

# **Explanatory Beliefs of Mental Health and Illness within Asian American Communities in the United States: A Scoping Review**

ShuXian (Jenny) Mai

Jennifer A. Wong, MPH

Mentor: Dr. Supriya Misra, ScD

*ARCH Rising Stars Colloquium - November 20, 2025*

# Introduction: Meet the Authors



**Jenny**

**Rutgers University**  
Health and Interpersonal  
Communication PhD Student



**Jenn**

**NYU Langone Health**  
Program Manager, Department of  
Population Health



**Supriya**

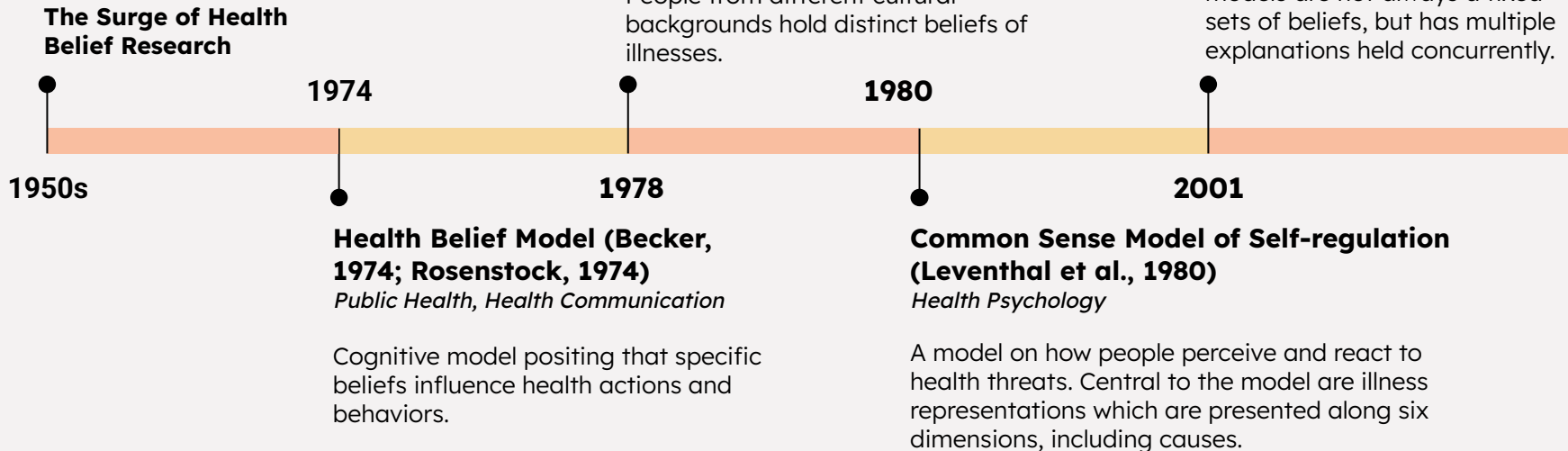
**San Francisco State University**  
Associate Professor of Public  
Health

# Research on explanatory/causal beliefs\* has been interdisciplinary, spanning decades of work.

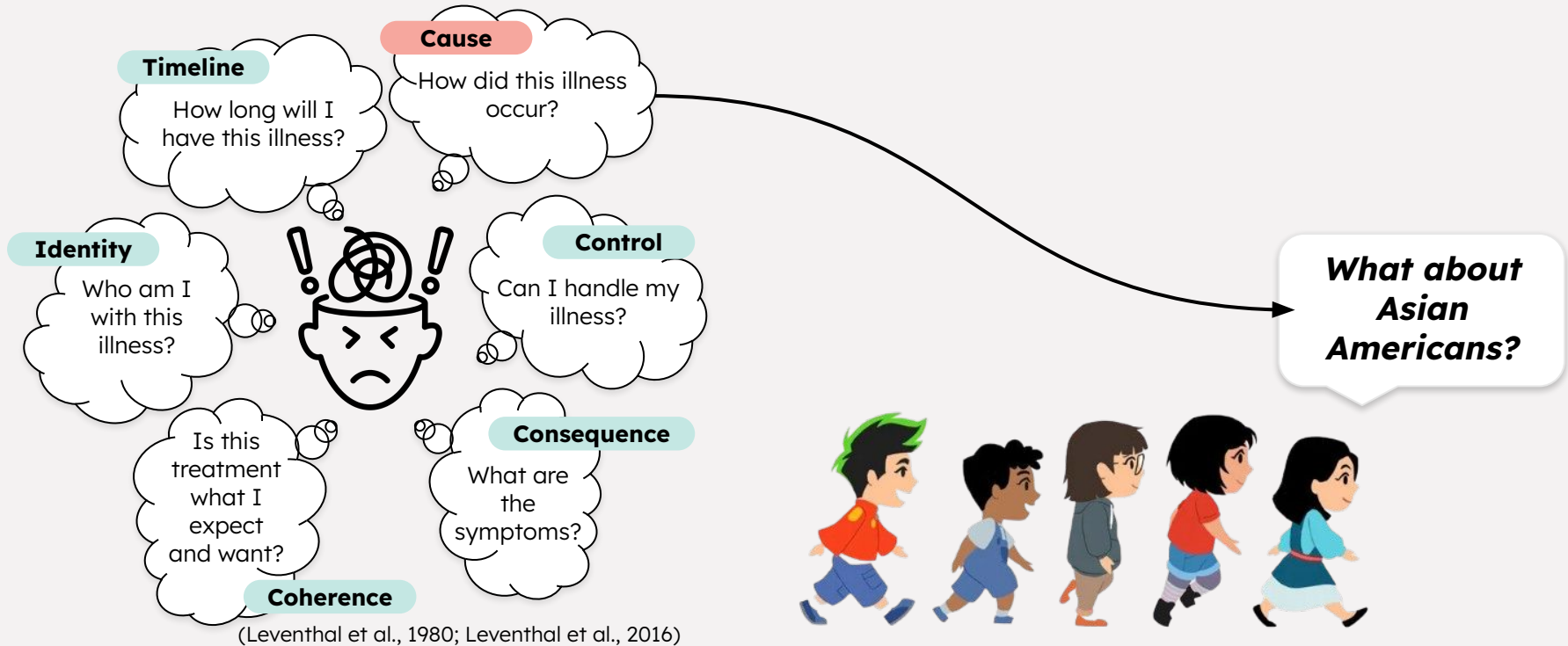
## Explanatory or causal beliefs

The perceived underlying reasons for one's mental health problems

*\*Explanatory and causal beliefs will be used interchangeably in this presentation*



# Causal beliefs are increasingly being integrated into biomedical models to help providers support patients.



The **identities** and **experiences** of AsAms\* and immigrants of Asian origin **often draw from non-Western sociocultural backgrounds.**



**A critical step toward advancing understanding is needed...**

Thus, **biogenetic explanations may not fully encapsulate** their **psychosomatic expressions** (Đoàn et al., 2024; Okazaki, 2000).

\*AsAms = Asian Americans

# Research Question

**RQ:** What is known about the causal beliefs regarding mental health and illness within the Asian American communities in the United States?



# Search Strategy

## Search keywords: Example

(“causal belief\*” OR  
“explanatory belief\*”  
OR “health belief”)

AND  
+

(“mental illness\*” OR  
“psychopatholog”)

AND  
+

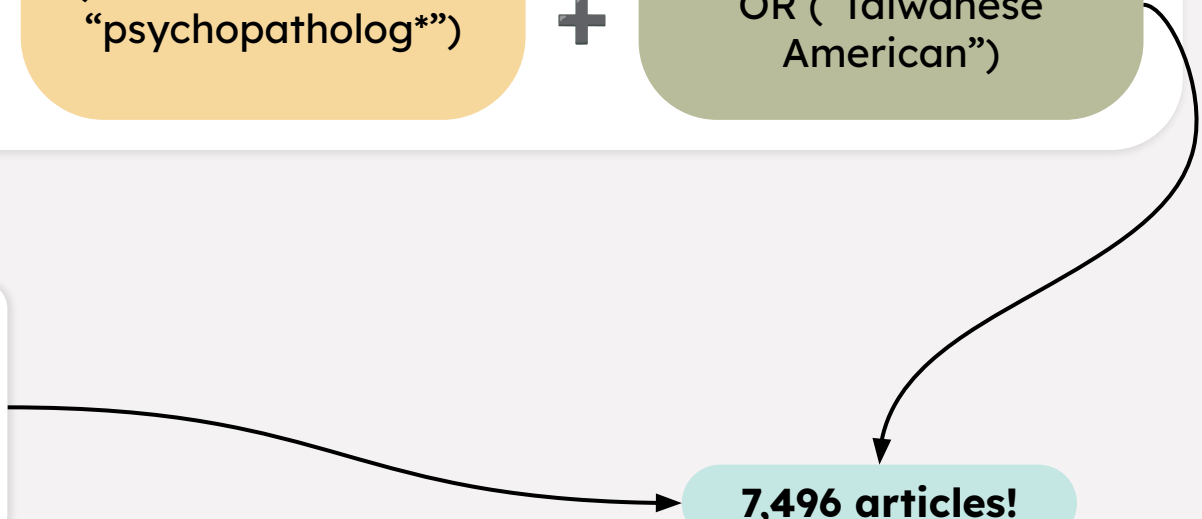
(“Asian American”)  
OR (“Taiwanese  
American”)

## Databases Searched

-  EBSCOhost
-  PubMed
-  Web of Science



**7,496 articles!**



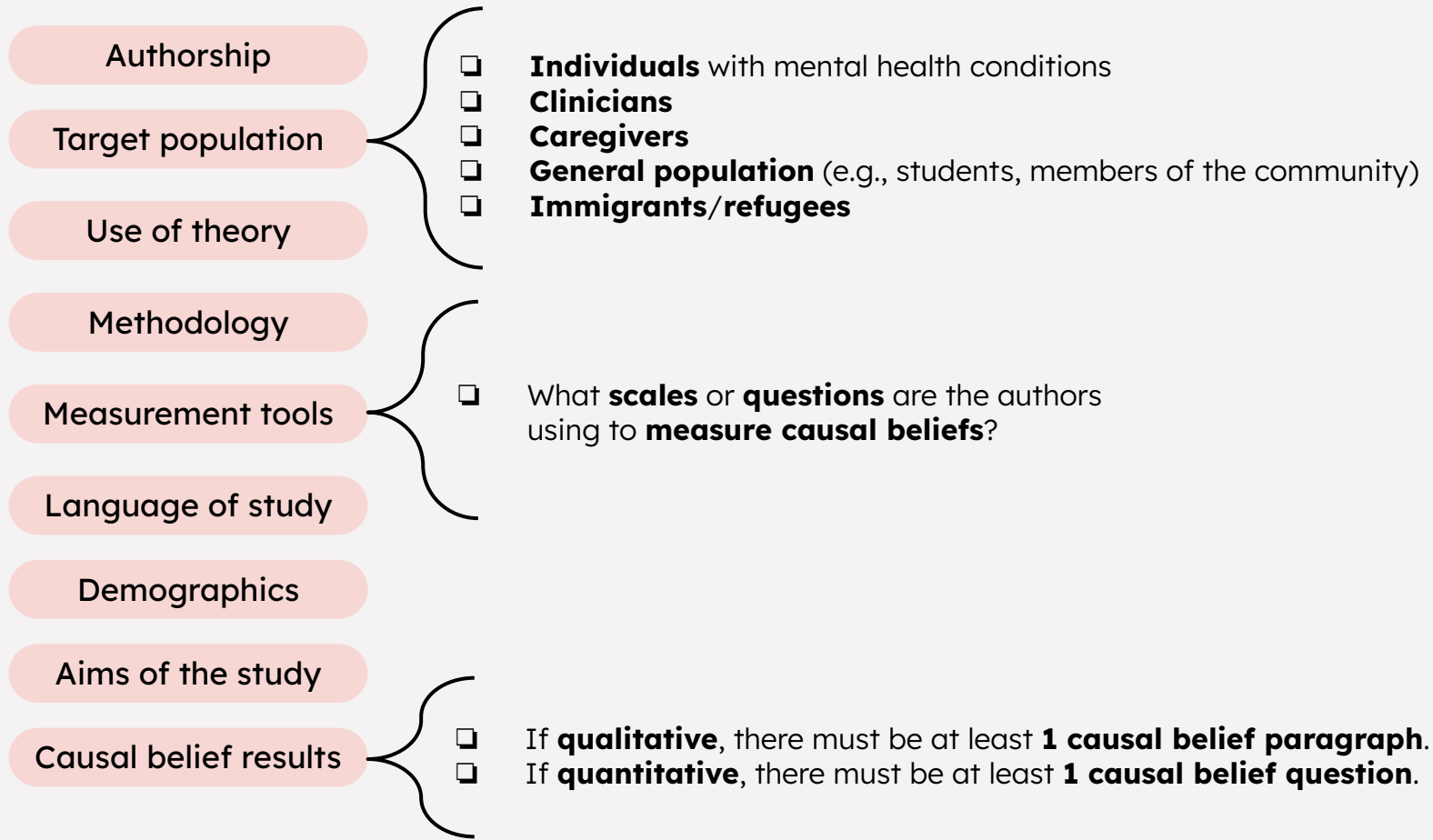
## Inclusion

- ✓ Asians, Asian Americans, and Asians living in the U.S.
- ✓ Articles about or related to causal beliefs
- ✓ Diagnosed or undiagnosed mental health conditions or mental illnesses
- ✓ Peer-reviewed primary research
- ✓ Written in English
- ✓ Published in the U.S.

7,496 articles



**FINAL: 23 articles retained!**

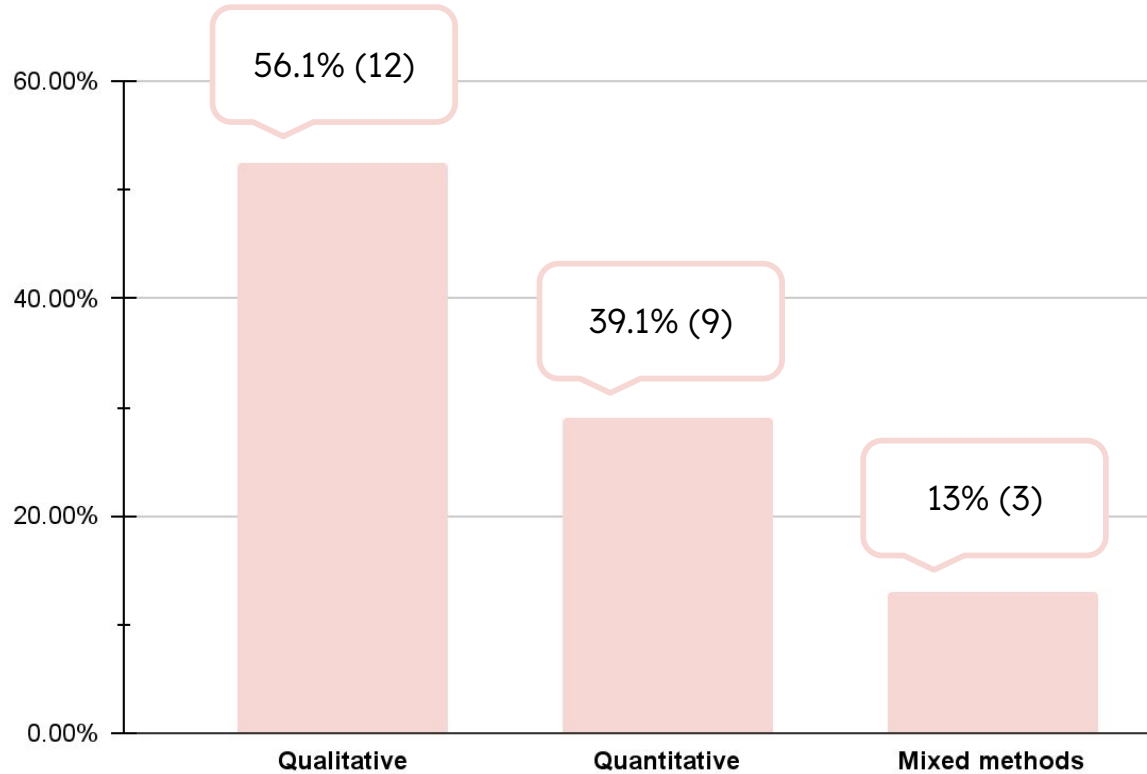


**What did we find??**



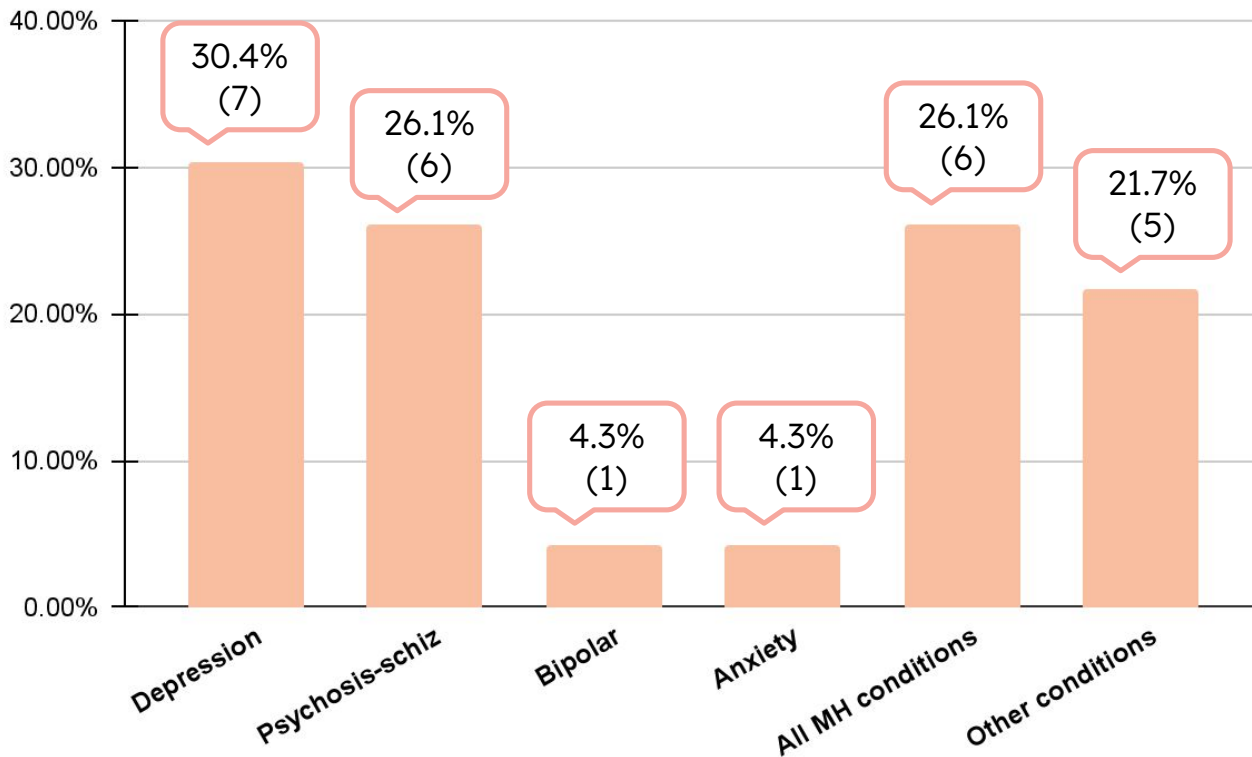
# 23 Studies: Study Details

## Study Design



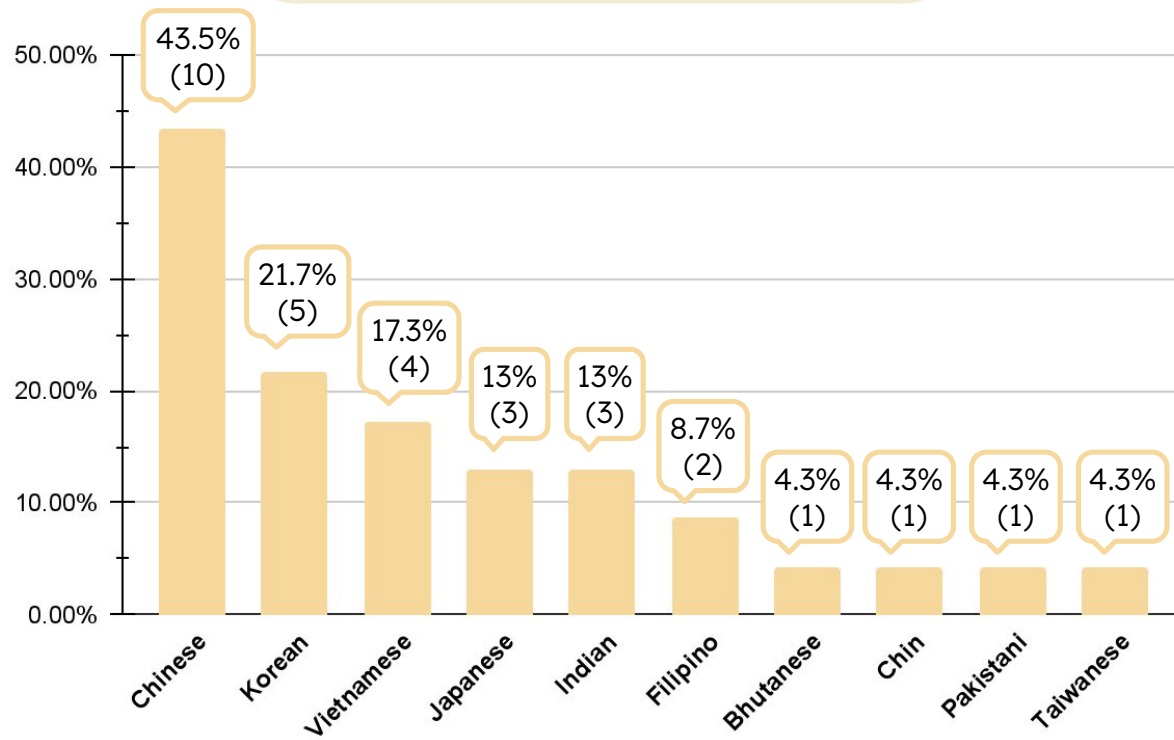
# 23 Studies: Study Details

## Mental Health Conditions



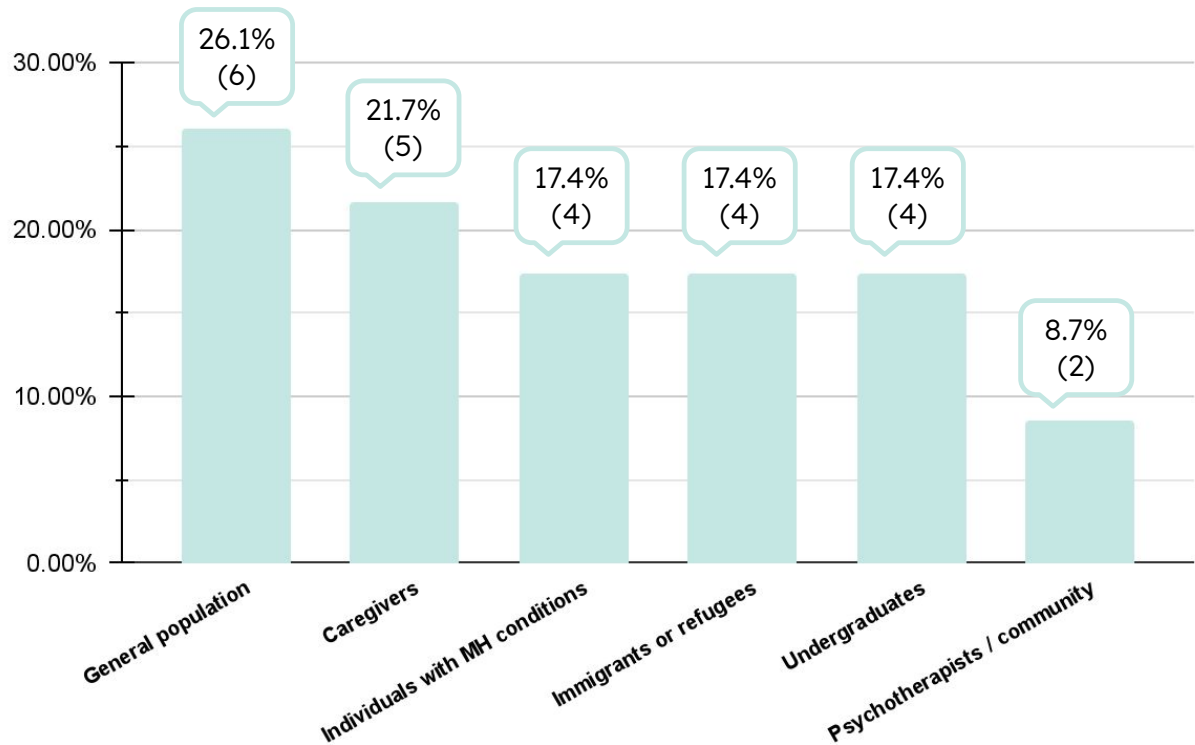
# 23 Studies: Study Details

## Asian Ethnicities



# 23 Studies: Study Details

## Sample Populations



# Six Causal Belief Categories

## Environmental/ situational (n = 17)

Related to the context in which people live, such as the quality and state of a natural or built environment or other changes in social contexts that are often uncontrollable by the affected individuals



## Psychosocial/ stress (n = 15)

External stressors involving interpersonal relationships and/or societal matters that affect one's cognitive and emotional processes



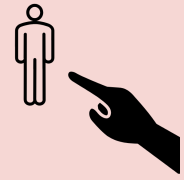
## Biological (n = 12)

Hereditary and genetic factors, brain chemical imbalance, hormonal changes, and physical dysfunction



## Personal/ Individual (n = 11)

Intrapersonal factors occurring within oneself (i.e., weakness in personality, personal failings, laziness, or weak morals)



## Religious/ Indigenous (n = 11)

One's faith or energy that often embraced ritualistic systems or karmic elements



## Medicinal/ Ingestion (n = 6)

Related to the process of consuming (un)known food, drinks, and/or medicine into the body





# Environmental/situational ( $n = 17$ )

*Related to the context in which people live, such as the quality and state of a natural or built environment or other changes in social contexts that are often uncontrollable by the affected individuals*

Socioeconomic stressors

Trauma-related

- Head trauma
- Pregnancy or birthing situations
- Sexual abuse
- Bullying
- Racial discrimination



# Environmental/situational (n = 17)

*Related to the context in which people live, such as the quality and state of a natural or built environment or other changes in social contexts that are often uncontrollable by the affected individuals*

Socioeconomic stressors

Trauma-related


Immigration and acculturation stressors

Displacement

Medical errors during pregnancy

Air/water pollution

- Migration
- War
- Political persecution
- Natural disasters

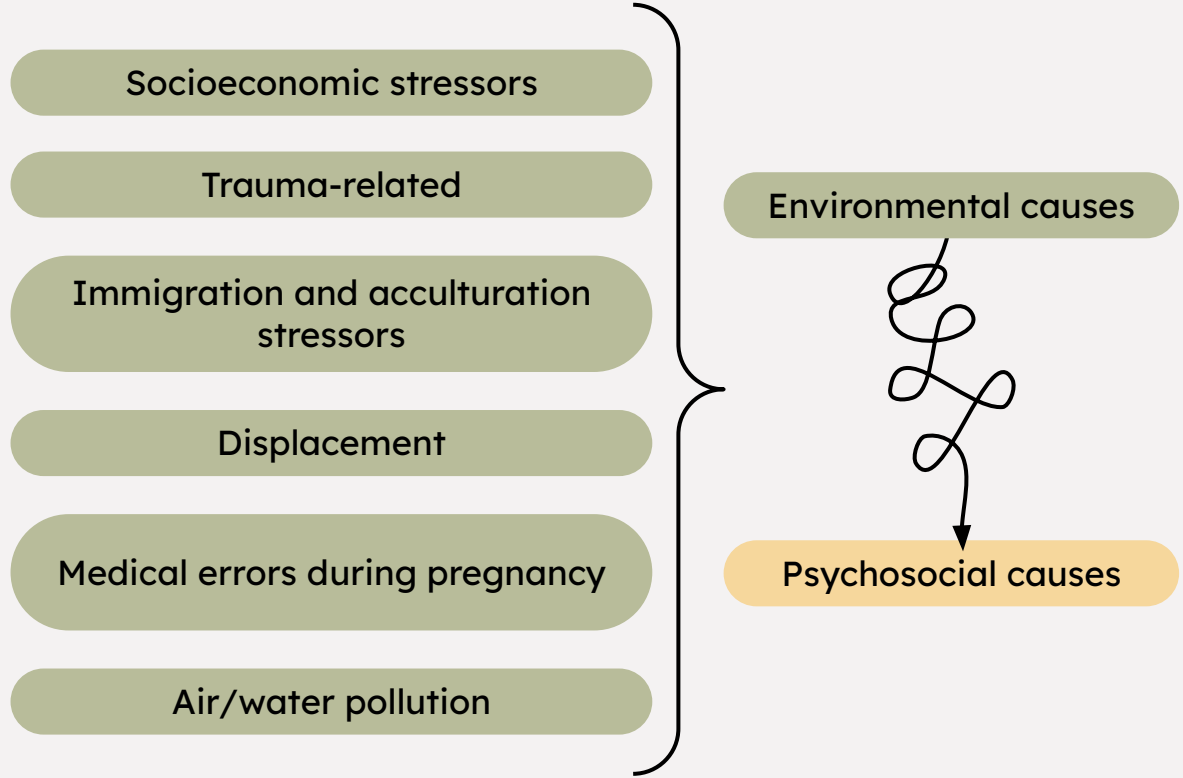
 Vietnamese Americans and Vietnamese nationals also mentioned the impact of wars or natural disasters as environmental causes for mental health conditions (Do et al., 2014).

 Both groups emphasized the trickling ***impact these traumatic experiences may have on future generations.***



# Environmental/situational ( $n = 17$ )

*Related to the context in which people live, such as the quality and state of a natural or built environment or other changes in social contexts that are often uncontrollable by the affected individuals*

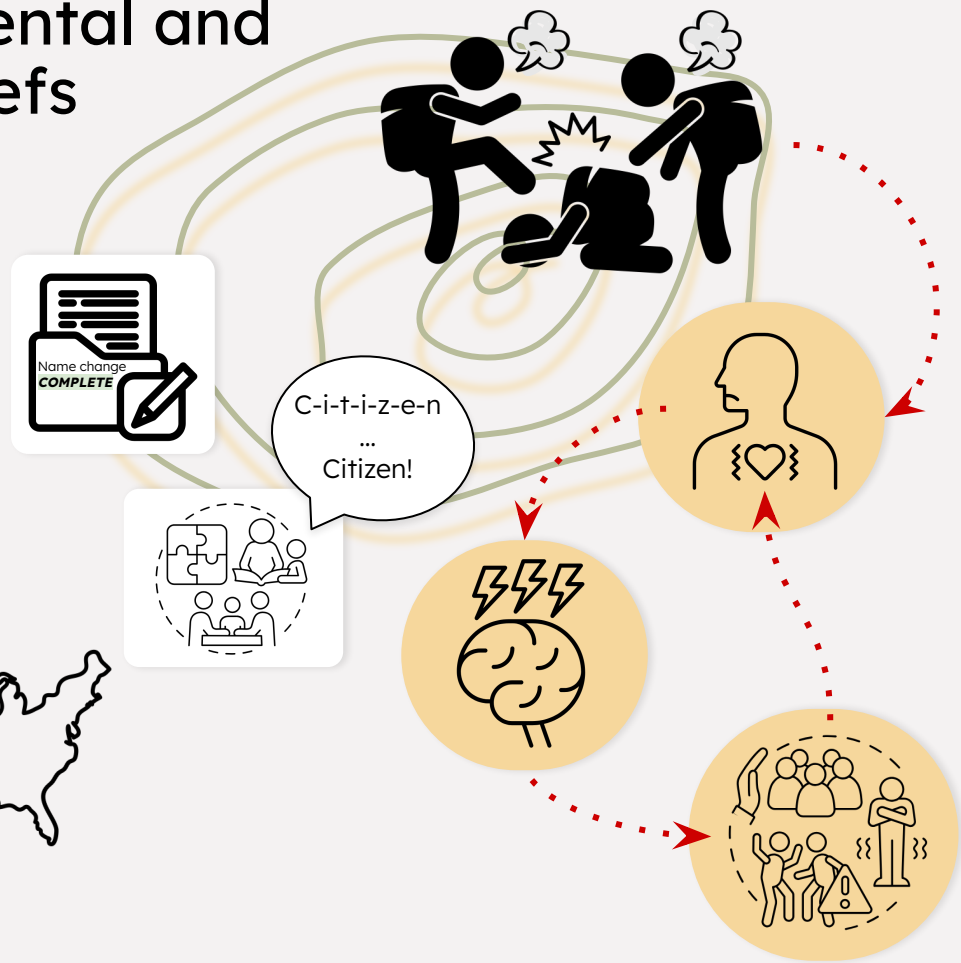




# Interaction of environmental and psychosocial causal beliefs



**!**  
 This interlocking understanding of the causal beliefs are not captured in Asian American narratives.





# Psychosocial/stress ( $n = 15$ )

*External stressors involving interpersonal relationships and/or societal matters that affect one's cognitive and emotional processes*

General stress

Interpersonal relationships  
outside of the home

Familial or romantic relationships

1. Bartholomew et al., 2023
2. Bignall et al., 2015
3. Brown et al., 2019
4. Chen et al., 2015
5. Karasz, 2005
6. Karasz & McKinley, 2007
7. Karasz et al., 2007
8. Kung, 2004
9. Kwong et al., 2012
10. Lin, 2013
11. Yamada et al., 2019



# Psychosocial/stress (n = 15)

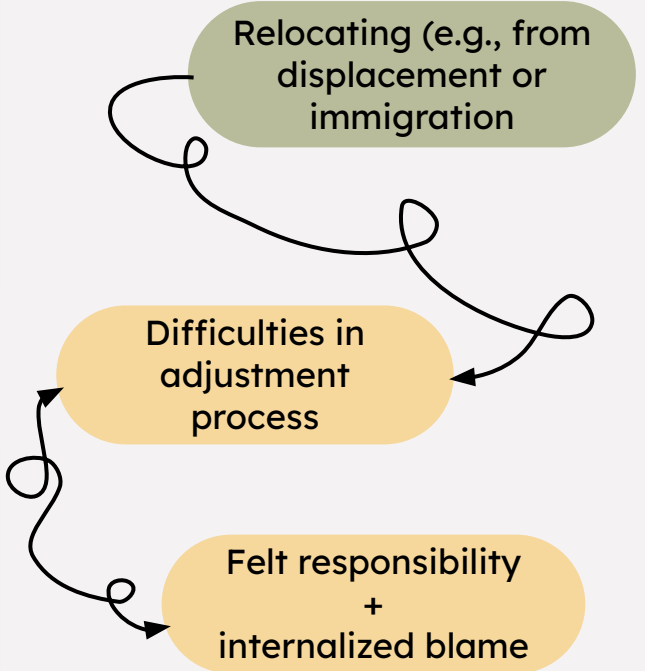
*External stressors involving interpersonal relationships and/or societal matters that affect one's cognitive and emotional processes*

- General stress
- Interpersonal relationships outside of the home
- Familial or romantic relationships
- Obligations or burdens
- Job or academic pressures
- Immigration
- Financial troubles

Parents of children with MH\* conditions articulated that “difficulties adjusting to a new culture” may have caused their children’s conditions (Do et al., 2014, p. 45).

\*MH = mental health

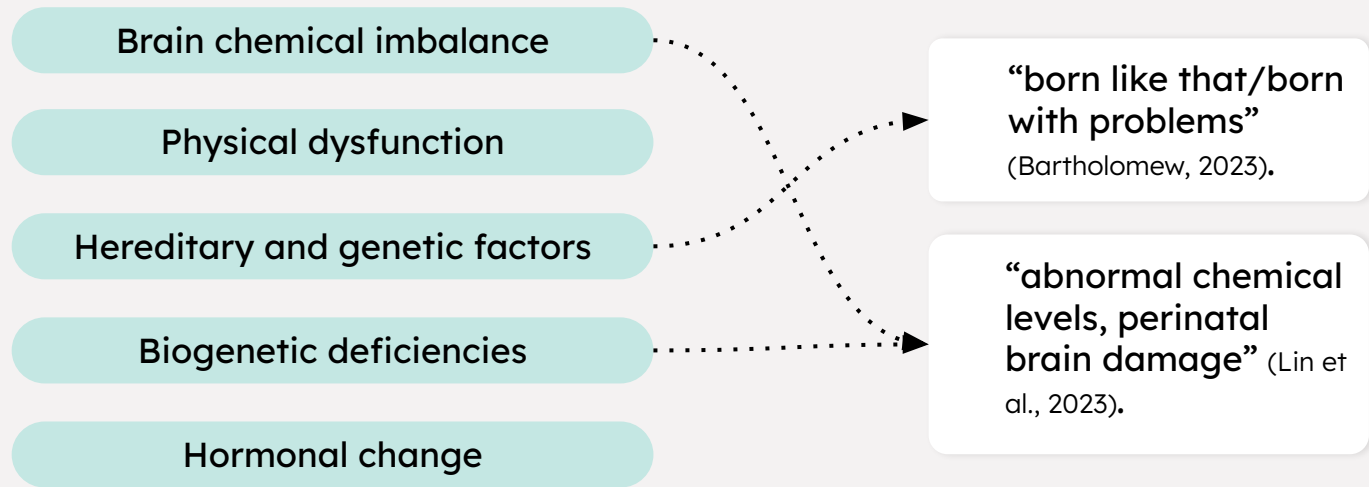
South Asian mothers: “I feel bad that as a mother I am not taking good care of them” (Karasz et al., 2007, p. 487).





# Biological (n = 12)

*Hereditary and genetic factors, brain chemical imbalance, hormonal changes, and physical dysfunction*





# Personal/individual ( $n = 11$ )

*Intrapersonal factors occurring within oneself (i.e., weakness in personality, personal failings, laziness, or weak morals)*


“thinking too much”


“character flaws or poor motivation”

“having a weak mind, and keeping problems to oneself”

“personal failures such as not achieving one’s goals, self-guilt”

“excessive thinking and personality problems”

 South Asian Americans were twice as likely (34.4% to 16.4%) to attribute character deficiencies as the cause of MI\* as compared to White Americans (Mokkarala et al., 2016).

 Japanese American undergraduates were more likely to attribute MI\* to personal and individual causes, such as “a weak mind, keeping problems to oneself” compared to White undergraduate students (Narikiyo & Kameoka, 1992).

\*MI = mental illness(es)



# Religious/indigenous ( $n = 11$ )

*One's faith or energy that often embraced ritualistic systems or karmic elements*

“absence of Christian faith”

“lack or imbalance of chi/qi energy”

“witchcraft”

“supernatural”

“God's will”

“devil's influence”

“curse”



Chin Americans shared that people would become “crazy” after participating in witchcraft. They revealed that embracing Christianity makes them less prone to witchcraft (Bartholomew, 2024, p. 519).



Almost half of Chinese Americans attributed their depression to “supernatural” beliefs, but did not specify a conceptualization of “magical-religious-supernatural” (Yeung et al., 2004).



# Medicinal ( $n = 6$ )


*Related to the process of consuming (un)known food, drinks, and/or medicine into the body*


“toxic/ingestion”

“poor nutrition” or “improper diet”

“drug use/abuse”

“smoking, drugs, medicine”

 Two highly acculturated Chinese American patients concluded that having an improper diet (“physical properties” of food) caused their mental health conditions (Lin, 2013, p. 748).

 South Asian American mothers mentioned the body can be affected if the food does not have lacks vitamins (Karasz & McKinley, 2007).



# Comparisons

## AsAms\* and White Americans

In seven articles, it was found that **AsAms mostly endorsed *situational* and *psychological*** factors.

(Karasz, 2005; Karasz & McKinley, 2007; Karasz et al., 2007; Kim & Zane, 2016; Mokkarala et al., 2016; Narikiyo & Kameoka, 1992; Yamada et al., 2019)


## Korean Pastors and European Pastors

 **Korean** pastors were **less likely than European** American pastors **to endorse biological factors**.

Instead, **Korean pastors endorsed *psychosocial*, *environmental*, or *spiritual***, with the greatest consensus for bad parenting.

(Yamada et al., 2019)

## AsAm Therapists and Clients

 AsAm therapists who viewed MH\*\* conditions as ***biological*** and ***incurable*** reported clients and families instead were more likely to attribute the conditions to ***socioenvironmental*** or ***psychosocial*** stressors or their ***own behaviors***.

(Ito & Maramba, 2002)



# Role of Acculturation

## High Acculturation

“Highly acculturated” U.S.-born **Chinese American patients** with SMI\* primarily attributed their mental illness to **biological causes\*\***  
(Lin et al., 2013).

\*SMI = serious mental illness  
\*\*52% attributed their SMI to biological causes

In direct comparisons focused on **schizophrenia**, greater acculturation was associated with **greater endorsement of biological causes** (Kung, 2004; Yang et al., 2015\*).

\*Participants had no decreases in other beliefs (Yang et al., 2015)

## Indirect Acculturation

**Vietnamese Americans** were more **able to distinguish between mental and physical health** than Vietnamese nationals, although **both groups cited situational and psychological factors** as common causes for mental conditions (Do et al., 2014).

## Enculturation

Believing in **somatic causes** combined with **high enculturation\* facilitated help-seeking.**

**Interpersonal causes** combined with **low enculturation\* deterred help-seeking** (Wong et al., 2010).

\*Enculturation: Retaining values from the country of origin



# Impact on Help-seeking

## Direct Correlation

**Psychological** causal beliefs → **psychological** help-seeking

**Religious** causal beliefs → **religious** help-seeking

(Sood et al., 2012).

## Switching Help-seeking Options

**Asian immigrant parents tried Western treatment** and family **support groups**, when traditional healing methods were unable to stabilize their children's psychotic behaviors\* (Donnelly, 2005).

\*Trying out Western treatment influenced parents to shift away from believing schizophrenia was a "crazy disease"

## Contrasting Help-seeking Options

Both **biological** and **situational** causal explanations of depression were **associated with clinical help-seeking**

(Wang et al., 2012).

**AsAm\* undergraduates** (who attributed their mental health to **environmental** causes) reported **lower intentions to seek help from MH\*\* services/specialists**, and perceived help-seeking as **less beneficial** because those services may not address their causal beliefs, **despite reporting higher psychological distress** as compared to **White American students** (Kim & Zane, 2016).

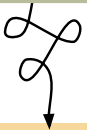
\*AsAm = Asian Americans

\*\*MH = mental health

# Takeaway One: Changing How We Communicate About Mental Health and Its Causes

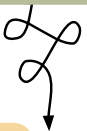
**Environmental** and **psychosocial** causes were **difficult to disentangle**.

Social isolation from environment



Feelings of loneliness

Racism from environment (e.g., getting spat at in airport)



Racial traumatization

## How to Change Communication

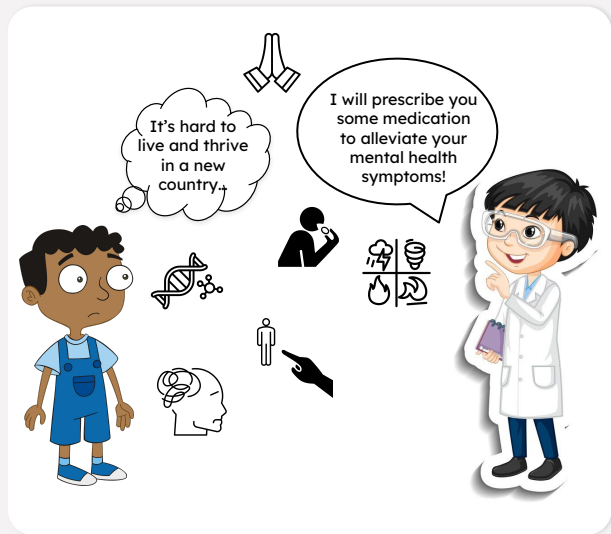
Healthcare providers and professionals should be mindful of psychosocial causes by **providing a safe space** for Asian Americans to openly discuss causes unique to their experiences **without enforcement** of talk.

**Legitimizing their historic and current life episodes can help shift the way mental health and health services are offered**, giving individuals the freedom to share their identities and perspectives.



# Takeaway Two: Expanding How We Think About Services to Better Align with Beliefs

AsAm have **diverse causal beliefs that are multi-factorial**, and that are **often not supported or well reflected in available mental health services**.



**Be mindful that Asian ethnic groups are not monolithic.**

Resources should reflect the individual's explanatory model.

## How to Expand

Mental health programs would benefit from an **expanded** view about health services **to better support individuals with multi-factorial beliefs**.

Offer tailored, **culturally resonant** community support **programs** and/or **culturally based support groups**.

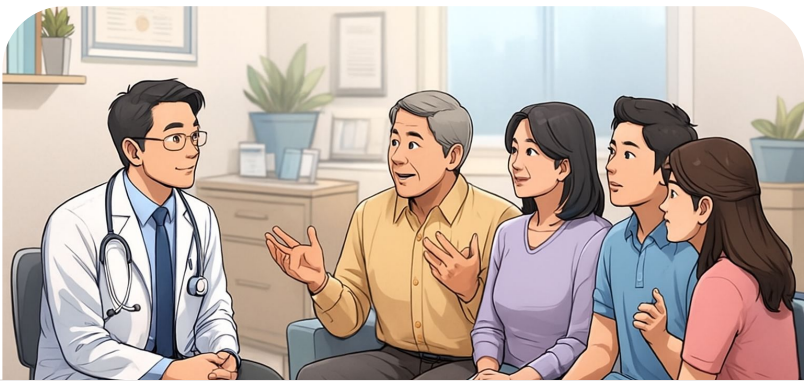


# Takeaway Three: Responding to Family and Community Dynamics

## How to Respond

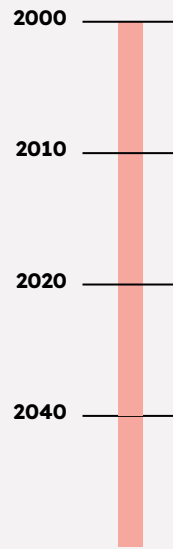
Clinicians should take into account **family relationships and forms of engagement**, including listening attentively to points of tension and how an individual processes their experiences.

**Individual immigrant experiences are unique** and may **impact attitudes about help-seeking and treatment**.



**Refugee and recent immigrants** are likely to have **indigenous explanations**.

Co-create a treatment plan that **works with the family**.



Remember that causal beliefs **change over time**.

# Thank you for listening!

## All questions and comments welcomed!

ShuXian (Jenny) Mai  
Jennifer A. Wong, MPH  
Mentor: Dr. Supriya Misra, ScD

*ARCH Rising Stars Colloquium - November 20, 2025*

### Contact Us!



Jenny

**Rutgers University**  
Health and Interpersonal  
Communication PhD Student

**Email:**  
jenny.mai@rutgers.edu



Jenn

**NYU Langone Health**  
Program Manager, Department  
of Population Health

**Email:**  
Jennifer.Wong@nyulangone.org



Supriya

**San Francisco State University**  
Associate Professor of Public  
Health

**Email:**  
supriya@sfsu.edu

# Appendix (Extra Information)

ShuXian (Jenny) Mai

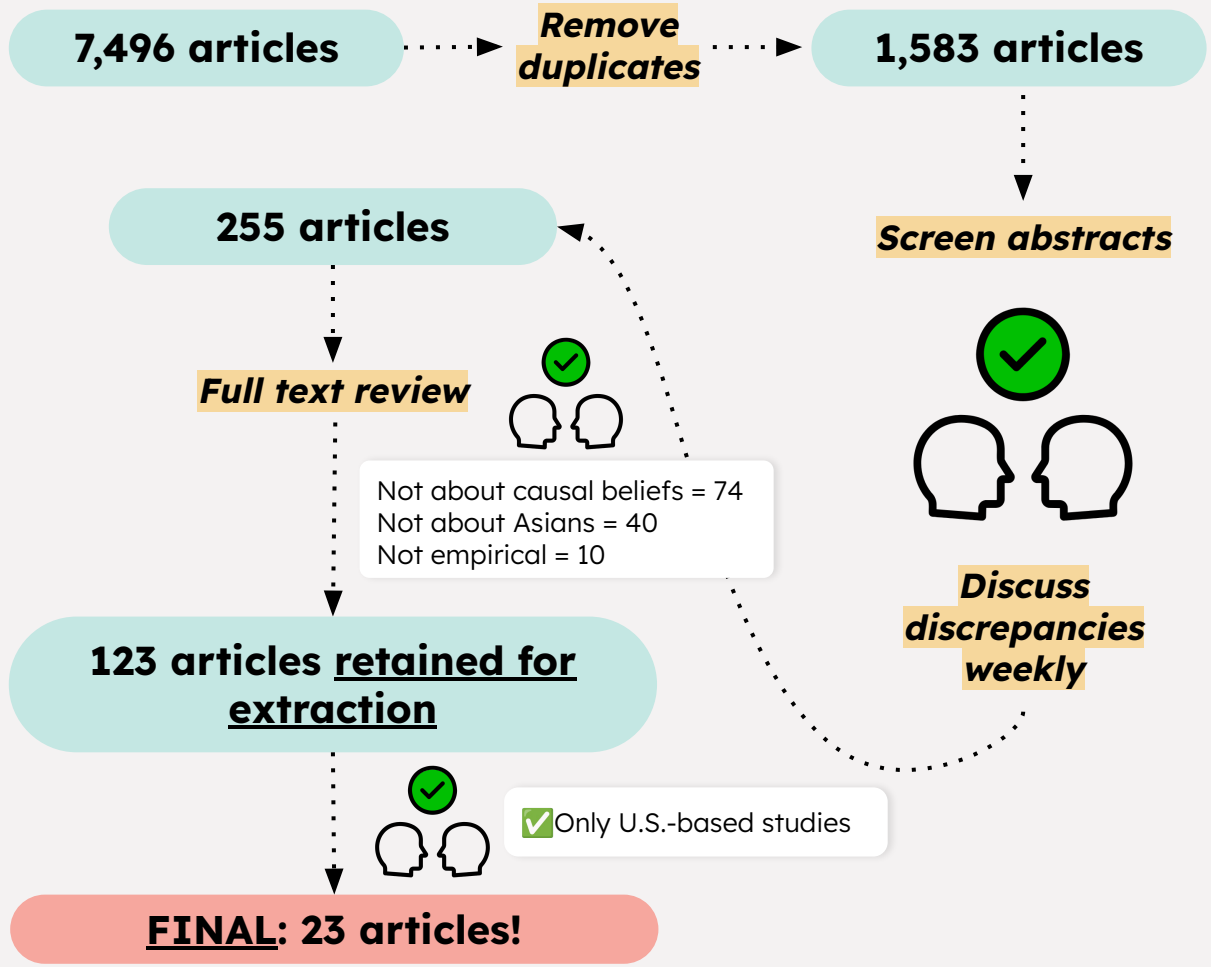
Jennifer A. Wong, MPH

Mentor: Dr. Supriya Misra, ScD

*ARCH Rising Stars Colloquium - November 20, 2025*

### Inclusion

- ✓ Asians, Asian Americans, and Asians living in the U.S.
- ✓ Articles about or related to causal beliefs
- ✓ Diagnosed or undiagnosed mental health conditions or mental illnesses
- ✓ Peer-reviewed primary research
- ✓ Written in English
- ✓ Published in the U.S.





# Environmental/situational (*n* = 17)

*Related to the context in which people live, such as the quality and state of a natural or built environment or other changes in social contexts that are often uncontrollable by the affected individuals*

Socioeconomic stressors

Trauma-related

Immigration and acculturation stressors

Displacement

Medical errors during pregnancy

Air/water pollution

- Head trauma
- Pregnancy or birthing situations
- Sexual abuse
- Bullying
- Racial discrimination

 For Chinese American caregivers, school and work environments were sites for discriminatory acts (Kung, 2004).