged future researchers to be more mindful when recruiting AA participants. Therefore, the present study narrows down the population focus to be EAAs.

Pervasive Stereotypes of (East) Asian Americans

There are two often-cited stereotypes EAA women face in the United States: model minority myth and perpetual foreigner stereotype (Covarrubias & Liou, 2014; Lee, 2010; Lee et al., 2017; Lee et al., 2009; Matsuda, 1996; Zhang, 2010). This section will discuss each stereotype in detail. The present study provides a background of various microaggressions that EAA women have experienced before discussing the *gendered racial* microaggressions (GRMA). *Microaggressions* are generally defined “roughly as communicative acts denigrating an individual by targeting perceived social aspects of their identity” (Elder, 2021, p. 2). They are often unintended, and intentionality is of little importance when exploring the damage done to the recipients of such offense (Torino et al., 2018).

Model Minority Myth

The term “model minority” was introduced in 1966 by sociologist William Petersen in his article “*Success Story: Japanese American Style*” in the *New York Times Magazine* to highlight Japanese American’s success (Lee et al., 2017). This article contributed to the abrupt

upward movement of Japanese Americans' positions in the United States, at least on the surface. Following the article, Chinese Americans were also referred to as a successful minority in *U.S. News and World Report* within the same year (Lee et al., 2017; Lee et al., 2009). While the term "model minority" created the illusion of equal opportunities existing for all, it also pressured EAAs to be problem-free, hard-working, and compliant (Hall, 1995; Lee et al., 2017; Lee et al., 2009). Therefore, despite the stereotype sounding rather flattering, the model minority stereotype is more harmful to AA women than beneficial (Kim & Lee, 2014; Labao, 2017; Wing, 2007; Wu, 2002; Zhang, 2010). The model minority myth has misled theorists and clinicians to assume that AA have fewer psychological issues (Hartlep, 2013; Kawamura & Rice, 2009), and it also has created misbelief for non-AA people to think that AA do not receive as much discrimination as other ethnic minorities (Lin, 2010; Hartlep, 2013). Matsuda (1996) contended, "Asian success was a success with a dark, painful prize. To use that success to discount the hardship facing poor and working people in this country today is a sacrilege to the memory of our ancestors" (p. 152). The model minority myth has led to invalidating AA's oppressed experience and resulted in less research investigating this population (Lin, 2010).

Furthermore, this stereotype pitted minorities against each other by fueling jealousy from other minority groups towards AA, which resulted in more racial tension with those groups (Hartlep, 2013; Lee et al., 2017; Lee et al., 2009; Wu, 2002). Wu (2002) elaborated that AA "cannot win by winning," as a spin on the model minority myth is inevitable during unstable times, such as international conflict (e.g., terrorism) or damaged economy (e.g., COVID-19 pandemic). Furthermore, the model minority myth will help some working White Americans who need scapegoats to justify their anti-immigrant stance because they can claim that they are "motivated not by xenophobia or racism but by clear evidence that the new immigrants' gains

are being made at their expense” (p. 69). As a result, AA became a “menace to working (White) Americans and African Americans” (Wu, 2002, p. 69), being antagonized from both sides of the racial polarization of this country.

The model minority myth originated from EAAs as Chinese and Japanese immigrants were the first wave of Asian immigrants to arrive in the United States in the 1800s (Liu et al., 2009). The model minority myth is still attached more strongly with EAA group compared to other AA groups (e.g., Laotians, Cambodians), considering EAAs usually have higher education attainment and income size among AA ethnic groups (Covarrubias & Liou, 2014; Hartlep, 2013; Sakamoto et al., 2009; U.S. Census Bureau, 2018). While these higher academic and financial achievements on the surface may permeate to assumptions that EAAs are not struggling with mental health either (Cheng et al., 2017), the literature supports that EAAs are not free from racism and mental health issues at all (Hartlep, 2013; Kim et al., 2017; Shih et al., 2019).

Perpetual Foreigner Stereotype

Another harmful stereotype is the foreigner stereotype, the assumption that an AA is a foreigner or a foreign-born. In statistics, approximately one-third (6 million) AA in the United States are born in the United States, while approximately two-third (12 million) are foreign-born (U.S. Census Bureau, 2017). Furthermore, out of the 12 million foreign-born AA, an estimated 7 million is naturalized U.S. citizen, which results in 13 million out of the entire 18 million AA population to be “Americans” in terms of the citizenship status (U.S. Census Bureau, 2017). Thus, more than two-thirds of the AA population is technically not a foreigner. Dismissive of such actual statistics, this association of AA as “foreigners” has existed for centuries in U.S. history and continues to impact the modern-day perception of this group (Covarrubias & Liou, 2014; Lee, 2010; Matsuda, 1996; Zhang, 2010).

The *Chinese Exclusion Act of 1882* (the first policy to ban an ethnic group from immigrating) and Japanese internment camp during World War II (internment all persons of Japanese ancestry, including the ones who were born in the United States because of the fear and repulsion of Japanese race) are undeniable proofs of mistreatment that EAA faced. Such discrimination was made possible due to American policymakers viewing EAA as aliens and untrustworthy during uncertain times (Chan, 1994; Espiritu, 1997; Jensen, 1998; Kim, 2012; Lee, 2010). As laws and policies in the past indicate, such a portrayal of *an alien* in their land denied many EAA rights and resources that other U.S. citizens were granted (Lee, 2010; Mukkamala, 2017; Wong-Padoongpatt et al., 2017).

This phenomenon of scapegoating AA can still be observed to this day, even though AA seemed to have gained a better placement in the United States after the model minority myth replaced the Yellow Peril stereotypes of EAA (i.e., EAA as unassimilable) in the mid-1960s (Wu, 2002). However, this positive status is not stable, and the value of the EAA population in the United States is very much contingent on the U.S. political and economic climate (Keil & Ali, 2006; Power, 1995; Wu, 2002). Therefore, the United States does not offer a stable home to EAA. Model minority myth can be easily switched back to Yellow Peril stereotype during the time of crisis, such as the severe respiratory syndrome (SARS) pandemic in 2003 (Keli & Ali, 2006) and the 2019 novel coronavirus disease (COVID-19) pandemic (Chen et al., 2020; Jeung & Nham, 2020; Nguyen et al., 2020; Schild et al., 2020; Xu & Liu, 2020). During the COVID-19 pandemic, the fear of the virus originated in the province of Wuhan in China, quickly created a rippling effect of heightened xenophobia and racism against EAA people in the United States. The increase in xenophobic reaction could be partly due to the tendency of decrease in people's general openness to novelty (e.g., foreigner) during the time with high pathogen stress

(Sorokowski et al., 2020; White, 2020), which indicated the underlying issue that EAA are continued to be viewed as “outgroups,” hence, *foreign* in the eyes of non-Asians in the United States (Chen et al., 2020).

(East) Asian Americans are Not Immune to Discrimination

In summary, both stereotypes (i.e., model minority myth and perpetual foreigner stereotype) not only mislead others’ view of EAA, but they also become self-fulfilling (Wu, 2002). Many EAA internalize stereotypes (e.g., model minority myth, perpetual foreigner stereotype) and “act according to the script: submissive, passive, agreeable, docile, deferential, and polite” (Wu, 2002, p. 86). Internalization of the model minority myth could result in pressure to perform well in school, it could limit EAA’s identity to a single identity (without considering the diverse experiences that shape each individual’s identity), and it could create a great sense of failure when one feels that one does not fit the model of success (Lowe, 2015). Therefore, it is culturally insensitive and invalidating to assume EAA to be not a part of the United States or “better off” than other racial/ethnic minority groups.

Body Esteem among East Asian American Women

Body esteem refers to one’s self-evaluation of her body or appearance (Mendelson et al., 2001). Body image and body dissatisfaction are similar constructs, and both of them are often interchangeably used in literature. Body image taps into an individual’s “personal evaluation and affective experiences” of one’s physical attributes and attractiveness (Perez et al., 2002, p. 443), and body dissatisfaction refers to an individual’s integration of discrepancy between one’s self-perception and the cultural values (ideal body weight and shape) into negative self-identification (Kimber et al. 2015; Sabik, 2016). Literature has shown that despite the diversity of racial/ethnic backgrounds in the United States, the portrayal of desirable physical traits in popular culture has

remained center around the Caucasian phenotype (Cheng, 2014; Lee & Vaught, 2003; Mok, 1998; Yokoyama, 2007). Occidental features and Oriental features have long been compared and contrasted, and global Westernization has implied Occidental traits to be superior and ideal (Kawamura, 2011; Pyke & Johnson, 2003; Yokoyama, 2007). This section will discuss common misperceptions, unique sources of body dissatisfaction, and how racism, sexism, and being “othered” contribute to EAA women’s lower BES.

Misperceptions of EAA Women’s Body Esteem

The model minority myth may also mislead researchers to assume that EAA women do not struggle with BES (Hartlep, 2013). This assumption could contribute to EAA women’s hesitation in help-seeking (Masuda et al., 2017; Nicdao et al., 2007; Sim, 2019), fewer referrals by health care providers (Franko et al., 2007; Sim, 2019), and the scant treatment literature regarding AA women and disordered eating or body dissatisfaction (Stein et al., 2001; Yu et al., 2019). In addition, their naturally more petite build (Kawamura & Rice, 2009) could further create a misperception that AA women must be content with their weight. Earlier studies have shown that AA women struggle less with BES. For example, studies have found that AA women had fewer dieting behaviors (Mintz & Kashubeck, 1999), lower rates of disordered eating compared to Caucasians (Akan & Grilo, 1995; Lucero et al., 1992), and lower rates of body size dissatisfaction compared to other racial groups (Cachelin et al., 2002). However, many researchers and scholars have questioned the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM 5; American Psychiatric Association, 2013) for having a Eurocentric bias due to some of the criteria may not be applicable in non-Western cultural contexts (Lee & Katzman, 2002; Smart & Tsong, 2014). Therefore, these culturally insensitive diagnostic criteria could underestimate EAA women’s struggle with BES.

In recent years, researchers have shifted from only using weight- and shape-related questionnaires toward more culturally inclusive measures in measuring BES (Akan & Grilo, 1995; Cummins et al., 2005; Crago & Shisslak, 2003; Gluck & Geliebter, 2002). In particular, earlier studies inclined to use the Fear of Fat Scale (Goldfarb et al., 1985) and Body Shape Questionnaire (Cooper et al., 1987) to capture body image. In response to this limitation, researchers have attempted to be mindful of cultural differences in the process of data analysis. For example, some studies controlled for BMI in the analysis to examine if the findings remain the same. In one study, ideal body size differences were not significant between Caucasian women and AA women after controlling BMI (Gluck & Geliebter, 2002). Other studies have also supported that BMI was not a strong predictor of body dissatisfaction or disordered eating in AA women (Chang et al., 2014; Cheng, 2014; Davis & Katzman, 1999; Frederick et al., 2016). Also, some studies have attempted to be culturally inclusive by measuring global BES (Cheng, 2014; Koff et al., 2001; Lau et al., 2006), such as multidimensional body satisfaction (Cash, 1990), body appreciation (Avalos et al., 2005), and body-image attitudes (Brown et al., 1990). While body-image research has improved through using more global measures, the literature about EAA women is still scant compared to White women or Black women (Snell & Tsai, 2017; Yu et al., 2019).

Ethnic/Racial Features as a Source of Dissatisfaction

Studies have found that AA women in college reported reduced BES and that dissatisfaction was more to do with physical features than with weight compared to Caucasian counterparts (Mintz & Kashubeck, 1999). Besides, AA women who experienced more significant levels of racial/ethnic teasing or racial discrimination were more likely to internalize the mainstream prescription of beauty standards (Cheng et al., 2017; Lee & Thai, 2015). Hall

(1995) claimed that many AA women might use cosmetic products to eliminate their racially salient features, such as epicanthic eye fold and flatter or broader nose bridge. Moreover, the prevalence of cosmetic surgery to permanently alter one's facial features is common among AA women. Often, the procedure aims to make one obtain facial features closer to Euro-Caucasian traits (Hall, 1995; Kaw, 1993).

Studies have shown that AA women were more dissatisfied with their facial features and other body parts than with their weight or body shape (Cachelin et al., 2002; Mintz & Kashubeck, 1999), to support this claim that EAA women's body dissatisfaction may be distinct from their White counterparts. Therefore, AA women's body dissatisfaction is often due to being genetically different from the Caucasian ideal of beauty (Kaw, 1993; Lee & Thai, 2015), which cannot be quickly resolved or fixed by one's effort (e.g., exercising can help resolve weight-related concerns). Because of feeling hopeless in pursuing such an unachievable ideal, EAA women may suffer from lower self-esteem, poor BES, and more disordered eating behaviors (Brady et al., 2017; Lee & Thai, 2015; Mintz & Kashubeck, 1999; Yokoyama, 2007).

Weight/Shape as a Source of Dissatisfaction

Despite the lower average BMI of this population, there is sufficient evidence to indicate that EAA women are also not free from the pressure of thin-ideal (Akoury et al., 2019; Barry & Garner, 2001; Brady et al., 2017; Cheng, 2014; Davis & Katzman, 1999; Javier & Belgrave, 2019; Sanders & Heiss, 1998; Smart & Tsong, 2014). For example, in their qualitative study, Brady and colleagues (2017) revealed that AA women participants reported struggle with body image, being dissatisfied with both bodyweight/size and facial features. Another qualitative study revealed Korean American women's struggle to navigate the societal expectation of Koreans to be skinny; as one shared, "Korean stars are always like—they are all like stick skinny

and stuff, and I feel like a lot of that plays into, you know, oh they look so good I wish I could look like them, maybe I should diet like them” (Javier & Belgrave, 2019, p. 7).

Also, EAA women may internalize the cultural expectation of thinness, which may make them more critical of their weight:

As an Asian female, I feel as if I need to be thin and petite, but I have a bigger mass than most Asian women. I tried to lose weight and have lost a lot of weight, but I still don't feel like I fit in with Asian women because I have big bones. I feel weird when I'm with many other Asian women, and everyone's more petite and feminine than me. I also feel very conscious about myself when eating with others because I don't want them to think I eat a lot and that I am big. (Smart & Tsong, 2014, p. 5)

As discussed earlier, EAA women may feel the pressure to meet the stereotyped images of EAA women in the United States, which could increase EAA women's dissatisfaction with their weight. In addition, EAA women may also feel the need to obtain White facial features because of the internalized racial hierarchy, and this could increase the dissatisfaction with their facial features and other racial/ethnic features (Brady et al., 2017; Hall, 1995; Lee & Vaught, 2003; Yokoyama, 2007). Therefore, EAA's BES may be best explained by looking at their intersecting identities (i.e., gender and race) and the experiences of being *othered*.

Gender, Race, and Being Othered

Researchers have shed light on the multiple layers of appearance-related pressure that EAA women face, including stereotypes of being a woman (e.g., societal pressure to be thin, to have larger breasts) and stereotypes of being an EAA woman (e.g., the emphasis of how Asian facial features deviate from Euro-Caucasian facial features, assumption of being small/slim or exoticized) (Brady et al., 2017; Cheng & Kim, 2018; Le et al., 2020; Snell & Tsai, 2017; Wong

et al., 2017). Therefore, looking at the interplay of their gender, race, and feeling of being “othered” might best explain the root of EAA women’s low BES. A qualitative study revealed that AA women perceived their bodies as “substandard.” They felt “powerless” because Eurocentric features are “biologically impossible to attain” (Brady et al., 2017, p. 485). Paradoxically, AA women are also expected to be foreign, and they are often appreciated for their exotic beauty (Javier & Belgrave, 2019; Lee & Vaught, 2003; Mukkamala & Suyemoto, 2018; Sue et al., 2007; Yokoyama, 2007). These conflicting expectations have created a struggle for EAA women to consolidate their body identity. On the one hand, EAA women may feel pressured to achieve White standards of beauty. However, on the other hand, they are expected to retain their exoticized physical features (Lee & Vaught, 2003; Mukkamala & Suyemoto, 2018; Snell & Tsai, 2017; Wong et al., 2017). Since EAA women might find that obtaining White facial features is near impossible (except facial surgery), ensuring to at least meet the thin standard might become the main focus or a way of compensating for the lack of control (to change unalterable features). Such double-edged pressure might damage EAA women’s self-esteem and level of SWLS.

In summary, EAA women’s lower BES may be explained best by looking at the combined oppressive force of racism and sexism. As a result, EAA women may not feel as attractive as White women. At the same time, they may perceive others’ expectations for them to appear in narrowly defined features (e.g., petite, slim, sexy). These exoticizing, sexualizing, and fetishizing (Cheng & Kim, 2018; Mukkamala & Suyemoto, 2018; Ralston, 1998; Snell & Tsai, 2017; Woan, 2007; Wong et al., 2017; Zhou & Paul, 2016) stereotypes are considered as both racial, sexual, and foreign objectification (Keum et al., 2018; Le et al., 2020). In the next section,

this author will define gendered racial microaggression (GRMA) and introduce theories (i.e., intersectionality theory and objectification theory) that guide the present study.

Gendered Racism and Intersectionality Theory

Historically, researchers have looked only at race or gender as a variable to study social phenomena (Gianettoni & Roux, 2010). However, over the years, researchers pointed out that an individual carries more than one identity: race, gender, religious affiliation, gender identity, sexual orientation, physical ability, and age. As a result, theorists have attempted to explore various categories of social memberships and how they interplay to impact one's life (Blake, 2017; Gianettoni & Roux, 2010; Harnois & Ifatunji, 2011; Lewis, 2016; Monnat, 2010; Mohr & Purdie-Vaughns, 2015; Moody & Lewis, 2019; Mukkamala, 2017; Pang & Hill, 2018). Intersectionality theory (Crenshaw, 1991, 1993) was developed in response to scholars' movement to realize that multiple social identities affect the person's experiences of privilege and oppression. According to intersectionality theory, gender and race are both social groups that impact one's experience of privilege and oppression (Crenshaw, 1991, 1993). Gender and race are deeply embedded within the United States, as institutions and policies have often been organized in a gendered and racialized manner to maintain privilege and power for White heterosexual men (Blake, 2017; Feagin & O'Brien, 2003; Liu, 2017; Monnat, 2010; Moody & Lewis, 2019). Essed (1991) coined the term "gendered racism" to refer to the form of oppression Black women face, where the impact of racism and sexism cannot be teased apart (Gianettoni & Roux, 2010; Lewis 2016; Liang et al., 2010; Mohr & Purdie-Vaughns, 2015; Monnat, 2010; Moody & Lewis, 2019). The concept of gendered racism has also challenged the pre-existing lens of microaggressions (subtle intentional or unintentional remarks to contribute to the oppression of a minoritized individual; Sue et al., 2007). Likely, women of color do not simply

encounter sexual or racial microaggressions, but they face an interplay of the two—GRMA (Mohr & Purdie-Vaughns, 2015; Moody & Lewis, 2019).

Thus far, most research applying GRMA has primarily focused on Black women's experiences (Lewis et al., 2013; Lewis & Neville, 2015; Moradi & DeBlaere, 2010). However, there is sufficient evidence to support that EAA women also face unique GRMA (Hall, 2009; Keum et al., 2018; Lee, 2010; Liang, 2010; Mohr & Purdie-Vaughns, 2015; Mok, 1999; Mukkamala, 2017; Pang & Hill, 2018; Shimizu, 2007; Skotadi, 2013; Suyemoto & Donovan, 2015). Furthermore, the literature review indicates that GRMA long existed in EAA women's history (Hall, 2009; Lee, 2010; Shah, 1999). Stereotypes that emerged as products of both sexism and racism continue to impact EAA women's lives negatively. In the following section, this author will provide an overview of the historical background of GRMA experienced by EAA women.

Historical Background of Gendered Racial Microaggressions

Stereotypes of EAA women in the United States first emerged in the 1800s due to the influx of immigrants to the United States from China and Japan (Hall, 2009; Shah, 1999). Far from being “predatory” or “wicked” as the *dragon ladies* stereotype indicates, many of the first EAA women who immigrated to the United States in the 1800s were disadvantaged women who were “tricked, kidnaped, or smuggled” into the United States to serve Asian men as prostitutes (e.g., *Gentlemen's Agreement*; Hall, 2009; Lu, 1997; Shah, 1999). The subsequent wave of Japanese women's immigration to join their husbands as “picture brides” (the already-immigrated Japanese men in the United States choosing their Japanese wife based on their pictures sent from Japan; Perez, 2003) was viewed as another example of “Oriental treachery” (Shah, 1999, p. xv). Since growing EA families could be “threats” to the efficiency of EAA male

labor forces, many employers wanted to keep the men as single workers without spouses or children, which resulted in the *Alien Wife Bill* to prohibit EA women from entering the United States (Hall, 2009; Shah, 1999). *The Page Act of 1875*, an anti-prostitution law, was also based on the fear of Chinese women being a source of contaminating sexuality (Peffer, 1986). While EA men were minimized as the cheap labor force, EA women were further minimized and seen as threats (e.g., their reproductive capacity to grow EA population), foreigners, and prostitutes in the United States since the beginning of their immigration history (Hall, 2009; Lee, 2010; Shah, 1999). It is clear from such a history that sexualization and xenophobia have been the foundation of the Americans' perception of EA women.

The pre-existing anti-Asian sentiment and prejudice against EAA became “rampant and institutionalized” during World War II. The United States saw EAA as associated with their enemy nation, Japan (Nagata & Cheng, 2003, p. 267). As a result, Japanese Americans, in particular, underwent extreme race-related trauma and betrayal from their own country, known as *Executive Order 9066*, an order which authorized the removal of any individuals of Japanese descent from the west coast (Chen et al., 2020; Nagata & Cheng, 2003). Following the Japanese military's attack on Pearl Harbor, the United States froze the bank accounts and other assets of Japanese Americans to financially immobilize the community (Liu et al., 2009), and 120,000 Japanese Americans lost their possessions when being forced to intern at the camp (Shah, 1999) just because their Japanese ancestry were falsely portrayed as a threat to the United States (Nagata & Cheng, 2003). Many of them were born in the United States and would identify themselves as Americans but were oppressed as the United States did not view them as in-group (Liu et al., 2009; Nagata & Cheng, 2003). This imperialism, the discrimination against the assumed foreign appearance and status, resulted in the cruel treatment of “Americans,” which is

an extreme example of foreigner stereotypes that manifesting as xenophobic. Only decades after, the United States recognized that *Executive Order 9066* has been unjust and that the treatment of the Japanese Americans was a “grave injustice” (Commission on Wartime Relocation and Internment of Civilians, 1997).

While the anti-Asian sentiment was evident, fetishism also simultaneously emerged due to American military men stationed in the Pacific perceived Asian women as “dutiful, obedient, and sexually accessible” (Hall, 2009, p. 198). As a result, many American military men took Asian women as their wives. After the war ended, those men who married European women had fewer struggles returning to the United States with their war brides (Hall, 2009). On the other hand, those who married Asian women had to wait longer to bring their wives back home to the United States because *The War Brides Act* of 1945 allowed only alien spouses who were “admissible” (e.g., European descent) to enter the United States as non-quota immigrants. The *Alien Fiancées and Fiancés Act of 1946* finally allowed Filipino and Asian fiancées/wives to enter the United States (Boyd, 1971; Hall, 2009; Wolgin & Bloemraad, 2010). Even after this bill was passed, additional requirements and taxing processes were added to add more challenges to Asian spouses of military men than their European counterparts (Hall, 2009; Wolgin & Bloemraad, 2010). These highlight the differential legal treatment of AA women, which suggests that the United States has treated them as unassimilable and inherently foreign. In contrast, the country did not have many issues welcoming European women and assisted their assimilation process with little hesitation.

While U.S. immigration policy continued to treat AA women as unassimilable and unwanted, the fetishism of AA women also started to grow post-World War II (Hall, 2009; Prasso & Prassol, 2005). *Dragon lady* is a stereotype that captures the perception of AA women

as untrustworthy and potentially a threat to White families (Mok, 1999). The sexualizing stereotype was based on a female villain character in Fu Manchu's film, and the stereotype implied that AA women would use her "oriental" femininity to "trap White men on behalf of conniving Asian males" (Shimizu, 2007, p. 59). While *dragon lady* planted the image of AA women as an evil foreign seductress (Lu, 1997), another stereotype *lotus blossom* emerged in the 1950s based on some observations made regarding EA (e.g., Japanese) culture, such as its historical emphasis on patriarchy and modesty. *Lotus blossom*, unfortunately, also contributed to the increase in fetishizing AA women because this stereotype depicted these women as being eager to "selflessly cater to the whims of men" (Mok, 1999, p. 192). Therefore, even though it seemed to be more favorable than the previously dominant images of AA women as foreign prostitutes or evil seductresses, the *lotus blossom* stereotype further contributed to the exoticization and objectification of EAA women (Hall, 2009; Mok, 1999). In summary, not all historical stereotypes depict EAA women in an explicitly negative light; however, they all perpetuated objectification of EAA women by stressing the view that they were exotic, erotic, and foreign (Hall, 2009; Mok, 1999).

Modern-Day Gendered Racial Microaggressions

Many of these stereotypes still impact the way others view EAA women to date. While the myth that the model minority stereotype has moved the EAA population's position upward to be closer to White Americans, EAAs still experience inequality and discrimination due to the perpetual foreigner assumption and other negative stereotypes that reinforce the view that EAAs are not fully *Americans* (Chen et al., 2020; Sue et al., 2007). In addition to foreigner stereotype and the model minority stereotype that an EAA woman experiences as being belonged to EAA ethnic/racial group, she also experiences a distinct form of oppression due to the combined

racism and sexism (Hall, 2009; Keum et al., 2018; Shimizu, 2007; Yokoyama, 2007). The literature on perceived GRMA impact on AA women has only recently emerged (Keum et al., 2018; Le et al., 2020; Suyemoto & Donovan, 2015). As one of the first studies to apply GRMA to AA women, Keum et al. (2018) identified four domains unique to AA women's experiences of GRMA, including the ascription of submissiveness, assumption of universal appearance, Asian fetishism, and media invalidation.

In summary, the review of historical and modern-day experiences of EAA women illustrates that EAA women have lived through GRMA since the beginning of their history in the United States. Some may believe that stereotypes have become more positive over decades. However, it is evident that there are perpetuating core themes and assumptions about EAA women, such as viewing them as foreign (e.g., "where are you *really* from?"), exotic, submissive, identical (e.g., "they all look the same"), not representing them or presenting only in ways to stereotype EAA women within mainstream media. The following section will go over each domain of GRMA for AA women (Keum et al., 2018) to discuss further how each domain could affect an EAA woman's BES and SWLS through a lens of objectification theory (Frederickson & Roberts, 1997; McKinley & Hyde, 1996) and intersectionality theory (Crenshaw, 1993).

Gendered Racial Microaggressions and Objectification Theory

This section will introduce the objectification theory and explain how it could be tied to these domains. The objectification theory claims that women who perceive harmful messages as such tend to attach a greater sense of worth to their physical entities, which could result in BSU/self-objectification, which increases the risk of negative consequences such as poor body image and disordered eating (Frederickson & Roberts, 1997). This theory can be applied to

examine EAA females' experience of GRMA. First, the objectification theory helps to explain the EAA women's experience of sexual objectification (Cheng et al., 2017). Sexual objectification occurs "whenever a woman's body, body parts, or sexual functions are separated from her person, reduced to the status of mere instruments, or regarded as if they were capable of representing her" (Fredrickson & Roberts, 1997, p. 175). Second, objectification theory explains that racial objectification occurs when a minority individual internalizes racial discrimination and racial/ethnic teasing experiences and forms self-denigrating views of her physical features (Cheng et al., 2017; Cheng & Kim, 2018; Cummins & Lehman, 2007; Kawamura, 2011). Third, foreigner objectification occurs when ethnic minorities are stereotyped as foreigners, and the minority individual perceives such stereotyped assumptions to be communicated during interpersonal interactions (Armenta et al., 2013).

Numerous body image-related literature has employed objectification theory (Brewster et al., 2014; Cheng et al., 2017; Le et al., 2020), and it is a fitting theory for the current study because EAA women face GRMA, which involves sexual objectification (Cheng et al., 2017; Cheng & Kim, 2018; Kawamura, 2011; Kim et al., 2014; Syzmanski, 2019), racial objectification (Cheng et al., 2017; Cheng & Kim, 2018; Kaw, 1993; Yokoyama, 2007), and foreigner objectification (Armenta et al., 2013; Brady et al., 2017; Tran et al., 2014). In addition, Cheng et al. (2017) applied objectification theory to find that racism- and sexism-based social factors are likely elevating risks for body image and eating concerns in AA women in a racially expanded model of objectification. Ko and Wei (2020) also applied objectification in examining AA women's self-objectification process due to internalizing the U.S. beauty standards. Their studies further support that objectification theory could be expanded to include racial objectification further supports the utility and applicability of objectification theory in studying

GRMA's impact on EAA women's BES. All four domains of GRMA identified by Keum and colleagues (2018) share some aspects of objectification. The following section will discuss how each domain involves and reinforces the objectification of AA women.

Ascription of Submissiveness

The media has historically shown EAA women playing roles that reemphasized the power difference between EAA and White men (Mok, 1998). Often, EAA women were portrayed as submissive and dedicated prostitutes who catered to White American men (Mok, 1998). Such media portrayal further supported and reinforced the stereotypes, which permeated outside the movies and TV shows. As a result, EAA women are often seen as desirable marital partners as many men assume EAA women to have traits such as submissiveness, unassertiveness, and humility (Mok, 1999). In addition, this "ascription of submissiveness" implies the expectation of EAA women to be very different (e.g., foreign) from the typical (White) women in the United States (Hall, 2009; Pyke & Johnson, 2003). Cho (1997) claimed that emphasizing AA women's submissiveness and praising such assumed traits was used against White American women, who tended to be more assertive. White American women's growing awareness regarding gender equality challenged the objectification of women; hence, such empowered White women were often perceived as a threat to White men's position and masculinity (Cho, 1997). In other words, the ascription of submissiveness to AA women may be another attempt of the dominant group (White men) to pit one minority group (White women) against another (AA women), just as referring to EAA as a model minority was a strategy used to pit minority groups against each other (Hartlep, 2013; Lee et al., 2017; Lee et al., 2009; Wu, 2002). The contrast of White women and AA women further strengthens the pattern of minority groups (i.e., women) battling for the approval of the dominant group (i.e., White men), serving to

maintain the supremacy of this dominant group and dismissing the source of the inequality (Woan, 2007). This ascription of submissiveness could further hinder EAA women's lives, as EAA women may feel unable to engage in self-advocating behaviors. The assumptions that AA women are pleasing and unaggressive, employers have taken advantage of it by denying promotions or denying leadership opportunities for AA women. This assumption has also led to sexual harassment of AA women because men might feel less worried about the woman speaking up or fighting back (Fong, 1997). Hence, such an assumption is double-edged, similar to how the model minority stereotype pressures AA to be problem-free. Because the assumption of submissiveness encompasses a degree of sexual, racial, and foreigner objectification, encountering this domain of GRMA could result in objectified body consciousness and reduced wellbeing.

Assumption of Universal Appearance

The assumption of universal appearance indicates the belief that EAA women are phenotypically indistinguishable from each other (Aoki & Mio, 2009). For example, EAA actors getting assigned movie roles that may not align with their actual ethnic background (e.g., a person of Japanese descent playing a Chinese character) is one way that media reinforces such assumption of universal appearance. Because the assumption limits appearance-related expectations for EAA women, such GRMA may further increase EAA women's self-consciousness regarding their physical appearance. EAA women might regularly receive feedback such as she is "too (e.g., tall, large-eyed, fat, pretty) to be Asian." Routinely receiving feedback that imply assumptions about what features are "normative" as an AA woman may have "damaging consequences on their self-image" (Keum et al., 2018, p. 573). EAA women may feel the need to look *normative* as an EAA woman while being aware that one also needs to

look White to meet mainstream beauty standards (Ko & Wei, 2020; Wong & McCullough, 2021).

Fetishism

While the formal definition of fetishism implies that it is the erotic fantasy of an object (Ellen, 1988, p. 217), *Asian fetish* is a term that emerged as a result of denigration of AA women as “both economic and sexual commodities to appease White men’s sexual fantasies” (Keum et al., 2018, p. 573). *Asian fetish* is often used interchangeably with *Yellow fever* of having “a thing” for Asians (e.g., one’s interest in AA women is mainly due to the desire to fulfill sexual fantasy). It is considered a slang term. The root of such fetishism could be traced back to earlier stereotypes such as *lotus blossom* (mentioned earlier). Such fetishism is particularly harmful to EAA women because it reinforces expectations of “docile, foreign, and childlike” traits in EAA women (Keum et al., 2018, p. 573), which could result in sexual exploitation and violence. Woan (2007) claimed that some White men display *Asian fetish syndrome*, characterized by the desire for male dominance and the misperception that Asian/EAA women want to be dominated. As discussed in the earlier section, *Asian fetish* was also partly reinforced by the pairing of White military men and Asian women in colonized countries (Ralston, 1998). Viewing Asian women to be willing to gratify military men’s sexual needs helped those men feel little guilt in raping Asian women or receiving prostitution services during the war and colonization (Woan, 2007).

In other words, White men’s need for affirmation was fulfilled by combining the foreigner, sexual, and racial objectification as his masculinity is both reinforced and defined within and against her “otherness.” She represents the racial inferiority of non-Whites and the sexual inferiority of women, and the heterosexuality that makes her sexual submission to the “Military Man” natural and justified (Ralston, 1998, p. 703). This highlights that all the

following needs of some White men—to feel imperial superiority (foreigner objectification), masculinity (sexual objectification), and racial superiority (racial objectification)—were met by objectifying EAA women. Many American men viewed EAA women as “objects for western consumption and the satisfaction of western desires” (Kwan, 1998, p. 101). They even viewed these women as the “archetypal sexual object” (Ralston, 1998, p. 702) during the war and colonization. Even outside war or military contexts, Asian women could often be seen by many as “small, weak, submissive and erotically alluring,” and some White men’s perception of their purpose was reduced ““to serve men and to be sexually consumed by them” (Ralston, 1998, p. 702).

The *Asian fetish* has also led to the hypersexualized pornographic representation of EAA women, often demeaning and dehumanizing the population (Shimizu, 2007). The pornography industry reflects this particular fetishism by reinforcing the fascination with Asian women and portrays E/AA women as “always consenting” to any type of sexual act (Woan, 2007, p. 293). Such stereotypes heighten the risk of sexual assault and harassment for EAA women (Woan, 2007).

In summary, EAA women are fetishized, for their “exotic” nature, for how different they are phenotypically from White women (Hall, 2009; Shimizu, 2007; Yokoyama, 2007). For example, EAA women are inclined to be described as having “slanted eyes,” “petite stature,” and “childlike face” (Fong, 1997; Hall, 2009; Shimizu, 2007). Also, EAA women were perceived as distinct concerning their character traits such as “shy, docile, quiet, exotic, submissive, demure, and erotic” (Fong, 1997). Such a view of EAA women as sex objects led to some White men paying little to no respect for these women; *Asian fetish* is a product of racial, sexual, and foreigner objectification of EAA women.

Media Invalidation

Lastly, media often invalidates AA women by minimally casting AA women (Media Action Network for Asian Americans, 2008; Wong et al., 2017) or representing them only in ways to reinforce stereotypes (Mok, 1998). Minimal representation is evident when Asian characters are played by White actors/actresses (Chow, 2016). For example, a White actress Tilda Swinton played the Ancient One in Marvel Studios' "*Doctor Strange*," the character that was a Tibetan male mystic in the original comic. As another example, a White actress Scarlett Johansson played an originally Japanese cyborg, Motoko Kusanagi, to adapt a Japanese anime, "*Ghost in the Shell*," with digital tools making Johansson look more Asian (Chow, 2016). Many screenwriters explained that they excluded AA actors/actresses from the cast because AA actors/actresses do not have a box office track record. However, Chow (2016) argued that the lack of AA actors'/actresses' box office track record is due to them not being allowed to be in a movie, likely due to discrimination.

The invalidation of AA actresses is also coupled with the assumption of universal appearance (one of the domains of GRMA). Often, the casting of AA actresses reflects this inability of many White/Americans to distinguish the different ethnicity among AA as Aoki and Mio (2009) claimed that in movies and TV shows, "Asians are interchangeable, with actors of Chinese descent playing Japanese parts, actors of Japanese descent playing Korean parts, actors of Korean descent playing Vietnamese parts" (p. 422). In addition, a role played by an AA actor/actress often exaggerates racialized characteristics, such as a heavy accent (Davé, 2017). An AA character tends to be a side role and has few lines in the scene except behaving in a stereotypically AA manner, such as answering the teacher's questions intellectually (Aoki & Mio, 2009). If an AA ever plays leading roles, it is often limited primarily to comedic genres

(Davé, 2017). The media also rarely depicts AA characters as well-assimilated to Western society (e.g., holding mainstream jobs), and AA characters often play the “ethnic-specific” occupations, such as martial artists, ninjas, laundry owners, grocers, businessmen, *geishas*, prostitutes, gangsters, and Chinese restaurant workers (Aoki & Mio, 2009, p. 424; Davé, 2017; Lancet, 2016). Hence, even when given a role, the character set often comically emphasizes stereotypes, such as exotic, foreign, submissive, nerdy, or seductive (Aoki & Mio, 2009; Mok, 1998; Yokoyama, 2007). It is only recently that progressive sitcom TV series such as “*Master of None*” (Netflix, 2015-present) and “*Fresh off the Boat*” (ABC, 2015-2020) featuring AA as central roles without making racial/ethnic stereotypes at the center of the storyline or the character setting (Davé, 2017). Hollywood has a long way to resolve its invalidation of AA women, including equal opportunity (Chow, 2016) and cultural sensitivity (Lanceta, 2016).

Being exposed to such limited portrayals of AA in media likely has negative consequences for EAA women (Media Action Network for Asian Americans, 2008; Yokoyama, 2007). The media has become a powerful source of people’s identity development (Trepte, 2013). One study found that people’s perceptions about AA aligned with how the media represented the group, impacting how they interact with AA (Zhang, 2010). Such media images also affect EAA women’s self-esteem due to the lack of role models (Labao, 2017). AA may feel ridiculed and unwanted by their own country as they watch AA on a TV show (Aoki & Mio, 2009). Monro and Huon (2005) also found that exposure to media-portrayed idealized images increased young women’s appearance anxiety, self-objectification, and BSH. Their study implies that the negative impact of media exposure may have a detrimental effect on women’s body image.

To summarize, EAA women experience racial, sexual, and foreigner objectification altogether as they encounter all four domains of GRMA. This multi-layered objectification can lead to much psychological distress (Cheryan & Monin, 2005; Huynh et al., 2011; Pyke & Johnson, 2003). Microaggressions, race-related teasing, sexual objectification experiences, navigating White beauty norms, and navigating identity management processes were among the identified factors that negatively impact EAA women's BES as well as wellbeing (Brady et al., 2017; Hall, 2009; Keum et al., 2018; Mintz & Kashubeck, 1999; Pyke & Johnson, 2003; Yokoyama, 2007). As the current section showed evidence that GRMA consists of objectification, the following section will further explore the mechanism of how encountering GRMA may lead to EAA women's negative BES and decreased SWLS.

Objectified Body Consciousness: Body Surveillance and Body Shame

Objectification theory posits that women could internalize the objectification of individuals' perspectives of their bodies due to objectified experience (Bartky, 1988; Frederickson & Roberts, 1997; McKinley & Hyde, 1996). Women may commit to routinely measure themselves against some internalized or cultural beauty standards (Moradi et al., 2005). Frederick and colleagues (2016) claimed that widespread sexual objectification causes women to feel more concerned about their bodies, resulting in constant surveillance of how they look. This routine monitoring of one's body is referred to as "body surveillance" (BSU) in the literature on body image and an eating disorder. McKinley (1995) coined the women's objectified experience as objectified body consciousness (OBC) and posited that OBC is negatively associated with BES in women (McKinley & Hyde, 1996). A study supported the mediating effect of OBC on the relationship between gender and BES. Specifically, when OBC was controlled, the relationship between gender and BES was no longer significant in the study (McKinley, 1998).

This particular study indicated that OBC's more significant consequence on women and the subscales of the OBC scale (i.e., BSH and BSU) was found to be predictive of lower BES. The following section discusses how EAA women's BSU and BSH have been highlighted in the existing literature.

Body Surveillance

BSU is the habitual and obsessive monitoring of one's body as an outside evaluator or observer (McKinley & Hyde, 1996). The negative association between BSU and women's psychological health has been found in previous studies (Brady et al., 2017; Breines et al., 2008; Kim et al., 2014; Ko & Wei, 2020; McKinley & Hyde, 1996; Syzmanski, 2019). In particular, Syzmanski (2019) revealed that experiencing sexual objectification was related to depressive symptoms via BSU among college women students. While the sample in this study was predominantly White (83% White and 5% AA), the study's findings underscored the relationship between objectified experiences and BSU, resulting in psychological distress. Furthermore, studies have suggested that AA women are at risk of developing negative body image and disordered eating behaviors as they continuously perceive unrealistic societal demands to meet the dominant White standards of beauty (Cheng et al., 2017; Lee & Vaught, 2003; Patrick et al., 2004; Wong et al., 2017; Yokoyama, 2007) in addition to experiencing sexual objectification (Cheng & Kim, 2018; Dunn et al., 2019; Le et al., 2020; Velez et al., 2015; Watson et al., 2013).

Women's outer appearance is often given too much weight to how worthy she is (Akoury et al., 2019; Brady et al., 2017; Hall, 1995; Kaw, 1993; Porter, 2015). A qualitative study noted how an AA woman internalizes White standards of beauty:

[B]ecause [a White boy at school] said he liked girls with green eyes. So, I was like, "Ooh." I just continue to wear them because I continue to get comments from males.

They say, “Ooh, your eyes are so pretty.” It’s kind of like wearing the right shade of lipstick. (Lee & Vault, 2003, p. 463)

AA women perceive a subtle yet daily message from those with evaluative power (e.g., White men/boys) to question the value of their racially salient features. Another participant in the same study reported the confusing nature of being exoticized as well as being perceived as not White enough:

I think I had this mixed message, “Oh, Asian women are beautiful, but don’t try to be Asian because you’ll scare them [boys] off.” Don’t act Asian. You can look Asian. You’re not Asian, really, and people are going to like you better because you aren’t Asian. I get that a lot now. (Lee & Vault, 2003, p. 464)

This quote indicates the double-edged nature of an AA woman’s “ideal” image either directly or indirectly. For example, it implies that she cannot be too Asian, yet she should be Asian enough to the extent that such exotic features fascinate and entertain others. Even worse, AA women often face two sets of ideals that they feel pressured to achieve. For example, one participant in a qualitative study shared:

I think I’m more on the—on the bulkier side, the sturdier side, especially if I go back to Taiwan or China. That’s where you will find petite Asian women . . . and so I feel like, for me, that has always been something in the back of my head, especially when I go back to Asia where everyone is very slender...I guess my experience is that I always felt like I should be slightly slimmer, slightly— or like, more delicate. (Wong et al., 2017, p. 301)

An AA woman might compare herself with other AA women and feel the need to fit what is ideal in Asian perspectives, such as “very petite, very slim-figured” (Wong et al., 2017, p.

301). At the same time, AA women compare themselves with White mainstream ideals and feel dissatisfied. AA women can eventually develop hypervigilance about their appearance by encountering sexual (Cheng & Kim, 2018), racial (Cheng & Kim, 2018), and foreigner objectification (Armenta et al., 2013; Cheng, 2017; Pituc, 2013; Yokoyama, 2007). Being in the limbo of Asian ideals and White ideals also increases consciousness of one's appearance (Wong et al., 2017). Ultimately, AA women may commit to frequent BSU (Kim et al., 2014; Ko & Wei, 2020; Syzmanski, 2019). The literature review supports the fact that there is an association between internalization of societal messages (e.g., the White standard of beauty) and self-objectification among AA women (Ko & Wei, 2020). Racial teasing was found to lower AA women's BES and increase BSU (Ko & Wei, 2020). Also, sexual objectification was related to depression via the mediation effect of greater BSU and self-blame (Syzmanski, 2019). Because racial teasing and sexual objectification are parts of gendered racism EAA women face (Brady et al., 2017; Cheng & Kim, 2018; Pyke & Johnson, 2003), BSU might mediate the negative influence GRMA has on BES and SWLS.

Body Shame

BSH is a shame about one's body due to the perceived failure to meet societal or cultural beauty standards (McKinley & Hyde, 1996). Literature supports the fact that BSH is another negative psychological consequence of sexual and racial objectification (Moradi, 2010; Moradi et al., 2005; Syzmanski, 2019). Body shame is also a precursor of negative body image and disordered eating (APA, 2013; Cassone et al., 2016; Cheng et al., 2017; McKinley, 1998; Velez et al., 2015). A study with AA women found that BSH mediated the association between GRMA and disordered eating (Le et al., 2020). The literature review indicates that sexual objectification, BSH, and internalization of the dominant sociocultural standard of beauty are associated (e.g.,

the White standard of beauty) among Asian American women (Cheng & Kim, 2018). Therefore, indicating that the objectified experiences and the White standard of beauty affect women of color's body image via BSH.

The abundance of literature has addressed how shame is experienced in the Eastern collectivistic culture versus Western individualistic culture (Ha, 1995; You, 1997; Young et al., 2019; Wong & Tsai, 2007). In Asian culture, especially in Eastern Asian culture, shame has more saliency in daily life (Ha, 1995; Wong & Tsai, 2007). Therefore, shame may be felt more intensely, felt at a higher level of awareness, and more regularly recognized in AA daily experiences than White Americans (Ha, 1995). Even U.S.-born AA are shown to have more collectivistic tendencies than White Americans (Choi, 2002; Park & Kim, 2008; Williams, 2003; Yeh & Huang, 1996). Therefore, EAA women might be more prone to feel BSH and feel more intense and salient of that shame feeling.

Based on these pieces of evidence, EAA women may experience heightened BSU and BSH by encountering GRMA. Since BSU and BSH are negatively associated with BES and SWLS, EAA women may ultimately experience reduced BES and SWLS via increased BSU and BSH.

East Asian American Women and Collective Self-Esteem

Collective self-esteem (CSE; Luhtanen & Crocker, 1992) refers to how an individual evaluates the worth of one's social group, and it includes four dimensions: (a) public CSE (CSE-PB; how one views other people evaluate one's social group); (b) private CSE (CSE-PR; how one evaluates own social group); (c) membership CSE (CSE-MB; how worthy one feels like a part of own social group); and (d) CSE-identity (CSE-ID; the importance of one's ethnic/racial group membership to one's identity as a whole). Bettencourt and Dorr (1997) found that among

individuals with a collectivistic tendency (i.e., allocentric) when their evaluation of in-groups (CSE-PR) and others' perceived evaluation of their group are positive, such individuals' SWLS would be enhanced. EAAs are generally considered collectivistic in comparison with individuals who are rooted in Western individualistic cultures (Hui, 1988; Williams, 2003; Yeh & Huang, 1996). The following section will discuss how CSE may be affected by GRMA.

Gendered Racial Microaggressions and Collective Self-Esteem

Ascription of submissiveness (e.g., the perception that others expect EAA women to be submissive; Keum et al., 2018) may negatively affect an EAA woman's public and private CSE. Because she may perceive that her ethnic/racial group is perceived as "ineffective" by other groups (Luhtanen & Crocker, 1992), in addition, she may perceive her racial/ethnic group as unworthy (Luhtanen & Crocker, 1992) to be assertive. Assumption of universal appearance (e.g., the perception that others view all AA women to look alike) may affect an EAA woman's membership, public and private CSE, because she may perceive others do not respect her race/ethnicity (public CSE) enough to be able to (or care to) distinguish within-group heterogeneity. Also, if one does not look *typical* as an EAA, she may feel less belonging to her racial/ethnic group (membership CSE). She may not feel good about the race/ethnicity she belongs to if she perceives that the *typical* appearance others seem to be expecting for her racial/ethnic group is far from the standard of beauty (private CSE). Asian fetishism (e.g., the perception of others taking a romantic interest in AA women to fulfill their sexual fantasy) may negatively affect an EAA woman's membership, public and private CSE. An EAA woman may feel like she does not *fit* into the sexualized image of EAA women (membership CSE). She may feel that her racial/ethnic group receives little respect (public CSE). She may feel pessimistic about being associated with fetishized images of her racial/ethnic group (private CSE). Lastly,

media invalidation (e.g., the perception that AA women are rarely represented in the media) may negatively affect an EAA woman's public and private CSE. Because she may feel her racial/ethnic group is less valued as compared to other racial/ethnic groups in the United States (public CSE; Fong, 1997; Lee & Vaught, 2003; Pyke & Johnson, 2003) and she may feel regret belonging to her racial/ethnic group by internalizing the poor representation on the media (private CSE; Cheng et al., 2017; Monro & Huon, 2005). McCullough et al. (2021) also found that watching AA YouTubers could boost AA viewers' self-esteem and support the importance of media representation on AA's wellbeing.

Collective Self-Esteem, Body Esteem, and Life Satisfaction

Due to the nature of being bicultural, an EAA female may not even feel sure about whether she fits into the racial group (Kawamura, 2011). Some may feel that she is too "White" to be an EAA, while others may feel that she is still very much adhered to the original EA culture to be "American" enough (Lee, 2010; Suyemoto & Donovan, 2015). Identity confusion is associated with reduced SWLS (Rahman, 2017), and lower CSE may be associated with reduced SWLS. This dilemma could also apply to EAA women's physical appearance. An EAA woman may feel distressed either appearing physically too distant from the White beauty standard (e.g., "slanted eyes," "flat nose"), or appearing not normative as EAA (e.g., "your eyes are too big for Asian," "you're thick for Asian"). EAA's lower CSE due to experiences of GRMA could ultimately lead to the inability to love one's racial/ethnic features (Hall, 1998; Kaw, 1993). To further support the critical role of CSE in women's BES, a study found that ethnic identity was a salient predictor of body image for women of color but not significant for White women (Gilmore, 2001).

In summary, internalization of the sexual/racial stereotypes (e.g., “slanted eyes,” assumption of petite stature, hyper-sexualization, the lower value associated with Asian facial features) contribute to feelings of inferiority and difficulty loving herself (Cheng et al., 2017; Fong, 1997; Zane, 1998). Furthermore, even seemingly favorable stereotypes (e.g., model minority, “lotus blossom”) are detrimental (Gupta et al., 2011) as they pressure EAA women to be successful and compliant as well as deny uniqueness among individuals (e.g., an EAA woman may be assertive, and math may not be her strength, or an EAA woman may have higher BMI). Ultimately, EAA women might struggle to feel they belonged to one’s ethnic group (Junn & Masuoka, 2008; Qin et al., 2008), might be unable to feel proud of one’s ethnic group (Ai et al., 2015; Barry & Grilo, 2003), might feel devalued as a group by other ethnic groups (Aoki & Mio, 2009; Fong, 1997), and might view one’s ethnic identity as a less salient part of one’s identity (Chen et al., 2006). This lower CSE could further impact one’s BES (Gilmore, 2001) and SWLS (Iwamoto & Liu, 2010).

Possible Mechanisms

The literature review supports that all three constructs (i.e., BSU, BSH, and CSE) may serve as mediators and moderators for the associations between GRMA and EAA women’s BES and SWLS. A mediator would be a surrogate outcome of GRMA, predicting the outcomes (i.e., lower BES and reduced SWLS). A moderating effect exists when the direction and strength of a relationship between GRMA and outcomes may be significantly different depending on the level (high vs. low) of the construct endorsed by the individual. This section covers the rationales for why all three (BSU, BSH, and CSE) constructs could be a mediator as well as a moderator. It is crucial to consider potential protective factors as the field of counseling psychology highly

values prevention (Goldberg, 2018; Lichtenberg et al., 2016). Testing moderation hypotheses may reveal what might help in terms of prevention.

Body Surveillance as a Potential Mediator

There is sufficient evidence to support that objectified experiences increase BSU in women (Kim et al., 2014; Ko & Wei, 2020; McKinley & Hyde, 1996; Moradi, 2010; Moradi et al., 2005). There is also sufficient evidence to indicate that GRMA entails many objectified experiences (Armenta et al., 2013; Cheng, 2017; Cheng & Kim, 2018; Pituc, 2013; Yokoyama, 2007); hence, GRMA has a similar predicting role as objectified experiences. The most recent study with AA women found that frequent GRMA significantly predicted BSU in AA women (Le et al., 2020). Higher BSU is associated with lower BES and reduced SWLS (McKinley, 1995; McKinley, 2006). For example, McKinley (2006) found that BSU was negatively associated with a woman's sense of autonomy, environmental mastery, and self-acceptance of the Psychological Well-Being measure (PWB; Ryff, 1989). Recently, Ko and Wei (2020) also found that encountering objectified experiences (i.e., racial teasing) led to higher BSU and ultimately resulted in AA women questioning the values associated with one's unique appearance (i.e., considering to alter one's physical appearance surgically). Taken together, it is expected that GRMA would also lead to higher BSU, and in turn would be associated with adverse outcomes (e.g., low BES and SWLS).

Body Surveillance as a Potential Moderator

It is essential to consider that association between GRMA and BES and SWLS may be significantly different between EAA women who endorse lower-level BSU and EAA women who endorse higher-level BSU. Those with higher-level BSU think more about how their body looks than how their body feels; they often compare how they look with how other people look

and constantly care about how they look. Therefore, when such an individual encounters GRMA, her BES and SWLS are further affected negatively. In addition, a myriad of objectification exacerbates already-high obsession about one's appearance to be approved by others. It is likely that for those who engage in minimal BSU, their BES and SWLS may not be significantly affected despite the levels of GRMA because they do not focus too much on their appearance to evaluate their worthiness (McKinley & Hyde, 1996); such women may not care as much about fitting into mainstream or stereotypes in terms of physical appearance.

Body Shame as a Potential Mediator

In addition to BSU, a woman's internalization of societal beauty standards could result in intense shame when she feels like she is not living up to the standard (Bartky, 1988). Women are even more likely to experience BSH when such expectations are difficult/impossible to meet (Brady et al., 2017; Hall, 1995; Kaw, 1993). One's body makeup and facial features are primarily determined genetically, while one could control weight by restrictive eating.

EAA women may experience even less sense of control because the source of their body dissatisfaction is often racially salient facial features (Kaw, 1993). When women connect their sense of achievement and identity with meeting White standards of beauty, BSH might be the emotional consequence if one does not find herself measuring up (McKinley & Hyde, 1996). The literature supports the positive association between objectified experiences (e.g., GRMA) and BSH (Kim et al., 2014; Moradi, 2010; Moradi et al., 2005; McKinley & Hyde, 1996; Syzmanski, 2019; Tiggemann & Boundy, 2008). A study found BSH to mediate the association between GRMA and disordered eating in AA women (Le et al., 2020). Other studies with women of color support that objectified experiences affect women's BES via BSH (Cheng & Kim, 2018; Claudat et al., 2016). BSH was negatively associated with BES (McKinley, 2006). Lower-level BSH was

found to mediate the positive association between mindfulness and higher quality of life in adolescent obese or overweight girls (Moreira & Canavarro, 2017). Furthermore, considering the traditional East Asian culture's tendency to be shame-prone (Ha, 1995; Wong & Tsai, 2007; You, 1997), BSH may be a more salient or powerful force among EAA women. Based on the literature, BSH is a potential mediator for the association between GRMA and BES and between GRMA and SWLS.

Body Shame as a Potential Moderator

It is essential to consider that association between GRMA and BES and SWLS may be significantly different between EAA women who endorse lower-level BSH and EAA women who endorse higher-level BSH. EAA women who have higher-level BSH may feel ashamed if they perceive themselves failing to keep up with appearance-related expectations, mainly because EAA women face mixed expectations—pressure to look White, the expectation of being exotic and hypersexual, and an assumption to look particular ways as an Asian. Therefore, an EAA woman with higher BSH is likely to feel that she is a failure when she does not look good or feel ashamed of herself when she has not made an effort to look her best (McKinley & Hyde, 1996). However, certain features (e.g., racial features) cannot be altered by personal effort (e.g., exercising). As a result, a shame-prone EAA woman's BES and reduced SWLS may be significantly affected by encountering GRMA. Conversely, for those who endorse low-level BSH, their BES or SWLS may not be significantly affected despite the levels of GRMA because they do not feel ashamed based on their appearance (McKinley & Hyde, 1996). Hence, BSH could likely serve as a potential moderator for the relationship between GRMA and BES and SWLS.

Collective Self-Esteem as a Potential Mediator

Based on the literature, experiencing discrimination (e.g., GRMA) could lower CSE (Lee & Vaught, 2003; Pyke & Johnson, 2003). In addition, the literature supports lower CSE to be associated with negative BES (Cheng, 2014). For example, a study found that higher CSE was associated with less internalization of the societal pressure to meet the White standard of beauty in AA women (Cheng, 2014). In addition, another study found that higher ethnic/racial identity resolution (e.g., achieving a coherent and stable sense of one's ethnic identity) is associated with less frequent negative body talk in AA women (Sladek et al., 2018).

The existing literature also supports that lower CSE is associated with lower SWLS (Zhang & Leung, 2002). A higher level of ethnic CSE was associated with lower levels of anxious-depressed symptoms for AA adolescents (Gupta et al., 2014). Also, positive ethnic-racial affect ("optimistic feelings about one's ethnocultural group") were associated with fewer depressive symptoms (Rivas-Drake, Seaton, et al., 2014; Rivas-Drake, Syed, et al., 2014); and a stronger sense of belonging was negatively associated with depressive symptoms in non-White immigrants (Thibeault et al., 2018). Further supporting the mediating role of CSE, studies have shown that CSE mediated between racism-related stress and psychological adjustment in EAA college students (Iwamoto & Liu, 2010; Liang & Fassinger, 2008) and that EAA students' ethnic identity predicted emotional wellbeing (Yasuda & Duan, 2002).

Taken together, it is likely that experiencing GRMA has a negative association with EAA women's BES and SWLS through lowered CSE.

Collective Self-Esteem as a Potential Moderator

This author sought to explore the moderating effects of CSE in the relationship between EAA women's perceived GRMA and BES and SWLS. EAA women with higher CSE would

view themselves as worthy members of their ethnic group, feel that others consider their ethnic group positively, and feel glad to be an EAA (Luhtanen & Crocker, 1992). Due to the impact of Confucianism and collectivism, EAA women may highly value the harmonious integration of group members (You, 1997; Williams, 2003), and the lower CSE may be particularly damaging to this population. Chae and Foley (2010) found that for Chinese, Korean, and Japanese Americans, ethnic identity was a predictor of psychological wellbeing. Crocker et al. (1994) found that Asian participants had a stronger positive correlation between public and private CSE than White participants. Both studies indicate that CSE might have particular importance for EAA women. This suggested the importance is also in line with the population's collectivistic tendency to measure their worthiness primarily based on social relations (Kitayama et al., 1997). The traditional EA values conform to the norm and group harmony (Kitayama et al., 1997). It makes sense that EA base their worth on how others view them as a group and how they fit into the particular group. This need may be threatened when EA females are in the United States, where EAA women encounter perpetual foreigner stereotypes; as such, experiences of not being viewed as "American" could jeopardize the development and maintenance of strong ethnic identity/pride (Armenta et al., 2013; Kawamura, 2011). Therefore, even when they encounter GRMA, their wellbeing and BES may not be affected as significantly as those with lower CSE (e.g., believing that others do not value her ethnic group, regretting belonging to her ethnic group; Luhtanen & Crocker, 1996). An EAA woman with higher CSE may counter the White standard of beauty, denigrating stereotypes, and sexual, racial, foreigner objectification with a healthy amount of pride and acknowledgment of positive qualities of her racial/ethnic heritage.

This study hypothesizes that CSE may serve as a moderator or a protective role against the negative impact of the GRMA on SWLS among EAA women. Literature has shown that CSE

can serve as a buffer to the experience of racial discrimination (Iwamoto & Liu, 2010; Kong, 2016; Lam, 2007; Liang & Fassinger, 2008; Rogers-Sirin & Gupta, 2012; Tawa et al., 2012; Wong-Padoongpatt et al., 2017) or increase resilience in the face of racial discrimination (Kodama & Dugan, 2019). A similar construct, ethnic identity (e.g., feeling belonged to one's ethnic group), was shown to buffer the relationship between sociocultural influences (e.g., pressures to be thin) and disordered eating in AA (Rakhkovskaya & Warren, 2014, 2016). In addition, a strong sense of affirmation and belonging to one's social group was viewed as a protective factor for women of color (Thibeault et al., 2018). Also, CSE was found to buffer the negative impacts of stereotypes on adjustment (Juang & Kiang, 2019).

Literature also supports that higher CSE helps sustain BES in facing discrimination. Studies have found that positive ethnic identity may be a protective factor for AA against the risk of disordered eating (Frederick et al., 2016). Furthermore, recent studies found that a sense of pride in AA traditional culture (e.g., having high CSE) was helpful for some AA men to counter the negative impact of media stereotypes on their body image (Liao et al., 2019). Based on supporting evidence, this author expected that the relationships between GRMA and BES and SWLS would not be significant for EAA women with higher CSE. However, for EAA women with lower CSE, it is hypothesized that the associations between GRMA and BES and SWLS will be significantly negative.

Present Study

In summary, most psychological research in the United States has used a heterogeneous sample of AA, treating all Asian ethnic groups under the same category. Therefore, looking at EAA women, in particular, will result in more sensitive study results. Furthermore, there is scant literature applying the concept of gendered racism in studying EAA women. A sufficient amount

of research focused on examining either racism or sexism and its effect on AA women's wellbeing (Le et al., 2020). Limited research has investigated how GRMA may negatively impact AA women's body image (Cummins & Lehman, 2007). This study is guided by the integration of intersectionality theory and objectification theory. The intersectionality claims the importance of examining intricate relationships among individuals' intersecting social identities/memberships to understand their daily experiences (Crenshaw, 1991). Therefore, it is essential to look at EAA women's experiences as a combination of racism and sexism. In addition, objectification theory claims that objectified experiences could result in objectified body consciousness (McKinley & Hyde, 1996), which further negatively affects women's BES. Because GRMA encompasses multiple kinds of objectification, it is likely that EAA women also experience objectified body consciousness, leading to BSU and BSH.

The literature supports that perceived GRMA was positively associated with BSU and BSH (Le et al., 2020). BSU was associated with poor body image (Akoury et al., 2019; Brady et al., 2017; Ko & Wei, 2020; McKinley & Hyde, 1996) and psychological distress (Szymanski, 2019). BSH is associated with poor body image (McKinley & Hyde, 1996; Monro & Huon, 2005) and psychological distress (Choma et al., 2009; Manago et al., 2015). In addition, the literature supports that perceived GRMA is associated with lower CSE in EAA women (Barry & Grilo, 2003; Lee & Vaught, 2003; Pyke & Johnson, 2003) and that lower CSE is one of the reasons why AA women struggle with poor body image (Lee & Vaught, 2003; Pyke & Johnson, 2003) and lower SWLS (Yasuda & Duan, 2002). Therefore, in this study, it is hypothesized that BSU, BSH, and CSE may serve as mediators for the associations between GRMA and BES and SWLS. Mediation studies investigate how a particular effect occurs and adds a hypothesized third variable to the $X \rightarrow Y$ relation to understand the relationship better or determine if the

relationship is spurious (MacKinnon et al., 2007). A third variable (i.e., a mediation variable) improves understanding of relationships because it is a part of the causal sequence $X \rightarrow M \rightarrow Y$. A simple mediation model is a fitting model for the present study, as this author aims to understand the relation of GRMA and EAA women's BES and SWLS. Based on the literature, this author proposes BSU, BSH, and CSE as mediators for the association between GRMA and BES and SWLS.

The literature also indicates that CSE might serve as a buffer for the negative association between racial discrimination and psychological wellbeing (Cheng, 2014; Iwamoto & Liu, 2010; Lee, 2005; Sladek et al., 2018; Wong-Padoongpatt et al., 2017). However, no research thus far has examined the protective role of CSE in the relationship between GRMA and BES and SWLS among EAA women. This author also included hypotheses to test BSU and BSH as potential moderators. One could argue that for EAA women with lower BSU or lower BSH, their BES and SWLS will not significantly be reduced when they encounter GRMA. Conversely, for EAA women with higher BSU or BSH, it is expected that these associations will be significantly negative.

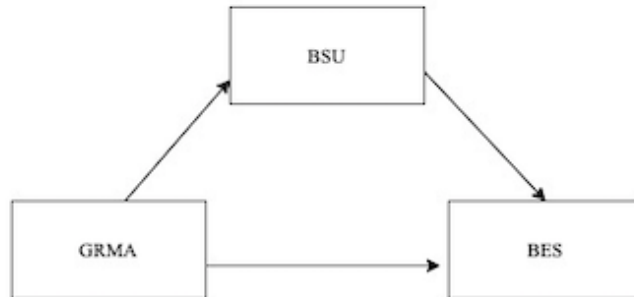
Therefore, this study hypothesized that BSU, BSH, and CSE might serve as mediators (hypotheses 1-6) and moderators (hypotheses 7-12) for the associations between GRMA and BES and SWLS. The specific research hypotheses are listed below.

Research Hypotheses

H1: BSU would mediate the association between perceived GRMA and BES (see Figure 1).

Figure 1

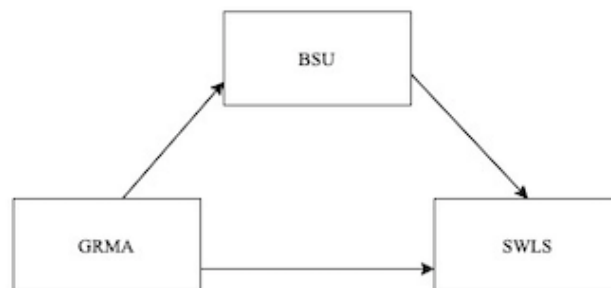
The Conceptual Model for Hypothesis 1: BSU as a Mediator for the Association between GRMA and BES



H2: BSU would mediate the association between perceived GRMA and SWLS (see Figure 2).

Figure 2

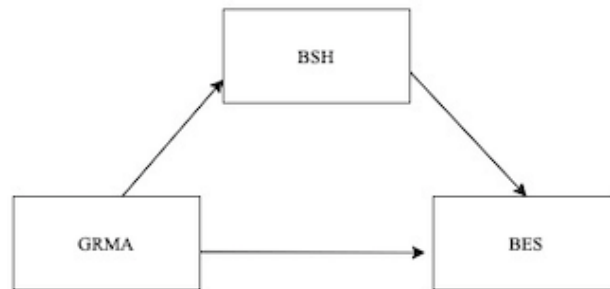
The Conceptual Model for Hypothesis 2: BSU as a Mediator for the Association between GRMA and SWLS



H3: BSH would mediate the association between perceived GRMA and BES (see Figure 3).

Figure 3

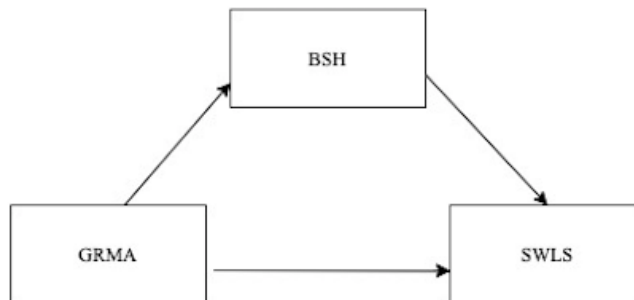
The Conceptual Model for Hypothesis 3: BSH as a Mediator for the Association between GRMA and BES



H4: BSH would mediate the association between perceived GRMA and SWLS (see Figure 4).

Figure 4

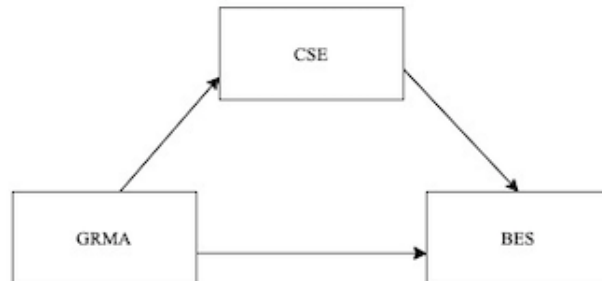
The Conceptual Model for Hypothesis 4: BSH as a Mediator for the Association between GRMA and SWLS



H5: CSE is expected to mediate the association between GRMA and BES (see Figure 5).

Figure 5

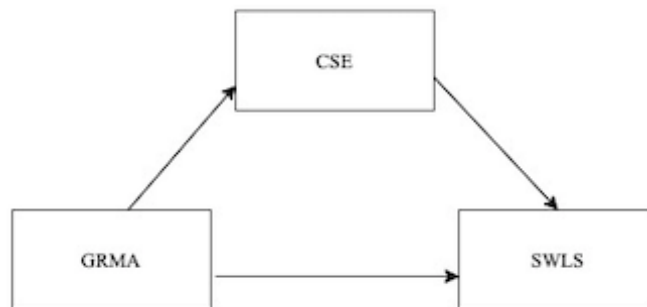
The Conceptual Model for Hypothesis 5: CSE as a Mediator for the Association between GRMA and BES



H6: CSE is expected to mediate the association between GRMA and SWLS (see Figure 6).

Figure 6

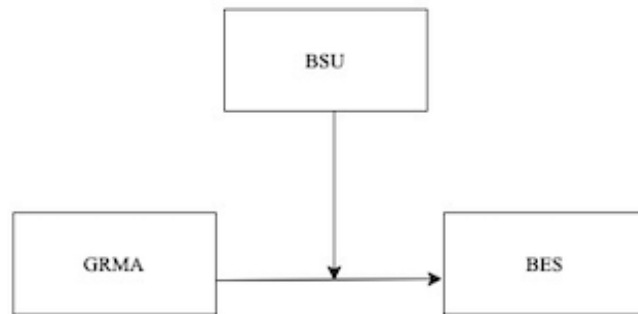
The Conceptual Model for Hypothesis 6: CSE as a Mediator for the Association between GRMA and SWLS



H7: BSU is expected to moderate the association between GRMA and BES (see Figure 7).

Figure 7

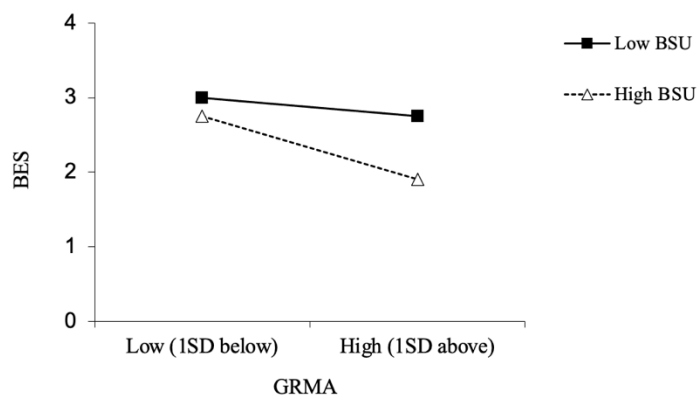
The Conceptual Model for the Moderation Hypothesis: BSU as a Moderator for the Association between GRMA and BES



Specifically, the author hypothesized that there would be a significant negative association between GRMA and BES only among EAA women with a higher endorsement of BSU (1 SD above) and not those with a lower level BSU (see Figure 7-a).

Figure 7-a

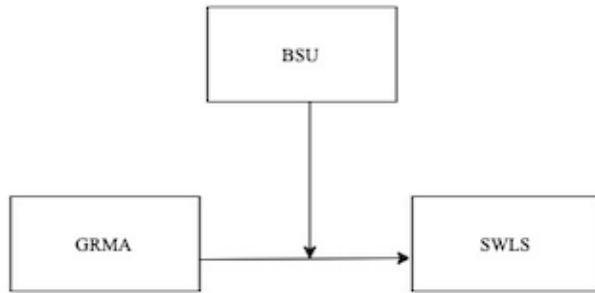
The Hypothesized Moderation Model: Interaction Effects of GRMA on BES for those with Higher and Lower BSU



H8: BSU is expected to moderate the association between GRMA and SWLS (see Figure 8).

Figure 8

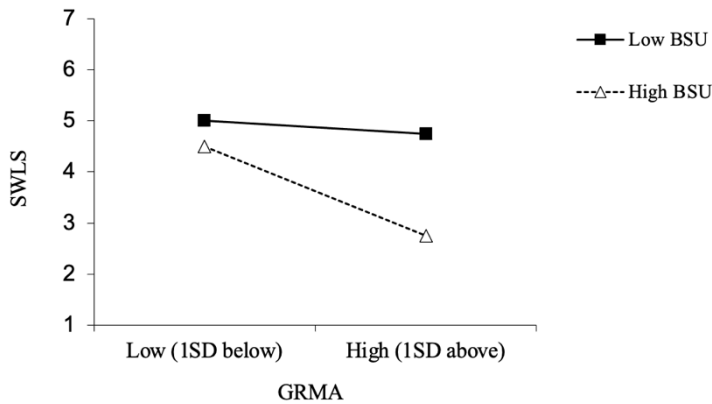
The Conceptual Model for Hypothesis 8: BSU as a Moderator for the Association between GRMA and SWLS



Specifically, the author hypothesized that there would be a significant negative association between GRMA and SWLS only among EAA women with a higher endorsement of BSU (1 SD above) and not those with a lower level BSU (see Figure 8-a).

Figure 8-a

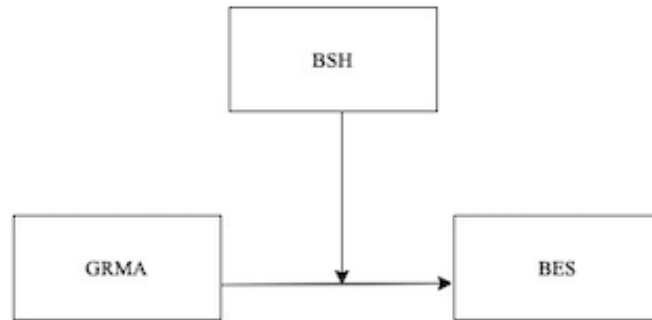
The Hypothesized Moderation Model: Interaction Effects of GRMA on SWLS for those with Higher and Lower BSU



H9: BSH is expected to moderate the association between GRMA and BES (see Figure 9).

Figure 9

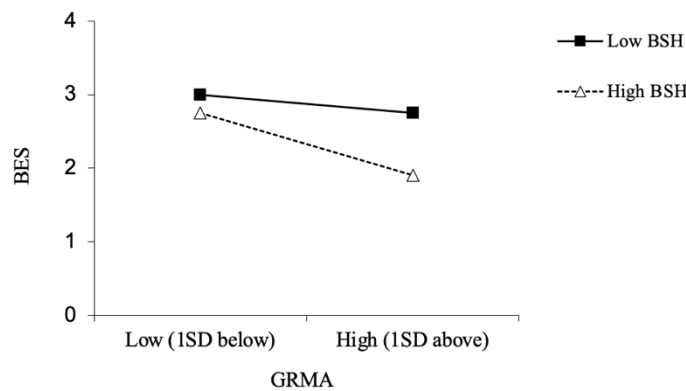
The Conceptual Model for Hypothesis 9: BSH as a Moderator for the Association between GRMA and BES



Specifically, the author hypothesized that there would be a significant negative association between GRMA and BES only among EAA women with a higher endorsement of BSH (1 SD above) and not those with a lower level BSH (see Figure 9-a).

Figure 9-a

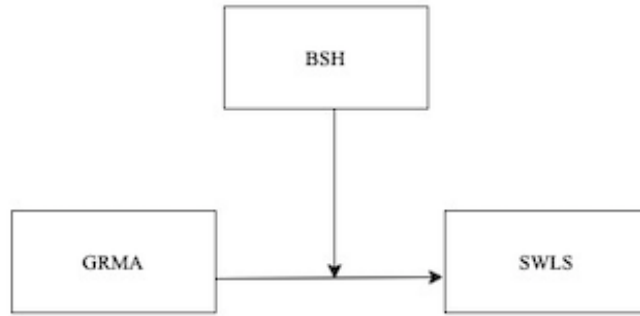
The Hypothesized Moderation Model: Interaction Effects of GRMA on BES for those with Higher and Lower BSH



H10: BSH is expected to moderate the association between GRMA and SWLS (see Figure 10).

Figure 10

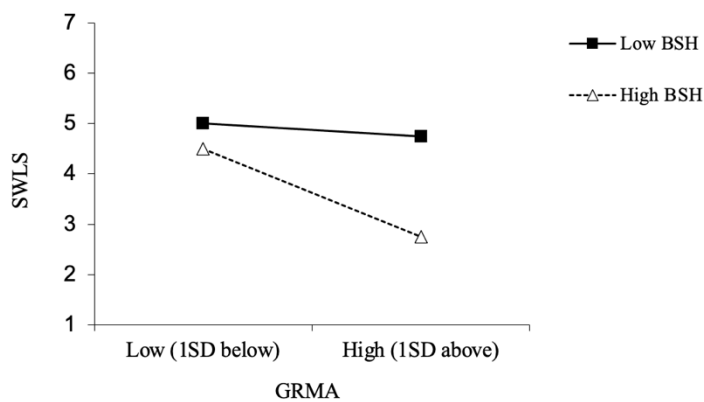
The Conceptual Model for the Moderation Hypothesis: Body Shame as a Moderator for the Association between GRMA and Life Satisfaction



Specifically, the author hypothesized that there would be a significant negative association between GRMA and SWLS only among AA women with a higher endorsement of BSH (1 SD above) and not those with a lower level BSH (see Figure 10-a).

Figure 10-a

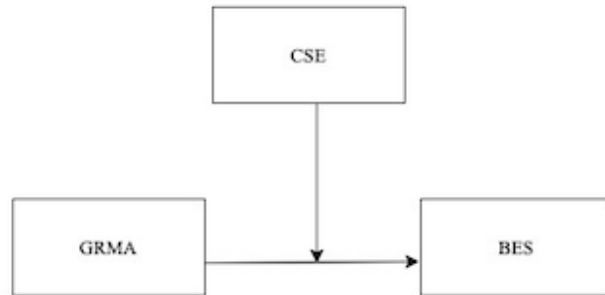
The Hypothesized Moderation Model: Interaction Effects of GRMA on SWLS for those with Higher and Lower BSH



H11: Higher CSE is expected to moderate the association between GRMA and BES (see Figure 11).

Figure 11

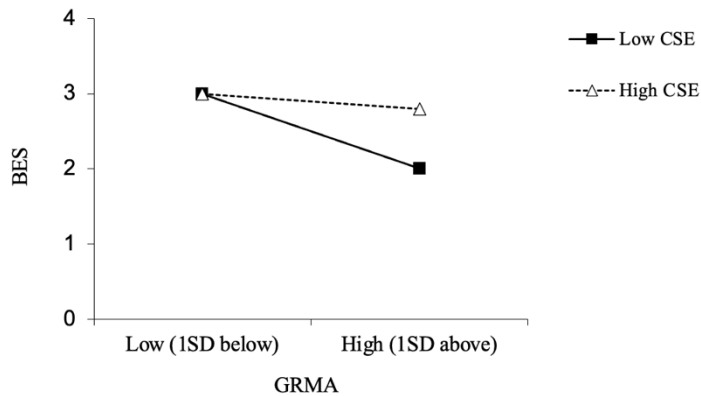
The Conceptual Model for Hypothesis 11: CSE as a Moderator for the Association between GRMA and BES



Specifically, the author hypothesized that there would be a significant negative association between GRMA and BES only among AA women with lower CSE (1 SD below) and not those with a higher level CSE (see Figure 11-a).

Figure 11-a

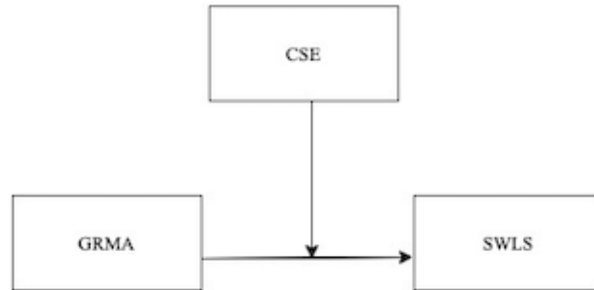
The Hypothesized Moderation Model: Interaction Effects of GRMA on BES for those with Higher and Lower CSE



H12: Higher CSE is expected to moderate the association between GRMA and SWLS (see Figure 12).

Figure 12

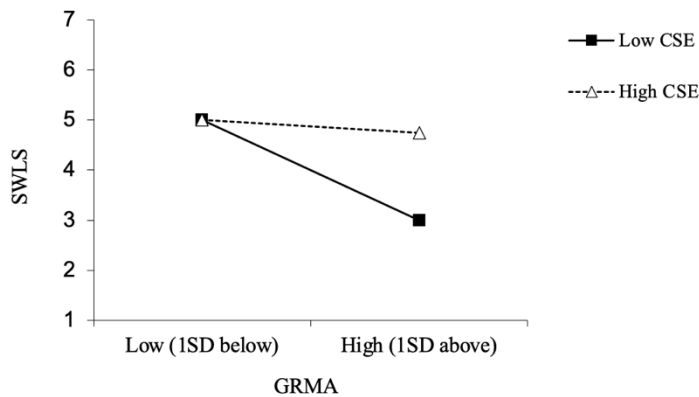
The Conceptual Model for Hypothesis 12: CSE as a Moderator for the Association between GRMA and SWLS



Specifically, the author hypothesized that there would be a significant negative association between GRMA and SWLS only among AA women with lower CSE (1 SD below) and not those with a higher level CSE (see Figure 12-a).

Figure 12-a

The Hypothesized Moderation Model: Interaction Effects of GRMA on SWLS for those with Higher and Lower CSE



CHAPTER III

METHODOLOGY

Power Analysis

A power analysis was conducted using online software G*Power 3.1 (Erdfelder et al., 1996) to determine the minimum number of participants required to obtain statistically significant results for multivariate regression analyses. The power analysis results showed that for a power of .80 with an alpha level of .05, 652 participants would be sufficient for the current study for the small effect size ($f^2 = .02$). The required number of participants for the medium effect size ($f^2 = .15$) is 89, and for the large effect size ($f^2 = .35$) is 40. Chaplin (1991) indicated that moderation effects typically account for about 1% to 3% of the variance in social science research. Therefore, this study aims to achieve a sample size of approximately 200 participants that corresponds between small to medium effect size.

Participants

Originally, 214 individuals accessed either Qualtrics or Mturk survey. However, 14 participants were removed because they stopped responding after the demographic section; 13 participants were removed due to them not identifying as EAA (they selected “other” on ethnicity question); and 3 participants were removed because they incorrectly answered the validity check item. Eleven participants were removed because they did not complete the survey (i.e., not answering any item on a particular measure, not responding to more than a half of the survey). After removing the participants who did not meet the participation criteria or missed a significant portion of the survey, 173 participants were left in the final data set. The mean age of the participants was 34.16 years old ($SD = 9.16$, range = 21 to 68 years), and the mean length of residency in the United States was 29.27 years ($SD = 11.28$, range = 3 to 60 years). Among these

participants, 68 (39.3%) identified as Chinese Americans, 36 (20%) identified as Korean Americans, 18 (10.4%) identified as Japanese Americans, 16 (9.2%) identified as Taiwanese Americans, and 35 (20.2 %) identified as bi- or multi-racial individuals (with one of the ancestral backgrounds being Chinese, Korean, Japanese, or Taiwanese). Twenty-five (14.5%) of the sample identified as the first generation immigrants, 33 (19.1%) identified as 1.5 generation immigrants (born outside the United States and moved to the United States as a child), 73 (42.2%) identified as second generation immigrants, 14 (8.1%) identified as third generation immigrants, eight (4.6%) identified as fourth generation immigrants, 15 (8.7%) identified as fifth generation immigrants, and five (2.9%) did not specify their generation status as an immigrant. Fifty-four (31.2%) were single, 35 (20.2%) were in a committed relationship, 78 (45.1%) were married, three (1.7%) were divorced/separated, and three (1.7%) were widowed.

Ten (5.8%) of the participants had a high school degree or equivalent, 15 (N = 8.7%) had an associate degree, 74 (42.8%) had a bachelor's degree, 49 (28.3%) had a master's degree, and 25 (14.5%) had a doctoral degree. Fourteen (8.1%) identified as lower SES, 22 (12.7%) as lower-middle SES, 99 (57.2%) as middle SES, 34 (19.7%) as upper middle SES, two (1.2%) identified as upper SES, and one (0.6%) did not specify their SES status. Two (1.2%) of the participants identified as lesbian, 15 (8.7%) as bisexual, 152 (87.9%) identified as heterosexual, and two (1.2%) identified as other sexual orientation. One hundred and forty-five (83.8%) reported they had native-speaker level English fluency, and 26 (15%) reported speaking English fluently with an accent. One (0.6%) reported that she was somewhat fluent but sometimes struggled to find English words, and one (0.6%) reported English was not her dominant/preferred language.

The present study had participants from 36 states. Forty-one (23.7%) of the participants resided in California, 11 (6.4%) in Virginia, 10 (5.8%) in Texas, nine (5.2%) in Florida and New

York respectively, eight (4.6%) in Pennsylvania, six (3.5%) in Hawaii and Illinois respectively, five (2.9%) in Colorado, Ohio, and Georgia respectively, and four (2.3%) in Massachusetts and Missouri respectively, three (1.8%) in North Carolina, New Jersey, Indiana, Connecticut, and Delaware respectively, two (1.2%) in Arizona, Arkansas, Kentucky, Louisiana, Maryland, Nevada, Utah, Washington, and Wisconsin respectively, and one (0.6%) in Alabama, Iowa, Kansas, Maine, Minnesota, Mississippi, South Carolina, and Wyoming respectively. Two participants did not specify the state of residency. Overall, the current study had a diverse sample regarding age, ethnicity, education level, relationship status, English fluency status, state of residency, immigration status, and socioeconomic status.

Procedure

Approval to begin the study was received from the Institutional Review Board at Radford University. To be eligible for this study, the participant needed to be 18 years of age or older and self-identify as an EAA woman resides in the United States. The participants were directed to an online survey via software (www.qualtrics.com) that began with an informed consent page in the present study. The consent form informed participants about their rights as participants, such as the right to withdraw from the study at any time, the purpose of the study, and the confidentiality of their responses. If participants agreed to participate after reading the informed consent, they were prompted to complete the survey.

The survey included demographic questions, the Gendered Racial Microaggression Scale for Asian American Women (GRMA), the Collective Self-Esteem Scale (CSE), the Body-Esteem Scale (BES), the Objectified Body Consciousness Scale (OBCS), Everyday Discrimination Scale (EDS), and the Satisfaction with Life Scale (SWLS). In addition, there was one validity check item interspersed on the survey (i.e., “This is a checking item. Please click ‘7

Strongly Agree' for this item) to ensure that participants were responding conscientiously throughout the survey. At the end of the survey, the participants were provided with a debriefing form, which included resources for those participants who want further assistance with their experiences.

Participants were recruited using professional organization listservs (e.g., APA Division 35: Society for the Psychology of Women; APA Division 17: Society of Counseling Psychology; APA Division 45: Society for the Psychological Study of Culture, Ethnicity, and Race; Chinese American Student Association; Korean American Student Association; Korean Graduate Student Association; Nikkei Student Union; Taiwanese American Student Association; and Japanese Student Organization listed on the Consulate General of Japan websites), asking local and online EAA communities to distribute the survey (e.g., Japanese church in the United States; online EAA newsletters *Nichi Bei*, *Pacific Citizens*, *The Korea Daily*, *The Korea Times*, *Taiwanese American.org*, *AsAm News*, and *Asian American Press*), and using personal and professional contacts to distribute the survey (snowball method). After completing the survey, participants could voluntarily enter into a raffle for a chance to win one of 10 \$25 Amazon gift cards. Since the recruitment using those methods did not work as smoothly as anticipated, the author later added Amazon Mechanical Turk as a method to supplement the 150 participants by paying \$2 per worker. To participate, one must have met all of the following criteria: (a) self-identified as an EAA woman, (b) was age 18 and older, and (c) resided in the United States.

Instruments

Demographic Questionnaire

Participants were asked to fill out a self-report demographic questionnaire, including age, immigration generational status, ethnicity, level of education, socioeconomic status, sexual orientation, number of years in the United States, and language proficiency.

Gendered Racial Microaggressions

The Gendered Racial Microaggression Scale for Asian American Women (GRMA; Keum et al. 2018) is a 22-item scale that assesses how often AA women experience microaggressions related to their racial identity and their gender as a woman. GRMA has four subscales, including ascription of submissiveness (e.g., “others expect me to be submissive”), assumption of universal appearance (e.g., “others have suggested that all Asian American women look alike”), fetishism (e.g., “others take a romantic interest in Asian American women just because they never had sex with an Asian American woman before”), and media invalidation (e.g., “I see non-Asian women being cast to play female Asian characters”). In addition, the GRMA includes a frequency scale and a stress scale. Both the frequency scale and stress scale are made of the same 22 items, while the frequency scale asks how often the experience happened, and the stress scale asks how stressful the experience was. Participants rated all items on a 6-point Likert scale from 0 (“Never”) to 5 (“Always”) for the frequency subscale. Also, participants were asked to rate on a 6-point Likert scale from 0 (“Not at all stressful”) to 5 (“Extremely stressful”) for the stress subscale. Averaging responses to the 22 items obtain the scores, and higher scores indicated that participants experience more frequent/more stressful GRMA. Construct validity for this scale has been established through its significant positive associations with experiences of racial microaggressions (Torres-Harding et al., 2012) and schedule of sexist events (Klonoff & Landrine, 1995), depression (Kroenke & Spitzer, 2002), and internalized racism scores (Choi et al., 2017). The Cronbach’s alpha was .91

for GRMA-FR among AA women (Le et al., 2020). The Cronbach's alpha for the present study was .94 for GRMA-FR and .94 for GRMA-ST.

Experience of Discrimination

The Everyday Discrimination Scale (EDS; Williams et al., 1997) is a 9-item self-report measure that assesses participants' experience of interpersonal discrimination that is chronic or episodic. Participants indicated how often they encountered a particular type of discriminatory experience on a 6-point Likert scale from 1 ("Never") to 6 ("Almost every day"). Higher scores indicate a higher degree of perception of racial discrimination in daily life. The sample items include "you are treated with less courtesy than other people are" and "you receive poorer service than other people at restaurants or stores." In the present study, this scale was used to see if the experience of general discrimination may serve as a covariate since the hypotheses of the current study looked into the effect of specifically gendered racial microaggressions on the outcome variables. Chang et al. (2012) found that the coefficients alpha was .92 for Vietnamese Americans and .88 for Chinese Americans in their study. Kim et al. (2014) also supported the EDS' reliability with racial and ethnic minority groups with the Cronbach's alpha of .88. For the present study, the Cronbach's alpha was .91.

Collective Self-Esteem

The Collective Self-Esteem Scale (CSE; Luhtanen & Crocker, 1992) is a 16-item self-report measure that assesses participants' thoughts about their social/ethnic group (Liang & Fassinger, 2008). Participants indicated their collective self-esteem concerning their racial/ethnic group on a 7-point Likert scale from 1 ("strongly disagree") to 7 ("strongly agree"). There are four subscales of the CSE, including membership esteem (e.g., "I am a worthy member of my race/ethnic group"), public collective self-esteem (e.g., "Overall, my racial/ethnic group is

considered good by others”), private collective self-esteem (e.g., “In general, I am glad to be a member of my racial/ethnic group”), and importance to identity (e.g., “the racial/ethnic group I belong to is an important reflection of who I am”), with each subscale consisting of four items. In addition, validity evidence of the CSE was supported by positive associations with personal self-esteem (Rosenberg, 1965) and collectivism (Hui, 1988). The scale also demonstrated a reasonable 6-week test-retest correlation of .68 for the full scale (Luhtanen & Crocker, 1992). A study with AA college students yielded coefficient alphas of .69 with membership esteem, .80 with public collective self-esteem, .70 with private collective self-esteem, and .81 with importance to identity (Liang & Fassinger, 2008). A Cronbach’s alpha was .86 for the full scale with Korean music therapists (Kim, 2012). For the present study, the Cronbach’s alpha was .78 for membership esteem, .70 for public collective self-esteem, .84 for private collective self-esteem, and .86 for importance to identity.

Body Surveillance

The Body Surveillance subscale is a part of the Objectified Body Consciousness Scale (OBCS; McKinley & Hyde, 1996), which is widely used to measure self-objectification. Body surveillance (BSU) is defined by the extent to which one monitors their body and thinks about their body in terms of how others might perceive them. The BSU subscale consists of eight items that are rated on a 1 (“strongly disagree”) to 7 (“strongly agree”) scale, along with a “NA (not applicable)” option. Averaging the total scores of applicable items generates the total score, with a higher score indicating a higher level of body surveillance (McKinley & Hyde, 1996). The sample items are “During the day, I think about how I look many times,” and “I am more concerned with what my body can do than how it looks” (reverse-scored item). Validity evidence was supported by positive association with public body consciousness (Miller et al., 1981) and

negative association with body esteem (Franzoi & Shields, 1984). The coefficient alpha was .87 among AA women (Le et al., 2020). For the present study, the Cronbach's alpha was .83.

Body Shame

Body shame (BSH) was assessed using the body shame subscale from the Objectified Body Consciousness Scale (McKinley & Hyde, 1996). This subscale includes eight items assessing the extent to which participants perceive themselves to be failing to attain the ideal appearance standards. Sample items are "I feel ashamed of myself when I have not made an effort to look my best" and "Even when I cannot control my weight, I think I am an okay person" (reverse-scored item). The items are rated on the same 7-point Likert type scale from 1 ("strongly disagree") to 7 ("strongly agree") along with a "NA (not applicable)" option. The overall scores are obtained by averaging the total scores of applicable items, and higher scores indicate that participants endorsed a higher level of BSH. The construct validity of the Body Shame subscale was supported by a positive correlation with control beliefs (McKinley & Hyde, 1996) and a negative correlation with body esteem (Franzoi & Shields, 1984). The Cronbach's alpha was .87 among AA women (Le et al., 2020). For the present study, the Cronbach's alpha was .86.

Life Satisfaction

The Satisfaction with Life Scale (SWLS; Diener et al., 1985) is a 5-item measure to assess overall judgment of the participant's life in order to measure the concept of life satisfaction. The participants respond on a 7-point Likert type scale from 1 ("strongly disagree") to 7 ("strongly agree"). Sample items are "In most ways, my life is close to my ideal," and "So far I have gotten the important things I want in life." Validity evidence was supported by the positive correlations with extraversion (Tellegen, 1982) and positive affect (Watson et al., 1988)

as well as negative correlations with neuroticism (Tellegen, 1982) and depression (Beck et al., 1961). The Cronbach's alpha was .85 for foreign-born AA and .87 for U.S.-born AA (Armenta et al., 2013). For the present study, the Cronbach's alpha was .93.

Body Esteem

The Body-Esteem Scale for Adolescents and Adults (BES) is a 23-item scale (Mendelson et al., 2001) with three subscales: (a) appearance satisfaction (e.g., "I like what I look like in pictures"), (b) weight satisfaction (e.g., "I am proud of my body"), and (c) other's attributions about one's body and appearance (e.g., "my looks help me get dates"). In the present study, the total score of the BES was used in the data analysis. Participants rated the impact of their body image on a 5-point Likert scale ranging from 0 ("never") to 4 ("always"). A high score indicates high BES. Positive correlations supported validity evidence with self-esteem (Rosenberg, 1979) and self-perception (Neemann & Harter, 1986). The Cronbach's alpha for the total scale was .94 for undergraduate women (Skorek et al., 2014). For the present study, the Cronbach's alpha was .94 for the total scale.

CHAPTER IV

RESULTS

Preliminary Analyses

Regarding missing data, at the item level, the results indicated .6% for Gendered Racial Microaggression-Frequency (GRMA-FR; Keum et al., 2018), 1.1% for Gendered Racial Microaggression-Stress (GRMA-ST; Keum et al., 2018), .6% for the Everyday Discrimination Scale (EDS; Forman et al., 1997), 1.7% for the Collective Self-Esteem Scale (CSE; Luhtanen & Crocker, 1992), 1.1% for Objectified Body Consciousness Scale (OBCS; McKinley & Hyde, 1996), .6% for Body-Esteem Scale (BES; Mendelson et al., 2001), and .6% for Satisfaction with Life Scale (SWLS; Diener et al., 1985). The missing data (< 1.7% on all measures) were imputed using the Expectation-Maximization algorithm (Shafer & Graham, 2002) in SPSS.

Means, standard deviations, zero-order correlations for variables, and Cronbach's alpha for each variable are reported in Table 1. Analyses of Variance were conducted to examine whether each DV (i.e., BES and SWLS) varies significantly as a function of socioeconomic status, immigration generation status, language proficiency, sexual orientation, ethnicity, and levels of education. The correlation was conducted to examine whether each DV (i.e., BES and SWLS) varies significantly as a function of age and length in the United States. For BES as the outcome variable, the results from Analysis of Variance revealed that there were no significant differences for ethnicity ($F [4, 168] = 1.50, p = .21$), sexual orientation ($F [3, 167] = .11, p = .96$), immigration generation status ($F [6, 166] = 1.11, p = .36$), or English proficiency ($F [3, 169] = .54, p = .66$). However, there were significant differences for education level ($F [4, 168] = 3.85, p = .005$), socioeconomic status ($F [5, 166] = 4.41, p < .001$), and marital status ($F [4, 168] = 4.01, p = .004$). The results from the correlation indicated that there was not a significant

association between the number of years lived in the United States and BES ($r = .02, p = .80$) or between the age and BES ($r = .08, p = .30$).

For SWLS as outcome variable, the results from Analysis of Variance revealed that there were no significant differences for ethnicity ($F [4, 168] = 1.98, p = .10$), sexual orientation ($F [3, 167] = 1.42, p = .24$), immigration generation status ($F [6, 166] = 1.95, p = .08$), or English proficiency ($F [3, 169] = 1.90, p = .13$). However, there were significant differences for marital status ($F [4, 168] = 12.50, p = .001$), socioeconomic status ($F [5, 166] = 9.28, p < .001$), and education level ($F [4, 168] = 2.96, p = .02$). The correlation analyses showed that there was significant association between the number of years lived in the United States and SWLS ($r = .04, p = .57$). However, the association was significant between age and SWLS ($r = .18, p = .02$).

While marital status and socioeconomic status were significantly correlated with both outcome variables, no known empirical study provides evidence for such associations among EAA or AA women. They were not treated as covariates in the present study. Since racial discrimination (i.e., EDS) has been associated with life satisfaction and self-esteem (Ajrouch et al., 2010; Beccia et al., 2020; Utsey et al., 2000), EDS was treated as a covariate for mediation and moderation analyses.

Table 1

Means, Standard Deviations, and Intercorrelations of the Main Variables

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|-------------|---------|---------|---------|---------|---------|---------|-------|---------|---------|--------|-------|
| 1. EDS | ----- | | | | | | | | | | |
| 2. GRMA-FR | .70*** | ----- | | | | | | | | | |
| 3. GRMA-ST | .66*** | .74*** | ----- | | | | | | | | |
| 4. CSE-MB | -.24** | -.26*** | -.33*** | ----- | | | | | | | |
| 5. CSE-PR | -.34*** | -.33*** | -.37*** | .79*** | ----- | | | | | | |
| 6. CSE-PB | -.61*** | -.52*** | -.48*** | .39*** | .39*** | ----- | | | | | |
| 7. CSE-ID | 0.35 | -.02 | -.03 | .49** | .49*** | .10 | ----- | | | | |
| 8. BSU | .18* | .23** | .28*** | -.14 | -.15 | -.14 | .19* | ----- | | | |
| 9. BSH | .36*** | .44*** | .41*** | -.43*** | -.48*** | -.31*** | -.09 | .50*** | ----- | | |
| 10. BES | -.11 | -.20** | -.19* | .45*** | .38*** | .20** | .09 | -.50*** | -.64*** | ----- | |
| 11. SWLS | -.15* | -.26*** | -.26*** | .36*** | .26*** | .25** | .24** | -.37*** | -.37*** | .54*** | ----- |
| <i>Mean</i> | 2.32 | 2.49 | 2.15 | 5.54 | 5.81 | 4.99 | 5.16 | 4.01 | 3.26 | 2.33 | 4.74 |
| <i>SD</i> | .88 | .92 | 1.08 | 1.04 | 1.17 | 1.05 | 1.41 | 1.17 | 1.33 | .70 | 1.52 |
| <i>α</i> | .91 | .94 | .94 | .78 | .84 | .71 | .86 | .83 | .86 | .94 | .93 |

Note. $N = 173$. EDS = Everyday Discrimination Scale; GRMA-FR = Gendered Racial Microaggression-Frequency; GRMA-ST = Gendered Microaggression-Stress; CSE-MB = Collective Self-Esteem-Membership; CSE-PR = Collective Self-Esteem-Private; CSE-PB = Collective Self-Esteem-Public; CSE-ID = Collective Self-Esteem-Identity; BSU = Body Surveillance; BSH = Body Shame; BES = Body Esteem; SWLS = Satisfaction with Life.

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

Mediation Analyses

The present study applied Hayes' (2013) PROCESS (model 4), a computational tool for path analysis-based mediation, to test mediation hypotheses. In analyzing the mediation effect, a total of 10,000 bootstrap samples (Preacher & Hayes, 2008) and a 95% confidence interval were used in the estimations. If the results did not include zero, then the indirect effect was concluded as statistically significant at the .05 level (Hayes, 2013; Shrout & Bolger, 2002). The mediation was used to examine the following six hypotheses: (H1) BSU would mediate the association between perceived GRMA and BES, (H2) BSU would mediate the association between perceived GRMA and SWLS, (H3) BSH would mediate the association between perceived GRMA and BES, (H4) BSH would mediate the association between perceived GRMA and SWLS, (H5) CSE is expected to mediate the association between GRMA and BES, and (H6) CSE is expected to mediate the association between GRMA and SWLS. Since GRMA consists of two subscales, frequency (GRMA-FR) and stress (GRMA-ST), the analyses were conducted separately. In addition, everyday discrimination (EDS) was treated as a covariate in the following mediation and moderation analyses.

Research Question 1: Body Surveillance as a Mediator

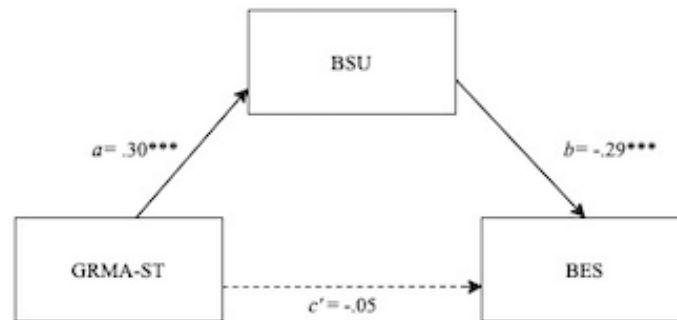
H1: BSU would mediate the association between perceived GRMA and BES.

For Hypothesis 1, the indirect effect was significant (indirect effect ab : -0.09, $SE = .04$, 95% CI [-0.16, -0.02], see Figure 13). Specifically, BSU significantly mediates the association between GRMA-ST and BES. In addition, the direct effect of GRMA-ST on BES was not significant (direct effect $c' = -0.05$, $p = .42$, 95% CI [-0.16, 0.07], see Figure 13). However, BSU

did not mediate the association between GRMA-FR and BES at a statistically significant level (indirect effect ab : -0.07, $SE = .04$, 95% CI [-0.16, 0.01]).

Figure 13

*Unstandardized Regression Coefficients for Body Surveillance (BSU) Mediating the Associations Between Gendered Racial Microaggression-Stress (GRMA-ST) and Body Esteem (BES). *** $p < .001$.*

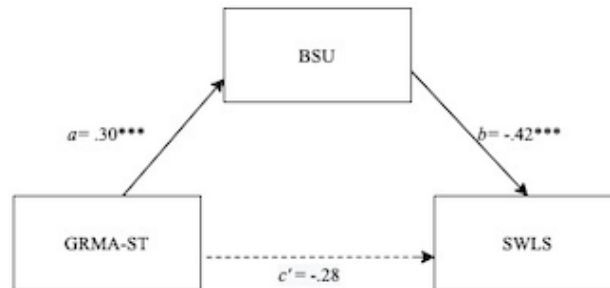


H2: BSU would mediate the association between perceived GRMA and SWLS.

For Hypothesis 2, the indirect effect was significant (indirect effect ab : -0.13, $SE = .04$, 95% CI [-0.25, -0.03], see Figure 14). Specifically, BSU significantly mediates the association between GRMA-ST and SWLS. In addition, the direct effect of GRMA-ST on SWLS was not significant (direct effect $c' = -0.28$, $p = .04$, 95% CI [-0.54, 0.01], see Figure 14). However, BSU did not mediate the association between GRMA-FR and SWLS at a statistically significant level (indirect effect ab : -0.11, $SE = .06$, 95% CI [-0.23, 0.01]).

Figure 14

*Unstandardized Path Coefficients for Body Surveillance (BSU) Mediating the Associations Between Gendered Racial Microaggression-Stress (GRMA-ST) and Satisfaction with Life (SWLS). *** $p < .001$.*



Research Question 2: Body Shame as a Mediator

H3: BSH would mediate the association between perceived GRMA and BES.

The results indicated that BSH significantly mediated the association between GRMA-FR and BES (indirect effect ab : -0.20, $SE = .04$, 95% CI [-0.23, -0.09], see Figure 15). Also, BSH significantly mediated the association between GRMA-ST and BES (indirect effect ab : -0.14, $SE = .04$, 95% CI [-0.22, -0.05], see Figure 16). In addition, the direct effect was not significant neither for GRMA-FR on BES (direct effect $c' = 0.02$, $p = .79$, 95% CI [-0.11, 0.15], see Figure 15) nor GRMA-ST on BES (direct effect $c' = 0.00$, $p = .95$, 95% CI [-0.10, 0.11], see Figure 16).

Figure 15

*Unstandardized Path Coefficients for Body Shame (BSH) Mediating the Associations Between Gendered Racial Microaggression-Frequency (GRMA-FR) and Body Esteem (BES). *** $p < .001$.*

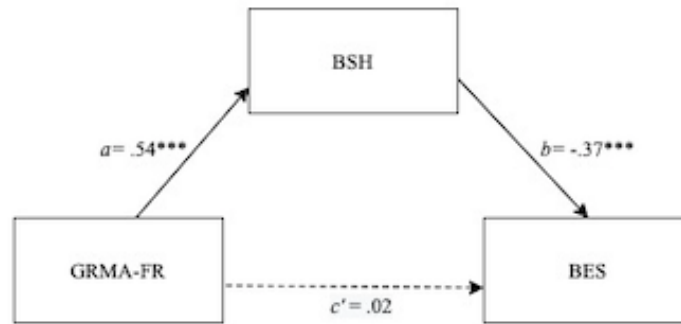
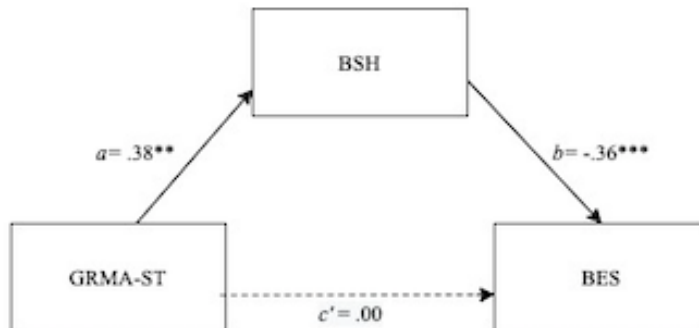


Figure 16

*Unstandardized Path Coefficients for Body Shame (BSH) Mediating the Associations Between Gendered Racial Microaggression-Stress (GRMA-ST) and Body Esteem (BES). ** $p < .01$. *** $p < .001$.*



H4: BSH would mediate the association between perceived GRMA and SWLS.

The results revealed that BSH significantly mediated the association between GRMA-FR and SWLS (indirect effect ab : -0.20, $SE = .04$, 95% CI [-0.37, -0.07], see Figure 17). Also, BSH

significantly mediated the association between GRMA-ST and SWLS (indirect effect ab : -0.14, $SE = .04$, 95% CI [-0.26, -0.05], see Figure 18). In addition, the direct effect was not significant neither for GRMA-FR on SWLS (direct effect $c' = 0.02$, $p = .11$, 95% CI [-0.61, 0.06], see Figure 17) nor for GRMA-ST on SWLS (direct effect $c' = -0.26$, $p = .06$, 95% CI [-0.53, 0.01], see Figure 18) was significant.

Figure 17

Unstandardized Path Coefficients for Body Shame (BSH) Mediating the Associations Between Gendered Racial Microaggression-Frequency (GRMA-FR) and Satisfaction with Life (SWLS).

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

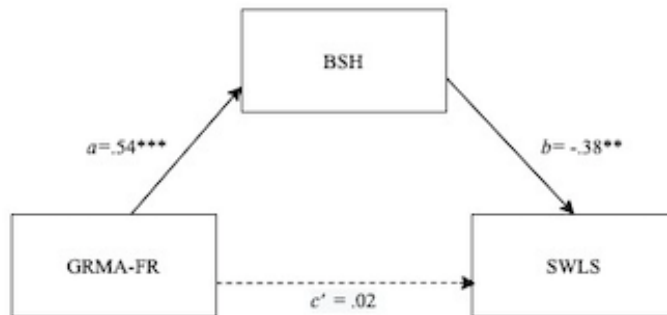
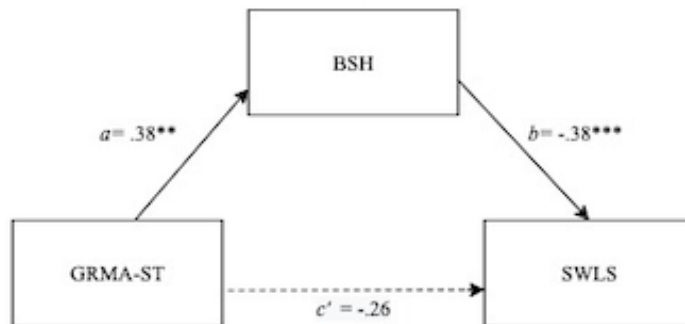


Figure 18

*Unstandardized Path Coefficients for Body Shame (BSH) Mediating the Associations Between Gendered Racial Microaggression-Stress (GRMA-ST) and Satisfaction with Life (SWLS). ** $p < .01$. *** $p < .001$.*



Research Question 3: Collective Self-Esteem as a Mediator

In Hypotheses 5 and 6, GRMA was the predictor variable, and CSE was the mediator variable. Again, the analyses were conducted separately for GRMA-FR and GRMA-ST. The separate analyses were also conducted for each subscale of CSE: CSE-MB, CSE-PB, CSE-PR, and CSE-ID.

H5: CSE is expected to mediate the association between GRMA and BES.

For Hypothesis 5, the indirect effect was significant for GRMA-ST and BES. Specifically, CSE-MB significantly mediates the association between GRMA-ST and BES (indirect effect ab : -0.09, $SE = .04$, 95% CI [-0.15, -0.03], see Figure 19). CSE-PR significantly mediated the association between GRMA-ST and BES (indirect effect: -0.06, $SE = .04$, 95% CI [-0.12, -0.02], see Figure 20). In addition, the direct effect of GRMA-ST on BES was not significant for neither CSE-MB as a mediator (direct effect $c' = -0.05$, $p = 0.42$, 95% CI [-0.17, 0.07], see Figure 19) nor CSE-PR as a mediator (direct effect $c' = -0.07$, $p = .25$, 95% CI [-0.20,

0.05], see Figure 20). Neither CSE-ID (indirect effect ab : -0.00, SE = .01, 95% CI [-0.03, 0.01]) nor CSE-PB (indirect effect ab : -0.02, SE = .01, 95% CI [-0.05, 0.00]) significantly mediated the association between GRMA-ST and BES. The indirect effects were not significant for the association between GRMA-FR and BES for any of the following mediators: CSE-MB (indirect effect ab : -0.06, SE = .04, 95% CI [-0.13, 0.01]), CSE-PR (indirect effect ab : -0.05, SE = .03, 95% CI [-0.11, 0.01]), CSE-ID (indirect effect ab : -0.00, SE = .01, 95% CI [-0.04, 0.01]), or CSE-PB (indirect effect ab : -0.02, SE = .02, 95% CI [-0.07, 0.00]).

Figure 19

*Unstandardized Path Coefficients for Collective Self-Esteem Membership (CSE-MB) Mediating the Associations Between Gendered Racial Microaggression-Stress (GRMA-ST) and Body Esteem (BES). ** p < .01. *** p < .001.*

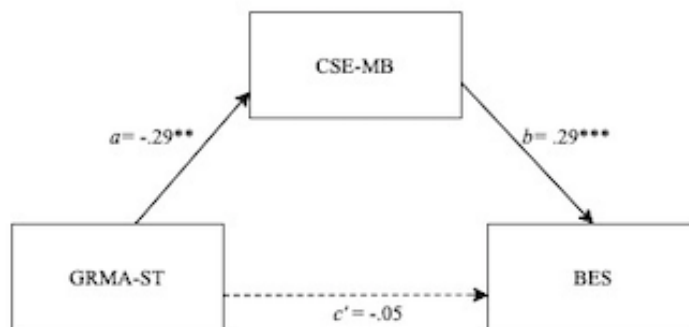
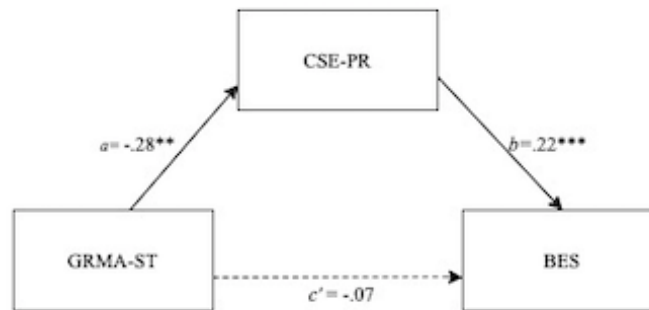


Figure 20

*Unstandardized Path Coefficients for Collective Self-Esteem Private (CSE-PR) Mediating the Associations Between Gendered Racial Microaggression-Stress (GRMA-ST) and Body Esteem (BES). ** $p < .01$. *** $p < .001$.*



H6: CSE is expected to mediate the association between GRMA and SWLS.

The results indicated that CSE-MB significantly mediated the association between GRMA-ST and SWLS (indirect effect ab : -0.13, $SE = .04$, 95% CI [-0.25, -0.04], see Figure 21). Also, CSE-PR significantly mediated the association between GRMA-ST and SWLS (indirect effect: -0.07, $SE = .04$, 95% CI [-0.17, -0.01], see Figure 22). In addition, the direct effect of GRMA-ST on BES was not significant for neither CSE-MB as a mediator (direct effect $c' = -0.27$, $p = .05$, 95% CI [-0.54, 0.00], see Figure 21) nor CSE-PR as a mediator (direct effect $c' = -0.27$, $p = .02$, 95% CI [-0.60, 0.05], see Figure 22). Neither CSE-ID (indirect effect ab : -0.03, $SE = .04$, 95% CI [-0.12, 0.03]) nor CSE-PB (indirect effect ab : -0.04, $SE = .03$, 95% CI [-0.12, 0.01]) significantly mediated the association between GRMA-ST and SWLS. The indirect effects were not significant for the association between GRMA-FR and SWLS for any of the following mediators: CSE-MB (indirect effect ab : -0.10, $SE = .06$, 95% CI [-0.22, 0.02]), CSE-ID (indirect

effect ab : -0.03 , $SE = .05$, 95% CI $[-0.13, 0.52]$), CSE-PR (indirect effect ab : -0.06 , $SE = .04$, 95% CI $[-0.15, 0.02]$), or CSE-PB (indirect effect ab : -0.06 , $SE = .05$, 95% CI $[-0.17, 0.01]$).

Figure 21

*Unstandardized Path Coefficients for Collective Self-Esteem Membership (CSE-MB) Mediating the Associations Between Gendered Racial Microaggression-Stress (GRMA-ST) and Satisfaction with Life (SWLS). ** $p < .01$. *** $p < .001$.*

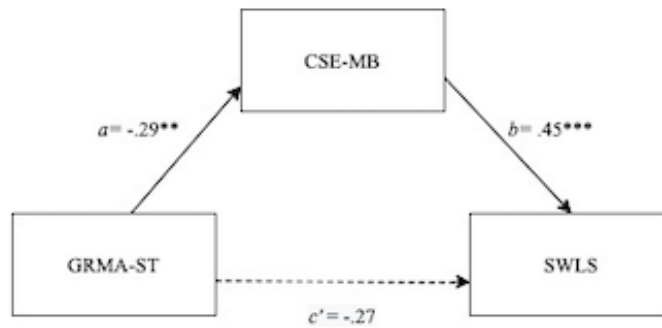
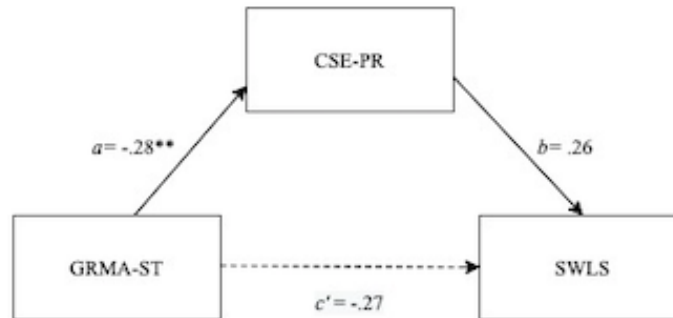


Figure 22

*Unstandardized Path Coefficients for Collective Self-Esteem Private (CSE-PR) Mediating the Associations Between Gendered Racial Microaggression-Stress (GRMA-ST) and Satisfaction with Life (SWLS). ** $p < .01$. *** $p < .001$.*



Moderation Analyses

The present study applied Hayes' (2013) PROCESS model 1 to test the following six moderation hypotheses. Specifically, (H7) BSU would moderate the association between GRMA and BES, (H8) Body surveillance would moderate the association between perceived GRMA and life satisfaction, (H9) Body shame would moderate the association between perceived GRMA and body esteem, (H10) Body shame would moderate the association between perceived GRMA and life satisfaction, (H11) Collective self-esteem would moderate the association between GRMA and body esteem, and (H12) Collective self-esteem would moderate the association between GRMA and life satisfaction. A significant R^2 change for the interaction term would indicate a significant effect in moderation analysis (Aiken & West, 1991). If a significant interaction effect is detected, then the pick-a-point procedure or "spotlight analysis" would be implemented (Hayes, 2013) through probing the interaction with moderator values equal to the ± 1 *SD* from the mean of the moderators (i.e., body surveillance, body shame, and collective self-esteem).

Research Question 4: Body Surveillance as a Moderator

H7: BSU is expected to moderate the association between GRMA and BES.

The results indicated that two-way interaction of GRMA-FR x BSU was not statistically significant ($B = 0.01$, $SE = .04$, 95% CI [-0.06, 0.09]). Also, two-way interaction of GRMA-ST x BSU was not statistically significant ($B = -0.04$, $SE = .04$, 95% CI [-0.11, 0.03]). For EAA women in the sample, different levels of BSU did not affect the association between GRMA and BES.

H8: BSU is expected to moderate the association between GRMA and SWLS.

The results indicated that two-way interaction of GRMA-FR x BSU was not statistically significant ($B = -0.04$, $SE = .09$, 95% CI [-0.22, 0.14]). Also, two-way interaction of GRMA-ST x BSU was not statistically significant ($B = -0.10$, $SE = .08$, 95% CI [-0.26, 0.06]). For EAA women in the sample, different levels of BSU did not affect the association between GRMA and SWLS.

Research Question 5: Body Shame as a Moderator

H9: BSH is expected to moderate the association between GRMA and BES.

The results indicated that two-way interaction of GRMA-FR x BSH was not statistically significant ($B = 0.01$, $SE = .03$, 95% CI [-0.05, 0.08]). Also, two-way interaction of GRMA-ST x BSH was not statistically significant ($B = 0.00$, $SE = .03$, 95% CI [-0.05, 0.06]). For EAA women in the sample, different levels of BSH did not affect the association between GRMA and BES.

H10: BSH is expected to moderate the association between GRMA and SWLS.

The results indicated that two-way interaction of GRMA-FR x BSH was not statistically significant ($B = 0.08$, $SE = .08$, 95% CI [-0.09, 0.25]). Also, two-way interaction of GRMA-ST x BSH was not statistically significant ($B = 0.05$, $SE = .07$, 95% CI [-0.09, 0.19]). For EAA women in the sample, different levels of BSH did not affect the association between GRMA and SWLS.

Research Question 6: Collective Self-Esteem as a Moderator

H11: CSE is expected to moderate the association between GRMA and BES.

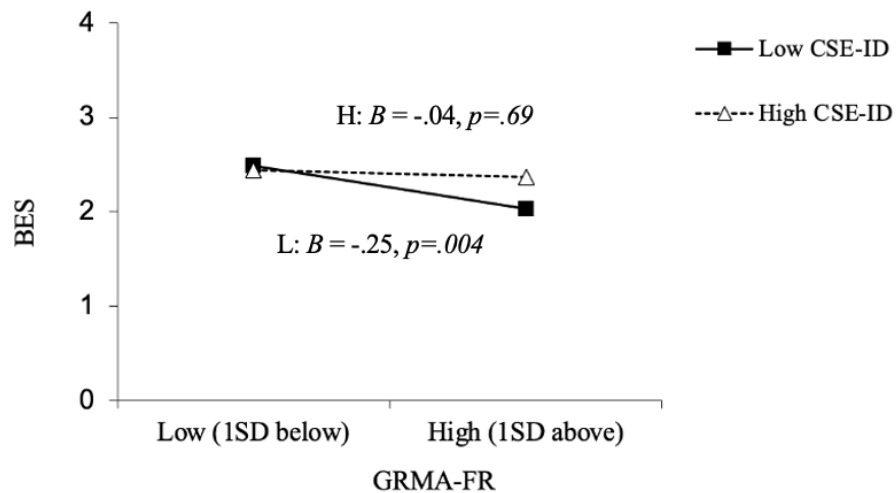
The results indicated that two-way interaction of GRMA-FR X CSE-ID was significant ($B = 0.07$, $SE = .03$, 95% CI [0.01, 0.14], $\Delta R^2 = .03$) and added an incremental 3% of the

variance in predicting BES (see Figure 23). The results of simple effect analysis from PROCESS revealed that for EAA women with low levels (one standard deviation below the mean) of CSE-ID in the sample, the association between GRMA-FR and BES was significantly negative ($B = -0.25$, $SE = .09$, 95% CI [-0.42, -0.08]). However, those with high levels (one standard deviation above the mean) of CSE-ID, the association between GRMA-FR and BES was not significant ($B = -0.04$, $SE = .10$, 95% CI [-0.24, 0.16]).

The two-way interactions were not significant for GRMA-FR x CSE-PR ($B = 0.01$, $SE = .05$, 95% CI [-0.09, 0.10]), GRMA-FR x CSE-PB ($B = -0.04$, $SE = .06$, 95% CI [-0.15, 0.08]), or GRMA-FR x CSE-MB ($B = 0.04$, $SE = .05$, 95% CI [-0.06, 0.14]). For EAA women in the sample, different levels of CSE-PR, CSE-PB, or CSE-MB did not affect the association between GRMA-FR and BES. The two-way interactions were not significant for GRMA-ST x CSE-PR on BES ($B = 0.02$, $SE = .05$, 95% CI [-0.07, 0.11]), GRMA-ST x CSE-ID ($B = 0.06$, $SE = .03$, 95% CI [-0.00, 0.12]), GRMA-ST x CSE-PB ($B = -0.01$, $SE = .05$, 95% CI [-0.11, 0.08]), or GRMA-ST x CSE-MB ($B = 0.07$, $SE = .05$, 95% CI [-0.02, 0.16]). For EAA women in the sample, different levels of CSE-PR, CSE-PB, CSE-ID, or CSE-MB did not affect the association between GRMA-ST and BES.

Figure 23

The Association Between Gendered Racial Microaggression-Frequency (GRMA-FR) and Body Esteem (BES) at High Versus Low Levels of Collective Self-Esteem Identity (CSE-ID).



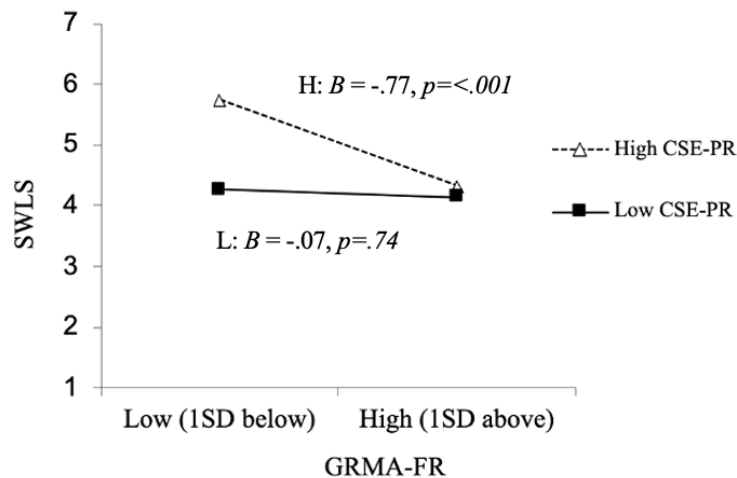
H12: CSE is expected to moderate the association between GRMA and SWLS.

The results indicated that two-way interaction of GRMA-FR X CSE-PR on SWLS was significant ($B = -0.30$, $SE = .10$, 95% CI [-0.51, -0.09], $\Delta R^2 = .04$) and added an incremental 4% of the variance in predicting SWLS (see Figure 24). The simple effects from PROCESS revealed that for EAA women with low levels (one standard deviation below the mean) of CSE-PR in the sample, the association between GRMA-FR and SWLS was not significantly ($B = -0.69$, $SE = .21$, 95% CI [-0.48, 0.34]). However, those with high levels (one standard deviation above the mean) of CSE-PR, the association between GRMA-FR and SWLS was significantly negative ($B = -0.77$, $SE = .21$, 95% CI [-1.18, -0.36]).

The two-way interactions were not significant for GRMA-FR x CSE-ID on SWLS ($B = 0.05$, $SE = .07$, 95% CI [-0.09, 0.19]), GRMA-FR x CSE-PB ($B = -0.06$, $SE = .12$, 95% CI [-0.30, 0.18]), or GRMA-FR x CSE-MB ($B = -0.20$, $SE = .11$, 95% CI [-0.42, 0.01]). For EAA women in the sample, different levels of CSE-PB, CSE-ID, or CSE-MB did not affect the association between GRMA-FR and SWLS. The two-way interactions were not significant for GRMA-ST x CSE-PR on SWLS ($B = -0.13$, $SE = .10$, 95% CI [-0.33, 0.07]), GRMA-ST x CSE-ID ($B = 0.06$, $SE = .06$, 95% CI [-0.07, 0.19]), GRMA-ST x CSE-PB ($B = -0.01$, $SE = .10$, 95% CI [-0.20, 0.19]), or GRMA-ST x CSE-MB ($B = -0.10$, $SE = .10$, 95% CI [-0.30, 0.10]). For EAA women in the sample, different levels of CSE-PR, CSE-PB, CSE-ID, or CSE-MB did not affect the association between GRMA-ST and SWLS.

Figure 24

The Association Between Gendered Racial Microaggression-Frequency (GRMA-FR) and Satisfaction with Life (SWLS) at High Versus Low Levels of Collective Self-Esteem Private (CSE-PR).



CHAPTER V**DISCUSSION**

Based on the intersectionality theory (Crenshaw, 1993) and objectification theory (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996), the purpose of this present study was to investigate whether body surveillance, body shame, and collective self-esteem would mediate or moderate the associations between GRM and life satisfaction (SWLS) as well as body esteem (BES) among EAA women.

Mediation Hypotheses

The results partially confirmed Hypothesis 1. Specifically, BSU mediated the association between GRMA-ST and BES. However, BSU did not mediate the association between GRMA-FR and BES. EAA women who perceived more stressful experiences of GRMA were more likely to engage in routine monitoring of their appearance (BSU), which in turn was associated with lower BES. This means that only the stress associated with GRMA, but not the frequency of GRMA, led to higher BSU, which ultimately lowered EAA women's BES. While Le et al. (2020) found that frequent GRMA significantly predicted BSU in AA women, it was not the case among EAA women in the present study. This diverging result may be to do with the differences of exclusively EAA women versus AA women (including other ethnic groups such as South Asians). Given EAA women's long history of living in a divided country (i.e., United States) with daily microaggressions, EAA women may have directly or indirectly (e.g., learning about grandparents' experiences) been exposed to GRMA. Such possible existence of intergenerational minority stress might have made it difficult for the participants to identify the precise frequency of GRMA. Microaggressions' negative effect on minority's mental health is best seen from the

lens of cumulative stress than weighing every single offense, including nuanced and subtle ones and blatant and aggressive kinds (Domínguez & Embrick, 2020; Friedlaender, 2018). The results also partially confirmed Hypothesis 2. Specifically, BSU mediated the association between GRMA-ST and SWLS. However, BSU did not mediate the association between GRMA-FR and SWLS. Perceiving more stressful objectifying experiences (i.e., GRMA) likely results in obsessive monitoring of own appearance (BSU), which ultimately leads to lower SWLS among EAA women regardless of the frequency of GRMA. These findings from hypotheses 1 and 2 aligned with existing literature, which suggests BSU to be a result of experiencing the pressure to meet a mainstream White beauty standard among AA women (Ko & Wei, 2020). Encountering stressful objectified experiences (i.e., GRMA) led to higher engagement in monitoring one's appearance (i.e., BSU) regardless of the frequency of such encounters. The resulting hypervigilance regarding one's appearance negatively affected EAA women's BES (McKinley & Hyde, 1996) and life satisfaction (Syzmanski, 2019). It is possible that because encountering microaggressions is a part of the reality of a minoritized individual's life in the United States, how often such encounters take place may have less significance in determining the wellbeing.

The results fully confirmed Hypothesis 3. Specifically, BSH mediated the association between GRMA (both GRMA-ST and GRMA-FR) and BES. Both the frequency of GRMA and stress level associated with GRMA were significantly associated with BES via increased BSH. Likely, perceiving more stressful and frequent experiences of GRMA results in a higher endorsement of shame regarding one's own body (BSH), which ultimately leads to lower BES among EAA women. The results also fully confirmed Hypothesis 4. Specifically, BSH mediated the association between GRMA (both GRMA-ST and GRMA-FR) and SWLS. Both the

frequency of GRMA and stress level associated with GRMA were significantly associated with SWLS via increased BSH. It is likely that perceiving more stressful and frequent experiences of GRMA results in a higher endorsement of shame regarding own body (BSH), which ultimately leads to lower SWLS among EAA women. The findings supporting hypotheses 3 and 4 aligned with objectification theory (Frederickson & Roberts, 1997; McKinley & Hyde, 1996). Likely, experiencing frequent and stressful objectifying encounters (i.e., GRMA) makes EAA women feel like they failed to achieve the beauty standards and are not desirable (Pyke & Johnson, 2003; Wong et al., 2017). Such feelings of shame associated with one's physical appearance, in turn, led to damaged body image (APA, 2013; Cheng et al., 2017; McKinley, 1998). Such experience of shame also reduces EAA women's satisfaction in life, as shame is a particularly aversive emotion for EAA individuals (Ha, 1995; Wong & Tsai, 2007; You, 1997). While for other mediation models, the frequency of GRMA was not a significant factor, except for BSH. The shame-prone nature of EAA women could also explain this (Ha, 1995; Lee, 1999; Saraiya et al., 2019; Takada, 2019; Wei et al., 2020; Wong & Tsai, 2007; You, 1997), that they may be more susceptible to feel shame as they encounter the stress or frequency of GRMA.

The results partially confirmed Hypothesis 5. Specifically, CSE-MB and CSE-PR mediated the association between GRMA-ST and BES. The mediation was not significant for GRMA-FR and BES. However, CSE-PB or CSE-ID did not significantly mediate the association between GRMA-ST and BES or between GRMA-FR and BES. It is likely that for EAA women, experiencing stressful GRMA led to a lower sense of membership to their ethnic/racial group and a negative subjective evaluation of such a group of affiliation, which ultimately lowered their BES. The results partially also confirmed Hypothesis 6. Specifically, CSE-MB and CSE-PR

mediated the association between GRMA-ST and SWLS. The mediation was not significant for GRMA-FR and SWLS. However, CSE-PB or CSE-ID did not significantly mediate the association between GRMA-ST and SWLS or between GRMA-FR and SWLS. It is likely that for EAA women, experiencing stressful GRMA led to a lower sense of membership to their ethnic/racial group and a more flawed subjective evaluation of such a group of affiliation, which ultimately lowered their SWLS.

The findings regarding hypotheses 5 and 6 align with existing literature. For instance, Fischer and Holz (2007) found that perceiving discrimination led to psychological distress via CSE-PR. Stressful exchanges that communicate EAA women are less valued (i.e., GRMA) led EAA women to feel less connected to their group (i.e., CSE-MB) and feel that their racial/ethnic group is far from the desired standard (i.e., CSE-PR). Consequently, such women had a negative evaluation of their bodies (Cheng et al., 2017; Hall, 1998; Kaw, 1993; Luhtanen & Crocker, 1992; Monro & Huon, 2005; Pyke & Johnson, 2003). Similar to findings from the mediation analyses with BSU, the frequency of GRMA did not significantly affect CSE-MB or CSE-PR. Likely, the same explanation fits how often an EAA woman encounters GRMA is not a matter because of the chronic nature of microaggressions in general (Franklin, 2016; Myers et al., 2003). Also, it could mean that it does not take many GRMA encounters to negatively influence how they feel about their ethnic/racial group's status and sense of belonging if the few encounters are very stressful.

Moderation Hypotheses

The results did not confirm hypotheses 7 to 10. Contrary to the hypotheses, the extent of BSU or BSH did not moderate the relationship with either frequency or stress level of the experiencing GRMA and outcome variables (i.e., BES and SWLS) among the study sample.

The results partially confirmed Hypothesis 11. Specifically, CSE-ID moderated the association between GRMA-FR and BES. In particular, for EAA women who placed lower importance on their ethnic identity, their BES was more susceptible to the negative influence of frequent GRMA. Conversely, for EAA women with a higher level of CSE, the association between GRMA-FR and BES was not significant.

Regarding GRMA-ST as a predictor, the GRMA-ST x CSE-ID interaction effect was not significant on BES. Also, neither CSE-PB, CSE-PR, nor CSE-MB significantly moderated the association between GRMA (both GRMA-FR and GRMA-ST) and BES. Similar to Gilmore's (2001) findings, stronger ethnic identity was a protective factor of body image for EAA women when encountering frequent discriminatory exchanges (i.e., GRMA). Also, the finding aligns with Crocker et al.'s (1994) finding that increased importance of race to one's identity was related to decreased hopelessness for Asian students. It may be that the more important one's ethnic/racial group was in defining self, the more hopeful EAA women felt, which preserved their BES.

The results also partially confirmed Hypothesis 12. Specifically, CSE-PR moderated the association between GRMA-FR and SWLS. Specifically, for EAA women who subjectively have a positive evaluation of one's ethnic group, their SWLS was more susceptible to the negative influence of frequent GRMA. Conversely, for EAA women with a lower level of CSE-

PR, the association between GRMA-FR and SWLS was not significant. This result is somewhat surprising because the existing literature indicates that feeling optimistic about one's ethnic/racial group would predict wellbeing (Crocker et al., 1994); feeling proud of one's ethnic identity would be protective against discriminatory encounters (Lee, 2005). However, the result from the present study revealed that a higher level of CSE-PR increased the vulnerability to reduced SWLS in encountering frequent GRMA. It may be that those who initially held a favorable view regarding one's ethnic/racial group may experience cognitive dissonance when experiencing frequent GRMA, as it confuses the EAA woman's previously held beliefs. As a result, such an EAA woman may experience a reduction in SWLS by feeling more impact from GRMA than their counterparts who already hold a less favorable view of their ethnic/racial group (therefore, GRMA is within one's expectation).

Contributions

The present study provided empirical evidence that objectification theory (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996) could be applied in examining the effect of gendered racism (Essed, 1991). EAA women experience GRMA comprised of racial, sexual, and foreigner objectification. As the objectification theory claimed, experiences of feeling objectified led to heightened vigilance about one's appearance and increased shame about one's body. Additionally, such objectification led to internalizing the negative view of one's ethnic/racial group, leading to EAA women feeling more negative and less identification with one's ethnic/racial group. Stress associated with GRMA resulted in obsessive monitoring of one's physical appearance among EAA women, which led to lowered BES and SWLS; the stress level and frequency of GRMA led to shame regarding one's physical appearance among EAA women,

which led to lowered BES and SWLS. The stress associated with GRMA led to EAA women feeling more distant from their ethnic/racial group and feeling less proud about their group (Pyke & Dang, 2003), which led to lowered BES and SWLS. The present study also confirmed intersectionality theory's (Crenshaw, 1993) claim that looking at multiple intersecting oppressed identities helps study a minoritized population. An additional strength of the current study is using a community sample instead of convenient sampling (e.g., usage of college students), and it diversified the sample's demographic factors.

Significant results were found to confirm some of the mediation and moderation hypotheses. Specifically, the mediation effects highlighted that BSU, BSH, CSE-MB, and CSE-PR served as mediators for the associations between GRMA and outcome variables (i.e., BES and SWLS). In addition, moderation effects suggest that a lower level CSE-ID and a higher level of CSE-PR may be vulnerable factors to exacerbate GRMA's effect on BES and SWLS.

The finding regarding CSE-ID and CSE-PR as moderators diverges with Liang and Fassinger's (2008) result, which revealed no domain of CSE moderated racism-related stress's negative impact on Asian American college students' wellbeing (i.e., self-esteem, interpersonal relationships). The finding regarding the CSE-ID (i.e., the importance of identity) also diverges with Operario and Fiske's (2001) finding, as their study revealed that minority participants with a higher identification with one's ethnic identity were more prone to have a stronger reaction to prejudice than those with a lower identification. In the present study, placing higher importance on one's ethnic identity helped EAA women to remain their BES and SWLS despite the negative influence of GRMA-FR. This aligns with Croker et al.'s (1994) and Gilmore et al.'s (2001) findings; a higher CSE-ID is a protective factor for body image and wellbeing. The finding

regarding the CSE-PR diverges with Crocker et al.'s finding (1994), as their study revealed that feeling optimistic about one's ethnic/racial group would predict wellbeing. The result from the present study, however, revealed that a higher level of CSE-PR increased the vulnerability to GRMA's negative impact on SWLS. It may be that those who initially held a favorable view regarding one's ethnic/racial group may experience cognitive dissonance when experiencing frequent GRMA, as it confuses the EAA woman's previously held beliefs. As a result, an EAA woman may experience a reduction in SWLS by feeling more impact from GRMA than their counterparts who already hold a less favorable view of their ethnic/racial group (therefore, GRMA is within one's expectation).

Limitations

As with many psychological studies, the present study has limitations. First, the participation was voluntary and not randomized. The current study sample may be compromised due to the self-selection in the participation. In particular, only individuals who are interested in this topic would participate in the survey.

Another limitation is that the data collection period overlapped with an unprecedented worldwide pandemic, which significantly changed many lives and negatively affected people's mental health in general. SWLS could also be influenced by the worldwide COVID-19 pandemic, as many individuals experienced more stress during the pandemic (Ammar et al., 2020; Trzebiński et al., 2020). The data collection was in the midst of the pandemic, as the data was collected between September 2020 to January 2021. For this reason, many EAA women within the study sample's BES may have been negatively impacted. Studies have shown that stay-home order may have increased people's use of social media, which contributed to a

significant increase in one's appearance evaluation and internalization of thin ideals (Baceviciene & Jankauskiene, 2021), stress, and anxiety regarding one's body image (Swami et al., 2021), and significant body dissatisfaction and drive for thinness (Vall-Roqué et al., 2021). The COVID-19 pandemic contributed to a surge in anti-Asian sentiment in the United States (Chen et al., 2020; Dhanani & Franz, 2020; Hswen et al., 2021; Nguyen et al., 2020), which could have also heightened the perception of GRMA. The anti-Asian message may have negatively affected CSE among EAA women in the sample. Some individuals might use distancing oneself from the oppressed identity as a defense mechanism to cope with discrimination (Foster & Matheson, 1999; Hodson & Esses, 2002; Taylor et al., 1990). Taken together, it is essential to acknowledge that the present findings may have been affected by the unique period participants were in when they responded to the survey.

Recommendations for Future Research

One of the moderation results indicated that for EAA women, a higher level of CSE-ID might serve as a protective factor to counter the negative influence of GRMA-FR on BES. Although Nguyen and Hale (2017) found that identifying as an American, instead of their ethnicity/race/nationality-of-origin, was associated with higher self-esteem among Asian immigrant youths in the United States, the present study's findings revealed that identifying strongly as one's ethnic/racial group was protective. It may be that those who view their ethnic/racial identity as an insignificant factor in defining self may have avoidance coping, which increased their vulnerability for the impact of GRMA on SWLS or BES. Future studies may consider exploring three-way interactions (e.g., GRMA x CSE-ID x level of avoidance coping on SWLS or BES).

However, another significant moderation effect was in the opposite direction of the hypothesis. A higher CSE-PR (subjective evaluation of one's ethnic/racial group) increased the vulnerability of frequent GRMA's negative influence on EAA women's SWLS. Perhaps an EAA woman with a positive view of one's ethnic/racial group might not be prepared for experiencing GRMA, the external messages to challenge their pre-existing beliefs about the worthiness of their ethnic/racial group. Another way to interpret the mechanism is from a lens of habituation. When an EAA woman already has a lower CSE-PR as a result of regular and persistent GRMA for years, their life satisfaction may not be as impacted by new GRMA encounters as opposed to their counterparts with a higher CSE-PR—because such EAA women with a lowered CSE-PR may experience a lesser degree of cognitive dissonance by expecting the world as unfair (Major et al., 2007; Townsend et al., 2010) or they may already have developed effective coping strategies to maintain their wellbeing (e.g., focusing on other intersecting identities besides gender and ethnicity). Existing literature suggests a different meaning of pessimism among Asians (e.g., Japanese) and AA; pessimism is found to be less damaging than it is for Euro Caucasians (Chang 1996; Chang, 2001; Chang & Asakawa, 2003; Chang et al., 2001; Fischer & Chalmers, 2008; Heine & Lehman, 1995). It is also important to note that humility (Worthington et al., 2018) is historically emphasized in EAA cultures, and arrogance was seen as inappropriate (Akhtar, 2018; Brown, 2010; Vera & Rodriguez-Lopez, 2004). EAA cultural values may set EAA individuals to tone down their narcissism, and perhaps having lower CSE-PR may mean that they see their societal position with humility. Therefore, the moderation finding that EAA women with lower CSE-PR's SWLS were less impacted by GRMA could be explained that EAA women may value humility and the value congruence may result in wellbeing. Some studies also

revealed the effectiveness of defensive pessimism (setting low expectations) as an adaptive coping mechanism to stressors (Norem, 2008; Terada & Ura, 2015). Taken together, it may be that having a lower private CSE can be partly due to the EAA cultural value of humility and partly as a means of defense mechanism. Future studies could include constructs such as humility (Rowatt et al., 2006) and pessimism/optimism (Dember et al., 1989) to help decipher the current study's finding that lower CSE-PR is protective against frequent GRMA's negative impact on EAA women's SWLS.

In addition, future studies may consider exploring whether bicultural identity, a more balanced bicultural/multicultural sense of self, may serve as a moderator for the association between GRMA and wellbeing. Literature supports that bicultural identity (Huynh et al., 2018) is associated with better health and wellbeing (Bae, 2020; Chae & Foley, 2010; Schwartz et al., 2019; Yamaguchi et al., 2016). This study examined the collective sense of identity centering on the individual's ethnic/racial identity. However, likely, identity is not as clear-cut. For instance, an immigrant from South Korea may have developed a sense that she is an American while simultaneously valuing traditional Korean values. Therefore, future studies are encouraged to examine the potential buffering role of bicultural identity on the association between GRMA and EAA women's wellbeing.

Implications of the Study

The findings of this study provide support for some previous research and objectification theory and intersectionality theory in examining the experiences of EAA women facing GRMA. Implications for mental health providers and researchers are derived from the present study.

Implications for Mental Health Professionals

Mental health professionals need to be aware of the diverse manifestation and roots of body image issues. It is suggested that mental health professionals help their EAA female clients explore whether their presenting issues regarding BES or SWLS may have been impacted by their frequent and stressful encounters with GRMA. Clinicians could explore if such a client were engaging in BSU (e.g., constantly checking one's appearance) or experiencing a prominent BSH (e.g., feeling that they are a failure for not meeting a beauty standard).

The results from the current study indicated that EAA women who saw a racial identity as a less salient piece of their identity were more vulnerable to the negative impact of frequent GRMA on BES. Moreover, those who had a positive personal perception of their ethnic group were more vulnerable to the negative impact of frequent GRMA on SWLS. With these associations in mind, it may be helpful for a clinician to assess how important a collective racial identity is to an EAA woman's self-concept and how positively or negatively an EAA woman sees her ethnic/racial group. A clinician could help the client grow appreciation of her racial identity by helping her explore the meaning associated with the cultural heritage. A clinician can also explore if an EAA woman who feels very positively about her ethnic/racial group may be at risk of experiencing significant shock from GRMA encounters. A clinician can help an EAA female client navigate a balanced view, such as being aware that the prejudice may exist, yet she should not feel responsible for GRMA. Moreover, a clinician shall encourage EAA female client to value her ethnic/racial identity without shame.

Community outreach could also help EAA women learn how GRMA could affect their BES and SWLS by increasing BSH and BSU and reducing their sense of belonging to one's

ethnic/racial group (i.e., CSE-MB) and subjective evaluation of one's ethnic/racial group (i.e., CSE-PR). Continuing education and workshops for mental health professionals, educators, and community leaders may help increase their awareness of GRMA's adverse effect on BES and SWLS via increased BSU and BSH, and decreased CSE-MB and CSE-PR. Such increased awareness could reduce providers' engagement in GRMA and help providers understand what areas may be helpful to explore when an EAA female client comes in for issues related to BES issues or SWLS.

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APPENDIX A: MEASURES

Demographics

1. What is your age? _____
2. What is your biological sex?
 - a. Male
 - b. Female
 - c. Other (please specify) _____
3. Which of the following best describes your sexual orientation?
 - a. Gay
 - b. Lesbian
 - c. Bisexual
 - d. Heterosexual
 - e. Other (please specify) _____
4. What is the highest degree or level of school you have completed?
 - a. Less than high school degree
 - b. High school degree or equivalent (e.g., GED)
 - c. Associate degree
 - d. Bachelor's degree
 - e. Master's degree
 - f. Doctorate degree
 - g. Other _____
5. Socioeconomic status:
 - a. lower
 - b. lower middle
 - c. middle
 - d. upper middle
 - e. upper
 - f. other (please specify) _____
6. Please indicate your relationship status
 - a. Single (never married)
 - b. In a committed relationship
 - c. Married
 - d. Divorced or separated
 - e. Widowed
 - f. Other (please specify) _____
7. Which generation of immigrant do you identify as?
 - a. 1st generation (you were born outside of the U.S. and moved to the U.S. when you were an adult)

- b. 1.5 generation (you were born outside of the U.S. and moved to the U.S. when you were a child)
 - c. 2nd generation (you were born in the U.S; either/both of your parent born in country-of-origin)
 - d. 3rd generation (you and both parents born in the U.S; all grandparents born in country-of-origin)
 - e. 4th generation (you and both parents born in the U.S; not all grandparents born in the U.S.)
 - f. 5th generation (you, both parents, and all grandparents born in the U.S.)
 - g. Other (please specify) _____
6. Which one describes your level of proficiency in English?
- a. Native speaker level
 - b. Fluent but speak with an accent
 - c. Somewhat fluent but sometimes struggle to find words
 - d. English is not a dominant/preferred language
7. In which state do you live in? _____
8. Do you identify as a(n)_____?
- a. Chinese American
 - b. Korean American
 - c. Japanese American
 - d. Taiwanese American
 - e. Bi/Multi-racial East Asian (one of the ancestral backgrounds being Chinese/Korean/Japanese/Taiwanese) American
 - f. Others (please specify) _____
9. How many years have you lived in the U.S.? _____

Gendered Racial Microaggressions Scale for Asian American Women (GRMA)

FREQUENCY INSTRUCTIONS: The following items assess gendered racial microaggressions toward Asian American women. To the best of your ability, please indicate how often you generally experienced each event throughout your lifetime in relation to your identity as an Asian American woman.

Please rate your responses based on the following options:

| | | | | | |
|-------|--------|-----------|-------|-----------------|--------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Often | Very frequently | Always |

STRESS INSTRUCTIONS: The following items assess gendered racial microaggressions toward Asian American women. To the best of your ability, please indicate how stressful (e.g., upset, bothered, offended) each event is for you in relation to your identity as an Asian American woman.

Note: if an event never happened to you or you can't recall such an event happening, please rate 0 (Not at all stressful).

Please rate your responses based on the following options:

| | | | | | |
|----------------------|--------------------|--------------------|----------------------|----------------|---------------------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Not at all stressful | Slightly stressful | Somewhat stressful | Moderately stressful | Very stressful | Extremely stressful |

1. Others expect me to be submissive.
2. Others have been surprised when I disagree with them.
3. Others take my silence as a sign of compliance.
4. Others have been surprised when I do things independent of my family.
5. Others have implied that Asian American women seem content for being a subordinate.
6. Others treat me as if I will always comply with their requests.
7. Others expect me to sacrifice my own needs to take care of others (e.g., family, partner) because I am an Asian American woman.
8. Others have hinted that Asian American women are not assertive enough to be leaders.
9. Others have hinted that Asian American women seem to have no desire for leadership.
10. Others express sexual interest in me because of my Asian appearance.
11. Others take sexual interest in Asian American women to fulfill their fantasy.
12. Others take romantic interest in Asian American women just because they never had sex with an Asian American woman before.
13. Others have treated me as if I am always open to sexual advances.
14. I see non-Asian women being casted to play female Asian characters.
15. I rarely see Asian American women playing the lead role in the media.
16. I rarely see Asian American women in the media.
17. I see Asian American women playing the same type of characters (e.g., Kung Fu

woman, sidekick, mistress, tiger mom) in the media.

18. I see Asian American women characters being portrayed as emotionally distant (e.g., cold-hearted, lack of empathy) in the media.

19. Others have talked about Asian American women as if they all have the same facial features (e.g., eye shape, skin tone).

20. Others have suggested that all Asian American women look alike.

21. Others have talked about Asian American women as if they all have the same body type (e.g., petite, tiny, small-chested).

22. Others have pointed out physical traits in Asian American women that do not look “Asian.”

Reference: Keum, B. T., Brady, J. L., Sharma, R., Lu, Y., Kim, Y. H., & Thai, C. J. (2018). Gendered Racial Microaggressions Scale for Asian American women: Development and initial validation. *Journal of Counseling Psychology, 65*(5), 571–585.
<http://dx.doi.org/10.1037/cou0000305>

Collective Self-Esteem Scale (CSE)

INSTRUCTIONS: We are all members of different social groups or social categories. We would like you to consider **your race or ethnicity** (e.g., African-American, Latino/Latina, Asian, European-American) in responding to the following statements. There are no right or wrong answers to any of these statements; we are interested in your honest reactions and opinions. Please read each statement carefully, and respond by using the following scale from 1 to 7:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-------------------|----------|-------------------|---------|----------------|-------|----------------|
| Strongly Disagree | Disagree | Disagree Somewhat | Neutral | Agree Somewhat | Agree | Strongly Agree |

1. I am a worthy member of my race/ethnic group.
2. I often regret that I belong to my racial/ethnic group.
3. Overall, my racial/ethnic group is considered good by others.
4. Overall, my race/ethnicity has very little to do with how I feel about myself.
5. I feel I don't have much to offer to my racial/ethnic group.
6. In general, I'm glad to be a member of my racial/ethnic group.
7. Most people consider my racial/ethnic group, on the average, to be more ineffective than other groups.
8. The racial/ethnic group I belong to is an important reflection of who I am.
9. I am a cooperative participant in the activities of my racial/ethnic group.
10. Overall, I often feel that my racial/ethnic group is not worthwhile.
11. In general, others respect my race/ethnicity.
12. My race/ethnicity is unimportant to my sense of what kind of a person I am.
13. I often feel I'm a useless member of my racial/ethnic group.
14. I feel good about the race/ethnicity I belong to.
15. In general, others think that my racial/ethnic group is unworthy.
16. In general, belonging to my race/ethnicity is an important part of my self image.

Reference: Luhtanen, R., & Crocker, J. (1992). A collective self-esteem scale: Self-evaluation of one's social identity. *Personality and Social Psychology Bulletin*, 18, 302–318.

<https://faculty.psy.ohio-state.edu/crocker/lab/cse>

Body-Esteem Scale for Adolescents and Adults (BES)

Instruction: Indicate how often you agree with the following statements ranging from “never” (0) to “always” (4). Circle the appropriate number beside each statement.

| | Never | Seldom | Some- times | Often | Always |
|---|-------|--------|----------------|-------|--------|
| 1. I like what I look like in pictures. | 0 | 1 | 2 | 3 | 4 |
| 2. Other people consider me good looking. | 0 | 1 | 2 | 3 | 4 |
| 3. I'm proud of my body. | 0 | 1 | 2 | 3 | 4 |
| 4. I am preoccupied with trying to change my body weight. | 0 | 1 | 2 | 3 | 4 |
| 5. I think my appearance would help me get a job. | 0 | 1 | 2 | 3 | 4 |
| 6. I like what I see when I look in the mirror. | 0 | 1 | 2 | 3 | 4 |
| 7. There are lots of things I'd change about my looks if I could. | 0 | 1 | 2 | 3 | 4 |
| 8. I am satisfied with my weight. | 0 | 1 | 2 | 3 | 4 |
| 9. I wish I looked better. | 0 | 1 | 2 | 3 | 4 |
| 10. I really like what I weigh. | 0 | 1 | 2 | 3 | 4 |
| 11. I wish I looked like someone else. | 0 | 1 | 2 | 3 | 4 |
| 12. People my own age like my looks. | 0 | 1 | 2 | 3 | 4 |
| 13. My looks upset me. | 0 | 1 | 2 | 3 | 4 |
| 14. I'm as nice looking as most people. | 0 | 1 | 2 | 3 | 4 |
| 15. I'm pretty happy about the way I look. | 0 | 1 | 2 | 3 | 4 |
| 16. I feel I weigh the right amount for my height. | 0 | 1 | 2 | 3 | 4 |
| 17. I feel ashamed of how I look. | 0 | 1 | 2 | 3 | 4 |
| 18. Weighing myself depresses me. | 0 | 1 | 2 | 3 | 4 |
| 19. My weight makes me unhappy | 0 | 1 | 2 | 3 | 4 |
| 20. My looks help me to get dates. | 0 | 1 | 2 | 3 | 4 |
| 21. I worry about the way I look. | 0 | 1 | 2 | 3 | 4 |
| 22. I think I have a good body. | 0 | 1 | 2 | 3 | 4 |
| 23. I'm looking as nice as I'd like to. | 0 | 1 | 2 | 3 | 4 |

Reference: Mendelson, B. K., Mendelson, M. J., & White, D. R. (2001). Body-esteem scale for adolescents and adults. *Journal of Personality Assessment*, 76(1), 90–106.

The Objectified Body Consciousness Scale

Circle the number that corresponds to how much you agree with each of the statements on the following pages.

Circle NA only if the statement does not apply to you. Do not circle NA if you don't agree with a statement.

For example, if the statement says “When I am happy, I feel like singing” and you don't feel like singing when you are happy, then you would circle one of the disagree choices. You would only circle NA if you were never happy.

| | | | | | | | |
|-------------------|---|---|----------------------------|---|---|----------------|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | NA |
| Strongly Disagree | | | Neither agree nor disagree | | | Strongly Agree | Does not apply |

1. I rarely think about how I look.
2. When I can't control my weight, I feel like something must be wrong with me.
3. I think it is more important that my clothes are comfortable than whether they look good on me.
4. I feel ashamed of myself when I haven't made the effort to look my best.
5. I think more about how my body feels than how my body looks.
6. I feel like I must be a bad person when I don't look as good as I could.
7. I rarely compare how I look with how other people look.
8. I would be ashamed for people to know what I really weigh.
9. Even when I can't control my weight, I think I'm an okay person.
10. During the day, I think about how I look many times.
11. I never worry that something is wrong with me when I am not exercising as much as I should.
12. I often worry about whether the clothes I am wearing make me look good.
13. When I'm not exercising enough, I question whether I am a good enough person.
14. I rarely worry about how I look to other people.
15. I am more concerned with what my body can do than how it looks.
16. When I'm not the size I think I should be, I feel ashamed.

Reference: McKinley, N. M., & Hyde, J. S. (1996). The objectified body consciousness scale: Development and validation. *Psychology of Women Quarterly*, 20(2), 181–215.

Satisfaction with Life Scale (SWLS)

Instruction: Below are five statements with which you may agree or disagree. Using 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding. The 7-point scale is as follows:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-------------------|----------|-------------------|----------------------------|----------------|-------|----------------|
| strongly disagree | disagree | slightly disagree | neither agree nor disagree | slightly agree | agree | strongly agree |

- ___ 1. In most ways my life is close to my ideal.
 ___ 2. The conditions of my life are excellent
 ___ 3. I am satisfied with my life.
 ___ 4. So far, I have gotten the important things I want in life.
 ___ 5. If I could live my life over, I would change almost nothing.

Reference: 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.

Everyday Discrimination Scale (EDS)

In your day-to-day life, how often do any of the following things happen to you?

Recommended response categories for all items:

- 1 Almost every day
- 2 At least once a week
- 3 A few times a month
- 4 A few times a year
- 5 Less than once a year
- 6 Never

1. You are treated with less courtesy than other people are.
2. You are treated with less respect than other people are.
3. You receive poorer service than other people at restaurants or stores.
4. People act as if they think you are not smart.
5. People act as if they are afraid of you.
6. People act as if they think you are dishonest.
7. People act as if they're better than you are.
8. You are called names or insulted.
9. You are threatened or harassed.

Reference: Williams, D. R., Yu, Y., Jackson, J. S., & Anderson, N. B. (1997). Racial differences in physical and mental health: Socio-economic status, stress and discrimination. *Journal of Health Psychology*, 2(3), 335–351.