

Title: Addressing Harmful Myths About Asian Americans: A Collaborative Autoethnography

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Abstract

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Background and objectives: Asian Americans are well-represented in academic medicine.

However, their experiences are rarely researched even though Asian Americans face discrimination in the workplace. Asian critical theory, which builds on Critical Race Theory, posits that Asian discrimination is related to “Asianization”: unique types of racism, including the model minority myth (i.e., monolithically successful due to cultural values) and the forever foreigner stereotype (i.e., unassimilable to American society). The authors investigate how a group of faculty primarily in Family Medicine, has been affected by Asianization, particularly the model minority myth.

Methods: Authors employed collaborative autoethnography to collect data on their own experiences with Asianization. Data was coded using thematic analysis and organized into four themes.

Results: Data highlights how the authors have experienced (1) Unique forms of discrimination and (2) Experiences with (In)visibility. Data also highlights authors’ (3) Responses to Asianization and the model minority myth and how these responses play a role in (4) Reconstructing history. Exemplary quotes are used to illustrate these themes.

Conclusion: The authors' experiences stresses how damaging the model minority myth is. Asian American identities are shaped by the model minority myth, even when individuals do not understand and/or wish to interrupt the myth. Asian Americans must work together, and in concert with other faculty of color, to overcome discriminatory practices that are harmful to fostering inclusivity for all. This study highlights how understanding the experiences of Asian Americans in academic medicine is necessary to supporting and retaining Asian American faculty.

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Introduction

The experiences of Asian Americans, including healthcare providers, are typically overlooked^{1,2} because they are not considered underrepresented in medicine.³⁻⁵ However, Asian Americans experience racism in various environments, including professional settings, and have dissimilar experiences to that of the racial white majority.⁵ In turn, they occupy a “third space,”⁶ because they do not fully belong in either predominantly Black/Brown or predominantly white spaces. Although Anti-Asian sentiment in the United States is not new, the sharp rise in reported cases of discrimination since 2020⁷ has shed light on the fact that Asian Americans do, in fact, experience racism, even in their roles as “model minorities”.^{8,9} Asian Americans are an important part of the Family Medicine and academic medicine communities, and understanding their experiences is important to supporting and retaining them.

Asian physicians in medicine

Asian Americans are often considered overrepresented in medicine, by the general public and by educational institutions.³ Although approximately 6% of the U.S. population identifies as Asian,¹⁰ 17% of physicians self-identify as Asian.⁴ However, this classification overlooks the significant diversity found among the Asian American Pacific Islander (AAPI) diaspora. For example, only 1.8% of AAPI medical school applicants identified as East and Southeast Asian.⁴ Furthermore, only 6.7% of professors, 3.5% of department chairs and 0% deans identified as Asian.¹¹ Despite Asian residents representing almost one-fifth of future physicians, only a small proportion are involved in medical education and leadership.

Model Minority Myth

The “model minority” myth (MMM) is a racial frame imposed on Asian Americans, coined by sociologist William Peterson in 1966.¹² Peterson stereotyped Japanese Americans as a rule-abiding and hardworking group which overcame the adversity of internment during World War II within 20 years.¹² Peterson’s work used the success of Japanese Americans to refute Black Americans claims of racial oppression during the Civil Rights movement.¹² The 1965 Immigration and Nationality Act allowed immigration of Asian physicians, which contributed to the overrepresentation of Asians in medicine and subsequently contributed to furthering the MMM.⁹

Conceptual framework

Critical race theory (CRT) was developed by legal scholars to interrogate how racism informs legal practice and policy.^{13,14} CRT postulates that racism is endemic and that white individuals benefit from a system of privilege, while people of color are oppressed by the very same system. Iftikar & Museus¹⁵ created Asian critical theory (AsianCrit) to build on CRT and provide a baseline understanding of how Asians are racialized and experience racism. Their tenet of Asianization speaks to the unique ways in which Asians are minoritized through the tropes of the MMM and the “forever foreigner” (the concept that Asians are not truly American).¹⁶

Researchers’ positionality and research question

We are Asian Americans in academic medicine (mostly Family Medicine) who have been affected by the MMM as well as other aspects of Asianization, and have watched with dismay as anti-Asian sentiment has risen. We understand and acknowledge that we are not representative of all Asians; specifically, none of us identify as Central or South Asian. While the experiences

captured in this study are not reflective of all Asian Americans, we thought it was important to shed light on the experiences of an under-researched group. Using collaborative autoethnography, this project investigates the experiences of the research team: “How have we been affected by the process of Asianization, namely the model minority myth?”

Methods:

Autoethnography¹⁷ is a qualitative research approach that allows individuals to study their own life stories through an analytic lens to understand a particular phenomenon. Collaborative autoethnography (CAE) utilizes author narratives but “collectively and cooperatively within a team of researchers”.^{15(p. 21)}

We utilized CAE to interrogate our experiences with the MMM through the lens of AsianCrit. Six of the authors responded to narrative prompts about the model minority. Four authors used thematic analysis¹⁸ to code the narratives in Dedoose Software (version 9.0.54). Each narrative was coded by all four authors to ensure multiple interpretations of the data were explored. Next, codes were organized into four themes. Remaining authors provided input on codes and themes through peer debriefing. This project was deemed exempt by the University of Utah’s Institutional Review Board.

Results

The group identified four themes from the data. They are: (1) Discrimination is unique, (2) Experiences with (In)Visibility, (3) Responses to Asianization and the Model Minority Myth and (4) Reconstructing history. The themes with supporting qualitative data are exhibited in Table 1.

[Insert Table 1]

Discussion

Data from this collaborative CAE highlight how we, Asian Americans in academic medicine, experience the model minority myth: it has resulted in experiences of discrimination and invisibility. We have responded to the model minority in various ways and we view these responses as ways to denounce the myth and build bridges with other communities of color.

Although none of the contributors fully understood the MMM when we first heard the term, we now recognize how damaging is, as it excludes Asian Americans from white spaces, and spaces occupied by other people of color. We feel invisible in majority white spaces in addition to not feeling like we truly belong in other minoritized spaces due to the ways we have, at times, benefited from the stereotype. This feeling of liminality, of feeling “in between” is similar to what other scholars have documented about the Asian American experience.¹⁹

Overall, we believe it is vital to debunk the model minority myth. This myth is not only divisive between the Asian community and other marginalized groups, but it also minimizes the racism and trials Asian Americans experience.⁵ The MMM is particularly divisive in medicine and healthcare. Because Asians make up a greater proportion in medicine compared to the general population, it is assumed we have overcome discrimination to achieve our career standings and success.⁹ Furthermore, by subverting specific Asian identities, the MMM affects admissions policies³ and could bias resource allocation, affecting persistence and promotion of faculty.⁵ By

dispelling the model minority myth, we take a step forward in the fight to end racism and work towards a more authentically inclusive environment.²⁰

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Table 1: Quotes that illustrate the study’s four themes: (1) Discrimination is unique, (2) Experiences with (In)Visibility, (3) Responses to Asianization and the Model Minority Myth and (4) Reconstructing history

Theme	Sub-themes	Illustrative Quotes
Anti-Asian Discrimination is Unique	We all first heard about the MMM at different times in our lives but that none of us fully understood the term when we first heard it.	"Once I had connected the dots, I started to link stereotypes affiliated with those who identified as Asian. Initially it seemed like overall positive remarks such as expecting us Asian students to excel in the sciences including engineering while being weaker in the humanities such as art. However, it wasn't until medical school that I realized how incorrect this concept was." (#5)
	The MMM results in exclusion from white communities and communities of color, placing us in a liminal space.	"I can only imagine that my multicultural affinity group views me as the Model Minority stereotype and that there is no need to include me or my identity-community to 'dance at the party.'" (#1)
	We have also been labeled "forever foreigners" and exoticized.	"Even throughout residency, which I did in the least diverse city in America, I heard statements from 'I am seeing you because you must be smart' to "you speak really good English.'" (#6)
(In)visibility	Asianization makes us invisible. Beneficial invisibility results when we have been given the benefit of the doubt	"I see how it has benefitted me in my everyday life too because I'm nearly always given the benefit of the doubt." (#2)
	Invisibility is harmful to our community, and robs us of our collective voice	"Assumption that we are all 'good at math and computers'. This is harmful because it widens the educational equity divide for the many who identify as Asian American. Again, we tend to internalize this as to not seem deficient to others, only to worsen or stereotype threat and imposter phenomenon." (#1)

Varying responses to the model minority myth	Adoption of MMM for survival	"I thought being the 'model minority' was the only way to fit in with the predominantly white community so I worked hard to be able to fit this mold." (#6)
	Took pride in MMM before truly understanding it.	"At the time, I was confused what was so wrong with being the 'model minority.' I was proud of the work I put into my academic success" (#4)
	Angered response	"I did not know then why it angered me so much given that they individuals did not mean any harm...I think back and feel that my anger might have been centered on their subversion of my identity and rejection of the model." (#1)
	Sought out community	"I joined the Asian American Student Association to have a community [that understood me]" (#6)
Collective Response to MMM	We denounce the MMM because of the harm that it causes. MMM is a roadblock to allyship across communities of color.	"It is important for Asian Americans to resist this myth because it creates divisions--among Asian Americans, and between Asian Americans and other people of color." (#2)
	MMM is a wedge within our community and more collective action is needed to remove this wedge.	"Black Lives Matter does not mean that Asians do not matter" (#6)