

# On Becoming an Asian American Psychiatrist: Tales of Stigma, Overcoming, and Forming of Identities

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**N**arratives facilitate powerful connections, and psychiatrists draw on these to inform diagnoses and treatments. In academic psychiatry, narratives also enrich the education of trainees seeking guidance in navigating clinical skills and career planning. In mentoring minority trainees and early career psychiatrists, narratives take on greater significance. They are guideposts for professional development, promote therapeutic alliances, and foster increased understanding of different cultures. Yet narratives from psychiatrists are often not shared. Opportunities are therefore missed where trainees could use them as supports to shape their identities as psychiatrists.

Twenty plus years have passed since Drs. Chung and Lu discussed factors influencing the development of Asian American psychiatrists – how overcoming stigma and reconciling identity conflicts are our rite of passage.<sup>1</sup> Below, we share narratives of Asian American psychiatrists at various stages of training. As we embrace a new generation of colleagues, we hope these offer fresh perspectives on the development of an Asian American psychiatrist.

## **Medical Student** **Jessica Thai**

As a medical student from the Midwest, I only encountered one young Asian American child patient in my psychiatric rotations. My attending, an Asian American, wondered if the patient's family sought his care specifically because of his race. I understood the reassurance of having a relatable physician – my mom and I underwent family therapy for my treatment of an eating disorder during my adolescence. The therapist did not understand why we could not provide calorie counts of esoteric Asian dishes. She did not understand why my parents felt the need to monitor me closely, or why my

mom felt compelled to be a “tiger mom.” Though she tried, a lack of cultural understanding and curiosity was a barrier to entering my family's life.

From my own experience, I understand the difficulty of not having a culturally competent mental health team. As a trainee, I search for tools to help me become a better provider for Asian Americans. Although there is a lack of resources and connections in my geographical area, I am learning more about Asian American mental health through national programs. However, these annual events are sporadic. By establishing more longitudinal mentorship throughout the year and virtually connecting trainees with mentors interested in Asian American mental health, we can cultivate a new wave of psychiatrists who are better trained to treat the Asian American population.

## **General Psychiatry Resident** **Shinnyi Chou**

“Go ahead and speak with each other in Chinese like you did the other day.”

My sixth grade teacher addressed my friend and I during class, and confused, we spoke in our native tongue in front of our classmates:

“What do you think she wants?”

“I don't know.”

As we stood feeling uneasy, the teacher interrupted, “Class, isn't it rude when others speak in a foreign language in front of you? Don't ever do it again.”

Memories of this and other macro- and micro-aggressions throughout my own acculturation experiences often surface when I face my young Asian patients.

Despite having a personal understanding of these patients' struggles, I find myself lacking effective communication skills. For me, living the journey does not equate to competence in professionally engaging with my fellow immigrants. Our traditional medical education taught me humility, but I also seek research advancements in best practices for cultural psychiatry, along with individualized mentorship, to guide me in blending my cultural and professional identities.

### **Child and Adolescent Psychiatry Fellow** **Lovejit Kaur**

As a child psychiatry fellow, less than 10% of my patients are Asian. According to the US Department of Health and Human Services, only 17% of Asian Americans with probable mental health diagnoses appeared to seek services.<sup>2</sup>

I found Asian American patients and families reluctant to open up to mental health professionals, with fear of being “judged.” Patients reported struggling to connect with providers who do not understand their culture. Acculturation requires tremendous community support. Having experienced acculturation personally, I understand the challenges my Asian American patients report, especially the first generation. In my experience, English proficiency seems a struggle for my teenage immigrant patients, and bullying and victimization in schools is common. These teens often complain of poor self-esteem, depression, and anxiety as they struggle to fit into a new culture.

I find it challenging to engage Asian American patients and their families in treatment. Personally, it seems the chronicity of mental illness is a foreign idea for these patients, contributing to their medication non-adherence. I am often asked, “Now that he/she is doing well and has been out of the hospital for 3 months, when can we stop the medication?” I made strong efforts to build alliance, providing psychoeducation about medications, engaging family, and simplifying the information. However, it was an ordeal.

Through my journey, I found cultural competency and acceptance as keys to improving my ability to provide good care to the Asian American population. I hope for more research in this field to equip me with better knowledge and tools to support this unique population.

### **Early Career Psychiatrist** **Richard Ha**

Growing up, most of my friends were from immigrant families. We had highly educated parents and were expected to value education. We were told we had opportunities our parents wished they had, how hard kids from our native countries studied, and that we must speak our native tongue. We were told that we were from our native country, despite being born in the United States.

I was ashamed of my differences. There was no avoiding looking Asian, and it was hard to integrate into a primarily White society. Visiting other countries helped me realize it was okay to be me. Through bonding with high school classmates in the Costa Rican jungle, learning Korean in Seoul with other foreigners, and living in a Korean Buddhist temple, I experienced friendships with people from different backgrounds and other Koreans. I learned many people were like me. We struggled together and worked collaboratively to overcome those struggles.

My experiences helped me value psychiatry. We guide and support patients through their struggles with internal and external expectations, their place in society, interpersonal connections, and others. Despite my Korean American experience sometimes being miserable and lonely, it helped me understand my patients' turbulent journeys, and planted the seed to provide good psychiatric care. However, I found that my own opportunities were limited, as I was forced into the traditional Asian stereotype of “getting superior academic grades.” Without good grades, it seemed no one knew how to help. I had to blaze my own trail, and through it I discovered many paths in medicine.

The chair of my psychiatry residency, Dr. Robert L. Trestman, once told me, “Whatever you do in life, make

sure you do something that you enjoy *and* helps the most people.” I volunteer a large portion of time developing programs for young Asian Americans in medicine, helping them avoid the injustices I experienced as an aspiring student. I find the most joy in these mentorships – because I was in their shoes once.

## Conclusion

Through narratives, we find connections. While we constantly reflexively seek to understand our patients’ narratives, we forget that our individual stories are also meaningful and worthwhile to explore. Our immigrant and Asian American minority identities transcend our professional selves, yet we hesitate to harness these strengths. The inherent insecurity to disclose may stem from our desire to integrate and belong. Certainly, the presence of at least 43 sub-ethnic groups within the Asian American identity, each with unique cultural beliefs and socioeconomic backgrounds, causes pause as we ponder whether telling our stories enhances unity or discord.<sup>3</sup> Here, by sharing our vulnerabilities, we demonstrate the power of our personal truths, and advocate for mentors to foster our cultural identities as strengths within our professional development.

Improving the Asian American mentorship network is not easy. Knowledge of culture-specific beliefs, whether relating to the medical profession, families, gender, sexuality, education, even mentorship dynamics, is critical to understanding the biopsychosocial factors that shape the development of the Asian American psychiatrist. Fostering individual mentor-mentee relationships may provide longitudinal support through a trainee’s career,

and as some regions of the United States have smaller Asian populations, national opportunities, such as those sponsored by the AACAP Asian Caucus, provide valuable connections for Asian American trainees that may not be available otherwise. These national platforms allow for cross-regional mentorships – an initiative underway through the AACAP Asian Caucus – which provide guidance for Asian American trainees without in-person access to mentors with shared experiences. Through these support mechanisms, we hope to empower Asian American psychiatry trainees to transform their own cultural experiences and knowledge into clinical pearls that enrich their patient care experiences and improve their patients’ lives.

## Take Home Summary

Encouraging minority psychiatry trainees to share their narratives empowers them to incorporate individual cultural experiences into their professional identity development, harnessing their unique strengths to enhance patient and community connections.

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### About the Authors

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The authors have reported no funding for this work.

**Disclosure:** Dr. Ha served as project leader for a 2020 AACAP Advocacy and Collaboration Grant awarded to SCSCAP and NCROCAP. Drs. Chou, Kaur, Thai, and Li have reported no biomedical financial interests or potential conflicts of interest.

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This article was edited by Nicole King Cotton, MD.