A Primer on Chinese Canadian Mental Health and COVID-19 Racism

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IN LIGHT OF RECENT MEDIA REPORTS of hate crimes and racist actions targeting institutions and individuals of Chinese ancestry during the COVID-19 pandemic (Judd, 2020; Woodward, 2020), this article provides considerations for supporting the mental health of Chinese Canadians. Given the concerns about an echo pandemic of psychological distress (Canadian Mental Health Association, 2020) and the acceleration of racism in Canadian communities, psychologists are in unique positions to address systemic inequalities and challenge racism through advocacy (Houshmand et al., 2017; Motulsky et al., 2014).

This article focuses on Chinese Canadians[1] as they have been the primary targets of COVID-19 related racism. However, other groups have been impacted by COVID-19 racism including the broader East Asian population. The terminology of Chinese Canadian is used loosely here to encompass individuals of Chinese ancestry currently residing in Canada. Individuals of Chinese ancestry in Canada are not a cultural monolith and different waves of Chinese migration to Canada deal(t) with unique sociopolitical circumstances (Li, 2019). This article identifies considerations that may be commonly shared within this diaspora.

Racism and Microaggressions: Implications for Mental Health

Racism is a determinant of health. In a meta-analysis of 293 studies, experiences of racism were associated with poorer mental health, including depression, anxiety, and psychological stress (Paradies et al., 2015). Other large-scale studies focusing on Asian populations also found significant associations between racial discrimination and mental distress (Gee et al., 2007; Lee & Ahn, 2011).

The link between racism and mental health can be explained from a stress and coping paradigm that conceptualizes racism as a psychosocial stressor with a bearing on allostatic load (the chronic burden on the body for maintaining adaptive responses to stress), contributing to sustained hypervigilance and increased susceptibility to stress (Berger & Sarnyai, 2015; Paradies et al., 2015). Thus, the adverse health outcomes found in ethnic minorities are mainly associated with minority status and discrimination as opposed to ethnicity (Berger & Samyai, 2015).

Individuals of Chinese ancestry in North America are subject to racial microaggressions (Li, 2019; Trieu, 2019). Microaggressions are normalized forms of racial discrimination that are "brief, covert, [and] ubiquitous" (Houshmand et al., 2017, p. 203). Microaggressions include microassaults, microinsults, and microinvalidations that range from explicit and intentional to subtle and unintentional (Sue et al., 2019). The "micro" in microaggression refers to their interpersonal and everyday nature, in contrast to systemic macroaggressions (Sue et al., 2019). For people of Chinese ancestry in North America, experiences of microaggressions include being pathologized and dismissed as perpetual

1 Though the label "Chinese" is commonly used in everyday language, historically it was created in efforts to biologically racialize a specific population that did not identify as Chinese or with China (Stanley, 2016). Though "Chinese" is used throughout this article, the authors raise this point of consideration of how politicized language has shaped present understandings.

foreigners, leading to individuals feeling excluded, disregarded, and treated like second-class citizens (Houshmand et al., 2014; Stanley, 2014; Sue et al., 2007).

Historical Context and Systemic Challenges to Mental Health

Microaggressions experienced by Chinese Canadians are rooted in sociohistorical contexts (Trieu, 2019). The anti-Asian COVID-19 rhetoric echoes a history of institutional and systemic racism in Canada, including official policies that promoted exclusion, discrimination, and segregation that extends back centuries (Stanley, 2014). The anti-Asian sentiments in Canada and concerns of the "yellow peril" eventually led to the 1923 Chinese Immigration Act, also known as the Chinese Exclusion Act, which prohibited Chinese people from immigrating to Canada (Holland, 2007; Li, 2008).

This historical backdrop underlies current mental health care disparities in the Asian population in North America (Sue et al., 2012; Trieu, 2019). Studies have found that Chinese Canadians report similar rates of psychological distress as other populations, yet substantially underutilize mental health services (Chen et al., 2009). Asian mental health is often neglected in intervention and prevention planning because of their "model minority" status that diminishes the significant challenges they face (Chou & Feagin, 2015; Kirmayer et al., 2011; Võ, 2004). This circumstance is demonstrated in research showing that there is insufficient institutional support and resources for cultural and mental health issues of Asian college students (Chou & Feagin, 2015; Lee, 2006; Museus, 2013). Furthermore, the internalized racism of Asians in Western contexts can contribute to an acceptance of structural systems of inequality (Trieu, 2019).

Considerations for Psychologists

Psychologists should recognize the aforementioned systemic challenges and sociohistorical backdrop when working with Chinese Canadians. Consequently, in therapeutic contexts, failure to recognize microaggressions and their contextual basis can contribute to ruptures in the therapeutic relationship and perpetuate the messages these microaggressions convey (Housmand et al., 2017). Individual and systemic responses are required to address racial microaggressions in psychological practice (Housmand et al., 2017; Sue et al., 2019).

Individual Interventions for Microagressions

The following intervention considerations offer potential directions to help clients of Chinese ancestry struggling with racial microaggressions. Part of the power that microaggressions hold is their everyday nature (Sue et al., 2019). Thus, if clients face regular racial microaggressions without meaningful emotional release, there may be an accumulation of feelings such as grief, fear, shame, and rage (Hardy, 2013). Consistent with emotion-focused strategies (Greenberg, 2006), allowing space for and facilitating the process of building awareness and understanding of the myriad of emotions related to racial microaggressions validates clients' emotional and behavioral responses. Psychologists also serve their clients by explicitly acknowledging the reality that racism still exists (Houshmand et al., 2017).

Beyond acknowledging racism, Burkard et al. (2006) found that therapeutic relationships are enhanced with practitioner self-disclosure. Their study suggests that therapeutic self-disclosure helps build trust and credibility, which enhances client willingness to address

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additional issues. Self-disclosure can be taken further by locating oneself socially (i.e., ethnicity, gender, class, sexual orientation, religion) as it offers an opportunity for meaningful dialogue on how social identities intersect and benefit or limit the therapeutic process (Kovach, 2009; Watts-Jones, 2010). The willingness to be vulnerable can serve to improve and protect the therapeutic relationship. Research indicates that while clients of colour commonly avoid mentioning race and culture in therapy, that discomfort is diminished when practitioners are compassionate and open to actively discussing those topics (Cardemil & Battle, 2003; Chang & Yoon, 2011).

As practitioners are subject to the same systemic forces that create racial microaggressions, it is essential to reflect about how one may intentionally and/or unintentionally perpetuate racist beliefs and practices. Over half of the racialized participants surveyed by Owen et al. (2014) reported experiencing a racial microaggression by their therapist, though therapists who noticed and addressed their blunder were better able to recover the therapeutic relationship. This corrective experience may also be particularly powerful for clients who have not previously received accountability after a racial microaggression.

Discursive and postmodern approaches are also well positioned to deconstruct the oppressive beliefs, attitudes, and assumptions of microaggressions (Houshmand et al., 2017). Challenging oppressive judgements can allow for empowered behaviour and goal setting. For example, clients may redirect their energy towards fostering strengths (Hardy, 2013) or social justice activism. Furthermore, by dismantling oppressive discourses, clients may overcome internalized racism, potentially increasing their interest in and willingness to explore their ethnic and/or racial identity(ies). A strong sense of ethnic identity can protect against the harmful effects of racial microaggressions (Choi et al., 2017).

Overall, interventions should extend beyond helping a client "cope". Housmand et al. (2017) challenges the idea of "coping" with racial microaggressions as it de-emphasizes the social and structural problems of racism and defers it back to individual responses to distress. Instead of coping, the concept of resilient responses to counter racism is proposed. Likewise, Ruiz-Casares et al. (2014) identify the cultural roots of well-being in mental health, arguing that concepts of resilience can be situated within cultural identification. As psychologists, there is opportunity to partner with clients in connecting to cultural strengths through the exploration of cultural beliefs, values, and spirituality.

A Call to Action: Systemic Response

Tensions around race conversations are heightened with recent incidents of anti-Black and anti-Indigenous racism and police brutality and the anti-Asian racism associated with COVID-19. The harm of racism and microaggressions are experienced collectively and our professional response must address the larger context that makes these harms possible. This includes a need to be better prepared to actively challenge assumptions about the root causes of mental health and distress – to see systemic issues and not just individual pathology – and to build skills needed to provide culturally safe and strength-oriented psychological care.

This is a critical time for psychologists to be advocates to speak up against racism and to be a voice for a more just society. Principles from community psychology, along with social justice perspectives in therapeutic practice, highlight the importance of leveraging our positional privilege to support the well-being of marginalized and oppressed communities. The psychological community can support public health in educating about the systemic biases and inequities that underlie individual distress. We can also contribute our voices to the larger movements that seek to transform society's institutions to be more just and equitable.

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