

How I Learned to Speak Up About Anti-Asian Racism

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ABSTRACT

As a psychiatry residency program director of Asian descent at a historically Black institution, I provided forums for my majority-Black residents to process their feelings about the racial turmoil of the past couple of years. At the same time, I was downplaying anti-Asian racism. This tendency slowed my response to the recent rise of anti-Asian violence and how it affected my Asian residents and others. It comes in part from the flawed stereotype that Asians are model minorities, which influences both Asians and non-Asians alike. I was aware of this stereotype and educated others on it years ago, but it still led to me suppress my own feelings about the violence. Reviewing my past experiences with racism and discussing these issues in my various communities helped me acknowledge my feelings and learn to speak up about this significant issue. Taking anti-Asian racism seriously will validate the experience of a significant proportion of the American population and the medical workforce, and it is one of multiple steps necessary to address it.

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"Kee your head down." One of my Asian residents told me that he learned growing up that he would be fine if he did. As an Asian myself, I knew what he meant. I am not a natural activist or protestor. When discussing anti-Asian racism I have experienced, I would say something like, "I haven't experienced a lot, mainly being called slurs but nothing worse than that."

To understand how I fit into society, I have had a long-standing interest in cross-cultural issues. This interest is one of the threads that led me to a role as a psychiatry residency director at a historically Black medical school. Most of the residents in the program are Black. I have been able to discuss with the residents the impacts of race to a great degree. Therefore, at the height of the 2020 protests against police violence toward Black people, it was straightforward for me to initiate a processing session for our entire resident body. In psychotherapy we may try to dig underneath anger to find fear, but in this case, there is a long history and plenty of both anger and fear that my residents poignantly expressed. In January 2021, I set up another processing session to discuss the riots at the nation's Capitol, including how they were anxiety-provoking for many ethnic minority people.

Then on March 16, 2021 came the fatal shootings of Hyun Jung Grant, Yong Yue, Suncha Kim, Soon Chung Park, Delaina Ashley Yaun, Paul Andre Michels, Xiaojie Tan, and Daoyou Feng at 3 Atlanta-area spas. Six of the victims were Asian women working at the spas, including 1 owner. These hate crimes happened amidst the backdrop of increasing anti-Asian violence due to animosity toward China for the pandemic.¹ I had been appalled by videos of Asian grandparents brutally attacked while walking down the street. I was aware of historical anti-Asian violence such as the 1982 murder of Vincent Chin, whose killers blamed Detroit auto industry layoffs on the success of Japanese companies and lumped him in with Japanese people, despite the fact that he was Chinese American. However, the violence recently in the news had been against Black victims. When Asians increasingly became the targets of violence, I did not immediately think to address it formally in the program. I have come to expect that others will not take anti-Asian racism seriously. Hearing concerns from my wife, friends, and colleagues provided the prompting I should not have needed to check in individually with some Asian residents. They either felt largely unaffected by the news or that their worldview was changing significantly. A tug of war between both of those perspectives was occurring within me. I was suppressing my fear and anger so I could continue to function

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at work but beginning to realize that doing so was doing more harm than good.

I was becoming more aware of how I had been minimizing anti-Asian racism. While traveling abroad many years ago, I laughed off people making karate chop motions as they passed me in the street. When my wife and I were traveling in a different state a couple years ago, a restaurant staff member put us on the waitlist, and later a colleague called out for “Chong.” We had not given a name, and I realized that “Chong” was how she had noted us on the waitlist. What other racism had been happening outside our awareness? We were uncomfortable but still ate there and joked about it—she almost got my last name right after all.

The “model minority” myth views Asian Americans “as healthy, wealthy, and with a strong work ethic” leading to positive outcomes, hiding the heterogeneity of this group and making it easy for all people to minimize real problems that Asians experience.² I learned and even taught about this concept many years ago but still partly bought into the view that Asians have it good and should not complain. I had been working on an article on being an Asian leader in medicine and the cultural factors complicating my leadership journey.³ With the racial turmoil last year, however, I did not think it was the right time to describe my cultural challenges, when other groups had it worse. I have since come across a study finding that internalized model minority myth was associated with valuing emotional self-control, which was one of the Asian cultural value variables studied.⁴ Keeping my head down has been a prime example of this emotional self-control. I do not remember being explicitly taught by my family to avoid being outspoken, and I believe I implicitly picked it up as a familial or cultural trait. The model minority myth, like many racial biases, is to some extent implicitly learned in our society, which unfortunately gives it power and persistence.

My first experience as a group therapist in my early days as a psychiatrist is illustrative. One group member used an anti-Asian slur, not to refer to me but to someone from his past. I froze, not knowing what to do, and did not address it in the group. I brought it up later to my co-facilitator, who was an experienced group therapist. He said he was shocked at the time but had forgotten about it. He asked me if it was affecting my experience, but I downplayed it. It was not until months later, when I was about to leave this role and time was running out, that I told him I wished he had addressed it during the session right after it happened.

In my role as residency director, individual residents told me that an all-resident processing session on anti-Asian violence would be helpful, so I organized one. Some of the residents with Asian heritage shared their experiences and feelings, and other residents provided support. One resident brought up how Asians had benefited from the civil rights work of the Black community, but some did not appreciate it.

Asians can internalize the model minority stereotype to the point of believing that other ethnic minority groups are fully responsible for their struggles. Meanwhile, as stated earlier, other minorities may believe that Asians do not experience discrimination. These perceptions can cause division between Asian and other minority groups.¹ This division prevents unified action that would be helpful to fight racism.

For the processing session, I wanted to allow the residents to speak and waited until the very end to talk about my own experience. Time was running out, and I had to force myself to be vulnerable and brave. I explained that, while I have been called racial slurs, in the past I did not worry about being physically attacked due to my race. Then I described conversations with my wife about the many cases of anti-Asian violence in our former home of New York City and how it made her hesitant to return there. Finally, I said, “I knew intellectually that some people have to live in fear, but now I know what it feels like.”

I was glad that I had shared my experience publicly, though it was not easy. Whether the tendency to keep my head down is personal, familial, or cultural, it is something I continue to work on. As a way of making up for inadequately addressing the racial slur in group therapy years ago, I discuss with the residents when and how to address racism head-on in psychotherapy and other settings. The people at my program and the increased antiracist activity nationally have helped me find my voice in speaking out against racism against my own group. This piece is another example. Through the review process, feedback from both editors and reviewers pushed me to express my emotions more about anti-Asian racism. Doing so was challenging to me, which is just another example of the silencing forces I have to keep fighting.



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Key words: Asians; racism; culture; graduate medical education; psychiatry

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