

The Model Minority Myth on Asian Americans and its Impact on Mental Health and the Clinical Setting

Stacey Jung

Abstract

The false perceptions from the "Model Minority Myth" mask the reality of the myth's harm in obscuring racism that is seen through forms of microaggressions, lack of representation in American political leadership, and implementation of a racial hierarchy. As the model minority myth continues to be embodied, Asian Americans face generalizations that invalidate the individual experience. Although the myth of the model minority is perceived as a "positive" stereotype, the myth causes high mental health issues among Asian Americans and obscures the inaccessibility to healthcare services, especially in light of COVID-19. Because the myth has become ingrained in American society, a racial hierarchy continues to establish social norms that silence the voices of all minorities. In order to change the positive perceptions surrounding the myth, researchers and healthcare practitioners must be wary of the way in which stereotypes influence diagnoses as well as understand that culture and its connection to the individual is flexible and varies among patients.

Introduction

The “model minority myth” is a stereotype that groups and labels Asian Americans as “diligent,” “intelligent,” and “docile”-- traits that are generally perceived as “positive.” The term arose during the 1960s when researchers claimed that Asian Americans had higher household incomes and completed more years of schooling in comparison to the average U.S. family (Yu, 2006). From this claim that was later proved false, Asian Americans were then put on a pedestal as the most “successful” minorities and used as a political tool by the people in power as false evidence that racism has decreased. The myth continues to instill beliefs that all Asian Americans have achieved high educational attainment and socioeconomic status, which may appear to shine a positive light on the Asian community. However, these perceptions mask the reality of the myth’s harm in obscuring racism that is seen through forms of microaggressions, lack of representation in American political leadership, and implementation of a racial hierarchy (Yu, 2006). As the model minority myth continues to be embodied, Asian Americans face generalizations that invalidate their individual experience. Although the myth of the model minority is perceived as a “positive” stereotype, the myth leads to high rates of mental health issues among Asian Americans (Lee et al., 2009) and obscures the inaccessibility to healthcare services, especially in light of COVID-19. Because the myth has become ingrained in American society, a racial hierarchy continues to establish social norms that silence the voices of all minorities. In order to change the positive perceptions surrounding the myth, researchers and healthcare practitioners must be wary of the way in which stereotypes influence diagnoses as well as understand that culture and its connection to the individual is flexible and varies among patients.

The negative impacts of a perceived positive stereotype

Although the model minority myth seems to compliment Asian Americans through seemingly positive language, the stereotype causes individuals to experience negative mental health issues as behavioral expectations, embodied as stress. Through past studies that analyze the main stressors of Asian American college students, researchers found that although parental pressures contributed to stress in the school experience, there was a high correlation between increased mental health issues and the high expectations employed by surrounding people because of the existing model minority myth (Lee et. al, 2009). The way that this stereotype manifests as a health outcome parallels the way in which social inequities and conditions are expressed through the body. Farmer et. al mentions how harmful societal arrangements, or structural violence, are embodied as negative health outcomes through case studies that show a disproportionate amount of HIV-related deaths among folx of color and low-income communities. This health inequity arises due to racism and poverty, which restricts people from receiving HIV prevention and treatment (Farmer et. al, 2006). With regards to the model minority myth and its exhibited stereotypes, this racist social construction generalizes the Asian American population and is embodied as poor mental health.

The perception that this myth is a positive stereotype that empowers Asian Americans causes the negative consequences to be disregarded and even completely ignored. For example, the myth employs the generalization that all Asian Americans are of a high socioeconomic status due to their perceived cultural values of hard-work; however, this belief ignores the folx who are not wealthy, namely, Southeast Asian Americans: 49% of Southeast Asian Americans face poverty, yet society chooses to focus on the specific portion of the population to continue the model (Yu, 2006). A similar sentiment applies to the idea that Asian Americans do not face

discrimination due to the false conception that the community overcame racism by becoming the model minority. The stereotype invalidates concerns regarding racial inequity despite the discrimination that Asian Americans face in society and are not provided aid due to the common belief that they can manage themselves (Yu, 2006). Another contribution to the myth and its implications in mental health issues is understanding the way in which cultural values and societal structures work together in affecting mental health outcomes (Chen et. al, 2003). Societal structures and policies affect an individual's access to mental health services, and researchers and healthcare practitioners may unintentionally restrict this access based on their own perceptions of community needs. For example, in the past, programs with the National Institute of Mental Health disregarded Asian Americans in their services, and research regarding mental health in the Asian American community remained minimal (Sue & Morishima, 1982). This idea parallels the symbolic violence seen in Klinenberg's text about the 1995 Chicago heat wave. Klinenberg first establishes the term symbolic violence through the perspective of Bourdieu, who examined the power that the state has outside of institutional politics. Bourdieu saw the influence that the government has on setting societal norms through the media and other outlets outside the realm of politics, which was reflected in the way in which the aftermath of the Chicago heat wave was portrayed by the media. By defining the disaster and its mortalities as a "natural" occurrence that could not be prevented, the media ignores the structural violence that caused a disproportionate number of Black folx, especially seniors, to get affected by the heat wave. Because of the inaccessibility of resources and health services to folx of color and low-income communities, these communities did not have the opportunity to escape the heat, which was a consequence of the state's institutional policies and infrastructure (Klinenberg, 1999). The inattention to the state's poor planning by the media and state themselves provides an example of

symbolic violence, which can also be seen by the people who employ the model minority.

Symbolic violence can be seen in this situation in two ways. First, the positive perceptions of the stereotype, both by the media and the state, acts as a form of symbolic violence by obscuring the negative impacts it has on health. Secondly, by solely blaming cultural values as the reason for poor mental health in the Asian American community, the structural violence that causes these issues become neglected, placing blame on the individual rather than the institution and the media. Structural and symbolic violence work together to perpetuate the continuation of stereotypes and the negative impacts it has on health.

As people fear Asian Americans during the pandemic, individuals face isolation in their identity as both ideas of the “yellow peril” and the model minority myth become manifested through xenophobia. From the Chinese Exclusion Act in 1882, there has been a fear throughout history that led to the labeling of Asian folk as “outsiders” and “aliens” (Lee, 2020). The model minority myth perpetuates this separation: individuals, who do not fit the mold given to them by American society, consistently feel as though they are not accepted as members of the U.S. (Yu, 2006). COVID-19 has exacerbated feelings of division, isolation, and foreignness that stemmed from the model minority myth, contributing to the discrimination that Asian Americans have faced before. Although the myth appears to appraise the Asian American community on the surface, the myth acts as a form of symbolic violence that hides the discrimination that folk face, which has become exacerbated and brought to attention during the pandemic (Lee, 2020).

The invisibilization of the Asian American community seen through the healthcare system

The model minority myth can cause mental health issues in the community to be overlooked as the misconceptions become internalized in healthcare providers, leading to the

invisibilization of Asian Americans and their experiences. A study conducted among college students showed that students who were pre-exposed to the model minority myth tended to believe that Asian Americans naturally had less mental health issues in comparison to their white counterparts (Cheng et. al, 2017). This stereotype can prove to be dangerous when interventions for mental health are necessary as well as when healthcare providers internalize these constructed traits, which can potentially lead to a misdiagnosis (Cheng et. al, 2017). Similar threats are seen when Asian Americans internalize the stereotypes in themselves, causing folx to be less likely to seek help for their mental health and to have more severe symptoms before first visiting clinics (Chen et. al, 2003). These studies shine light on the issue of invisibilizing Asian Americans and their experiences with mental health, especially when considering the diversity among ethnicities (Cheng et. al, 2017). Generalizing the entire population under the same few characteristics promote false conceptions that Asian Americans naturally have less mental health issues compared to other folx.

Minority communities experience invisibilization through different ways; however, these experiences are connected through a racial hierarchy that is employed as a source of unequal power. Holmes's ethnography about Triqui migrant farmworkers at Tanaka farms shows a racial hierarchy that perpetuates inhumane conditions of immigrants who crossed the border in hopes for more opportunities in the U.S. Racial stereotypes are used an excuse for the harsh work that is designated to the migrant farmworkers: for example, when Holmes talks to Scott, the manager of the farm's apple pickers, Scott states that the Triqui workers were meant for berry picking because of their close proximity to the ground, using height to limit Triqui workers to tasks that are more rigorous on the body. Scott's reasoning employs biology to naturalize the racial hierarchy, which normalizes the roles of migrant farmworkers and invisibilizes their hardships

(Holmes, 2013). Connecting this idea of a formed racial hierarchy to the model minority myth, naturalization and invisibilization are employed to discriminate against minorities and take away their autonomy in society. The model minority myth was employed in the 1960s by conservative white folk as false evidence that the American Dream was attainable for all minorities in order to silence the Black community during the Civil Rights Movement. The model minority myth is used as a way to keep white folk in a position of power, and it invisibilizes the discrimination that Asian Americans and other minorities face. The hierarchy seen in society shines a light on the overarching control that the dominant group has on establishing and perpetuating a racial hierarchy, using the “model minority” myth to distract society from issues of racism and economic inequality (Yu, 2006).

How we can support the mental health needs of the community

In order to promote accessibility of mental health treatment and prevention, healthcare practitioners must learn how culture and its connection to an individual vary among patients. Asian American culture does not fall under a set of values but changes depending on the personal identity of the individual. Methods in cultural competency can define culture as static and unchanging among people and therefore create general assumptions about certain race and/or ethnicities. Kleinman and Benson show a case study in which an anthropologist appropriately addresses a patient while keeping in mind her culture in order to provide her treatment (Kleinman and Benson, 2006). The Chinese patient had a strong connection to her family’s stigma towards certain language pertaining to mental health, and the anthropologist acknowledged that discomfort and framed the diagnosis using language that was comfortable for the patient. The paper then stresses the importance in keeping in mind that cultural values are

fluid and that not all Chinese folx will have the same experiences as the woman in the case study (Kleinman and Benson, 2006). I believe that this idea of understanding culture as fluid helps combat stereotypes that arise from the model minority myth, which restricts Asian culture into specific characteristics. By acknowledging past assumptions and learning by listening to diverse experiences, healthcare practitioners can work to provide more accessible health services and evaluate mental health diagnoses without previous misconceptions.

Although society focuses on the idea that all Asian Americans have a higher socioeconomic status, there is a large population of Asian immigrants that struggle financially and have less access to resources and support systems for managing stress, increasing their vulnerability to issues with mental health (Chen et. al, 2003). With a difference in lifestyle, potential language barriers, and higher unemployment, immigrants may face systemic discrimination and hate crimes, which adds more to the pre-existing stressors (Chen et. al, 2003). This example shows the influence that structural racism has on the health of Asian Americans. In this situation, immigration status has a significant role in the wellbeing of the people, and disregarding this background information can miss the root of the issue, which would only perpetuate the harmful experiences. Although culture plays a part in accessibility to mental health treatments, focusing solely on culture and its impact on health ignores the way in which the model minority myth affects the wellbeing of Asian Americans; instead, structural competency must also be practiced to move towards prevention rather than relying on treatment alone. Structural competency, a term defined by Metzl and Roberts, promotes an understanding of the way in which institutional policies affect the health of an individual, moving away from blaming the choices of a person for negative health outcomes. Metzl and Roberts used examples such as poor diet and framed the issue in regards to social and economic factors rather than the

culture and attitude of an individual (Metzl and Roberts, 2014). The cases presented through the text are parallel to the way in which criticizing Asian American culture as the perpetrator for poor mental health causes the structural racism including the manifestation of the model minority myth to be disregarded when evaluating the issue. By using structural competency as a framework for diagnosing, the model minority myth can be recognized as a form of bias in the clinical setting and potentially unveil more causes of stress. Using structural competency can also help policymakers understand the racial hierarchy and the way in which it discriminates against minorities other than Asian Americans.

An essential step in acknowledging the experiences of Asian Americans is taking action by increasing research about health within the community and education that shines light on the history of Asian immigrants. The model minority myth has previously instilled a belief that Asian Americans are healthier individuals, which led policy makers and scientists to not recognize the health disparities present throughout communities. Therefore, with more research and ethnographic studies, the Asian American experience can be shared and issues regarding mental health can be represented in society (Chen et. al, 2003). An underrecognized step towards representing the Asian American perspective includes implementing Asian history in school curriculum. A study conducted at Berkeley High School showed that Asian American students felt invisible among their peers because of the lack of lessons about Asian culture in history classes (Wing, 2007). When Asian history was taught, there was a focus specifically on the American experience of Japanese and Chinese immigrants, excluding a large minority of Asian heritage. Students not only felt as though their voices were not being heard, but also felt as though all ethnicities were being labeled as a single culture (Wing, 2007). By implementing more opportunities for portraying the diversity of experiences, Asian Americans can feel less

invisible as the model minority myth gets deconstructed by the voices of the oppressed, which can expose underlying health issues.

Lastly, forming a community among Asian Americans can potentially provide a support system for individuals who feel isolated or apprehensive about receiving treatment. Embodiment is the term that describes the way in which social factors are expressed through the body (Krieger, 2005). In Fullwiley's piece, patients in Senegal expressed a milder form of sickle cell anemia that formed from the tight-knit community fostered among the patients (Fullwiley, 2010). By supporting each other financially and emotionally, individuals had the resources and support they need while receiving treatment for the disease (Fullwiley, 2010). A support system that brings people with shared experiences together can be created in a variety of ways. For example, a program called the "Asian Women's Action for Resilience and Empowerment" (AWARE) provides Asian American women a safe space as well as resources to facilitate destigmatized mental health treatments and identify reasons for the women's disempowerment (Hahm, 2020). Through various methods of therapy, women unpack potential sources of mental health issues, or "traps," from the individual, family, community, and systemic levels. This program encourages articulating negative experiences and creating healthier coping mechanisms (Hahm, 2020). Media can also provide a support system for Asian Americans, especially among the younger generations. A study among Asian American male college students showed that the utilization of an online support group provided students resources for treatment, increased open communication about identity, and more interactions among students (Chang et. al, 2001). A more casual example of media as a source of empowerment includes "Subtle Asian Traits," a Facebook group that has received national recognition with millions of members and creates a support system for Asian Americans to share their experiences as Asians growing up in the U.S.

One of the members commented on her own experiences of her and her family brushing off mental health-related issues, which was followed by hundreds of people relating to her and providing their support (Lin, 2018). Although this group may not be directly correlated to health, this fostered community creates a space for Asian Americans to express their voices without the usual norms and stereotypes that are societally implemented by the people in power (Kwai, 2019). This support system can dispel the idea that the model minority myth describes all Asian Americans while also shining a light on issues that are systematically ignored.

In conclusion, the continuation of the model minority myth hides the mental health issues that Asian Americans face, invisibilizing their experiences as well as the discrimination they face. Not only does this myth affect Asian Americans, but it also oppresses all minorities through an implemented racial hierarchy that keeps white folk in a position of power. However, through the practices of understanding cultural differences among individuals, employing structural competency, advocating for more representation, and fostering a safe community, the model minority myth can be deconstructed as diverse experiences of Asian Americans are represented.

References

- Chang, T., Yeh, C. J., & Krumboltz, J. D. (2001). Process and outcome evaluation of an on-line support group for Asian American male college students. *Journal of Counseling Psychology, 48*(3), 319–329. <https://doi.org/10.1037/0022-0167.48.3.319>
- Chen, S., Sullivan, N. Y., Lu, Y. E., & Shibusawa, T. (2003). Asian Americans and Mental Health Services. *Journal of Ethnic & Cultural Diversity in Social Work, 12*(2), 19–42. https://doi.org/10.1300/J051v12n02_02
- Cheng, A. W., Chang, J., O'Brien, J., Budgazad, M. S., & Tsai, J. (2017). Model Minority Stereotype: Influence on Perceived Mental Health Needs of Asian Americans. *Journal of Immigrant and Minority Health, 19*(3), 572–581. <https://doi.org/10.1007/s10903-016-0440-0>
- Farmer, P. E., Nizeye, B., Stulac, S., & Keshavjee, S. (2006). Structural Violence and Clinical Medicine. *PLoS Medicine, 3*(10). <https://doi.org/10.1371/journal.pmed.0030449>
- Fullwiley, D. (2010). Reevaluating genetic causation: Biology, economy, and kinship in Dakar, Senegal. *American Ethnologist, 37*(4), 638–661. <https://doi.org/https://doi.org/10.1111/j.1548-1425.2010.01276.x>
- Hahm, H. “Chris,” Liu, C. H., & Tompson, M. C. (2020). Cultural and Developmental Principles for Asian American Women’s Mental Health: Lessons From AWARE on College Campuses. *Psychiatric Services, 71*(11), 1199–1202. <https://doi.org/10.1176/appi.ps.201900593>
- HOLMES, S. M. (2013). *Fresh Fruit, Broken Bodies: Migrant Farmworkers in the United States* (1st ed.). University of California Press. <https://www.jstor.org/stable/10.1525/j.ctt7zw45x>
- Kleinman, A., & Benson, P. (2006). Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It. *PLOS Medicine, 3*(10), e294. <https://doi.org/10.1371/journal.pmed.0030294>
- Klinenberg, E. (1999). Denaturalizing Disaster: A Social Autopsy of the 1995 Chicago Heat Wave. *Theory and Society, 28*(2), 239–295. <https://www.jstor.org/stable/3108472>
- Krieger, N. (2005). Embodiment: a conceptual glossary for epidemiology. *Journal of Epidemiology and Community Health, 59*(5), 350–355. <https://doi.org/10.1136/jech.2004.024562>

- Kwai, I. (2018, December 11). How ‘Subtle Asian Traits’ Became a Global Hit (Published 2018). *The New York Times*. <https://www.nytimes.com/2018/12/11/world/australia/subtle-asian-traits-facebook-group.html>
- Lee, M. (2020, March 9). *Opinion | Coronavirus reveals how quickly “model minority” Asians become the “yellow peril.”* NBC News. <https://www.nbcnews.com/think/opinion/coronavirus-fears-show-how-model-minority-asian-americans-become-yellow-ncna1151671>
- Lee, S., Juon, H.-S., Martinez, G., Hsu, C. E., Robinson, E. S., Bawa, J., & Ma, G. X. (2009). Model Minority at Risk: Expressed Needs of Mental Health by Asian American Young Adults. *Journal of Community Health, 34*(2), 144–152. <https://doi.org/10.1007/s10900-008-9137-1>
- Lin, K. (n.d.). *The Story of the Subtle Asian Traits Facebook Group*. The New Yorker. Retrieved December 15, 2020, from <https://www.newyorker.com/culture/culture-desk/the-story-of-the-subtle-asian-traits-facebook-group>
- Metzl, J. M., & Roberts, D. E. (2014). Structural Competency Meets Structural Racism: Race, Politics, and the Structure of Medical Knowledge. *AMA Journal of Ethics, 16*(9), 674–690. <https://doi.org/10.1001/virtualmentor.2014.16.9.spec1-1409>.
- Sue, S., & Morishima, J. K. (1982). *The mental health of Asian Americans* (1st ed). Jossey-Bass.
- Wing, J. Y. (2007). Beyond Black and White: The Model Minority Myth and the Invisibility of Asian American Students. *The Urban Review, 39*(4), 455–487. <https://doi.org/10.1007/s11256-007-0058-6>
- Yu, T. (2006). Challenging the Politics of the “Model Minority” Stereotype: A Case for Educational Equality. *Equity & Excellence in Education, 39*(4), 325–333. <https://doi.org/10.1080/10665680600932333>