Healing From Internalized Racism for Asian Americans

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Internalized racism poses harm to Asian Americans’ well-being, mental health, body image, and relationships, while reinforcing racism and anti-Blackness. Rather than pathologizing Asian Americans who internalize racism, this article offers an understanding of its origins within the context of white supremacy and ways of healing and dismantling internalized oppression by cultivating critical consciousness, which includes both awareness of oppression and action to change systems of oppression. Recommendations for psychologists include inviting conversations and naming internalized oppression directly, integrating awareness and psychoeducation about internalized oppression into psychotherapy practice, teaching mindfulness and self-compassion, empowering and encouraging clients to take social action, and promoting critical consciousness in community interventions. In addition to helping clients heal from the harms of internalized racism, psychologists are encouraged to engage in antiracism work as a means of preventing the harms of racism.

Public Significance Statement
This article provides an analysis of research on internalized racism and its harmful impact on Asian Americans and offers strategies for psychologists to support Asian Americans in healing from internalized racism by inviting conversations and naming internalized oppression directly, integrating awareness and psychoeducation about internalized oppression into psychotherapy practice, teaching mindfulness and self-compassion, and empowering and encouraging clients to take social action.

Keywords: internalized racism, Asian Americans, critical consciousness

The COVID-19 pandemic and political scapegoating of China for the virus have exacerbated anti-Asian racism and xenophobia in the U.S., with close to 3,800 hate incidents reported to Stop AAPI Hate (2021) between March 19, 2020 and February 28, 2021. These incidents include verbal harassment, shunning, physical assault, discrimination and refusal of service, and online harassment, with Asian women reporting incidents 2.3 times more than men. Direct and vicarious experiences of COVID-19-related anti-Asian discrimination are linked with increases in generalized anxiety and depressive symptoms (Cheah et al., 2020). The recent rise in anti-Asian racist incidents is increasing public awareness about the long history of racism and violence against Asian Americans (Brockell, 2021), as attention to the Black Lives Matter movement and the murders of George Floyd, Ahmaud Arbery, and Breonna Taylor prompted widespread conversations about the continuing effects of systemic racism. Although there appears to be more media coverage and awareness of interpersonal and systemic racism in the U.S., there is less public discussion about internalized racism, a manifestation of racism that receives much less scholarly attention as well (Banks & Stephens, 2018; David et al., 2019; Speight, 2007). Most studies of internalized racism understandably focus on the experiences of African Americans, given their extensive, painful history of oppression (David et al., 2019); however, there is a gap in our understanding of internalized racism among Asian Americans.

Asian Americans are not a monolithic group; they come from over 20 countries with their own histories, languages, and cultures (Pew Research Center, 2017). Even with these differences, however, Asian Americans share similar experiences of racism historically and in the present (Millan & Alvarez, 2013). Many Asian Americans come from countries colonized by Europeans who inculcated ethnocentric beliefs of European superiority throughout Asia. Early Asian immigrants to the U.S. experienced discrimination, exploitation, legal prohibitions against citizenship and land ownership, segregation, and a racial ideology that degraded and dehumanized Asians (Lee, 2015). This history laid the groundwork for the incarceration of Japanese Americans during World War II. In the aftermath of the September 11, 2001 attacks, South Asian Americans have been subjected to discrimination, hate crimes, and violence (Lee, 2015). Throughout U.S. history, people of Asian descent have experienced violence and scapegoating, particularly during times of unrest and economic difficulty. Anti-Asian stereotypes and racism persist in the U.S. today, often with little backlash from the public. This history of racism and deeply engrained
stereotypes set up an environment in which many Asian Americans internalize feelings of racial inferiority (Millan & Alvarez, 2013). It is important to note that dismantling systemic racism is the most direct way to target internalized racism; as such, psychologists are encouraged to commit to antiracism in their work. At the same time, research is lacking on psychotherapy interventions to help people heal from the self-loathing associated with internalized racism. This article will provide an analysis of research on internalized racism and its harmful impact on Asian Americans, and offer strategies rooted in critical consciousness and liberation psychology to support Asian Americans in healing from internalized oppression, including inviting conversations and naming internalized oppression directly, integrating ongoing awareness about internalized oppression into treatment, teaching mindfulness and self-compassion, empowering clients to engage in social action, and promoting critical consciousness in community interventions.

Internalized Racism

Internalized racism occurs as people of color adopt racist messages from the dominant culture that uphold white culture as the norm against which racial minorities are judged and deemed inferior, resulting in self-loathing and disregard for one’s own race and self (Pyke, 2010). Campón and Carter (2015) identified five dimensions of internalized racism: negative beliefs about one’s own race, beliefs that reinforce the racial status quo, embracing Eurocentric standards for beauty and behavior, criticizing members of one’s own racial/ethnic group, and painful emotions, such as shame and embarrassment. Internalized racism is a common reaction to repeated experiences of microaggressions, racist incidents, and racial trauma (Bryant-Davis & Ocampo, 2006; Comas-Díaz et al., 2019). In Trieu and Lee’s (2017) qualitative study of 1.5 and second-generation Asian Americans, participants shared experiences of racist bullying that led them to reject being Asian. For example, a Korean American woman stated: “I asked my mom, ‘Why couldn’t I be white?’ … I got beat up because I had small eyes … I got picked on a lot because I was the only Asian in the class … Every day, they dragged me to the back of the bus. Ugh, it was terrible. I hated being Korean. I despised it” (p. 74). Internalized racism can also be understood as an adaptive response as Asian Americans struggle to survive in white American spaces (Choi et al., 2017; Chou & Feagin, 2015). They may assimilate and “Americanize” themselves to white standards of behavior because these standards are privileged in dominant culture and serve as a pathway to success in the U.S. Banks and Stephens (2018) argued that internalized racism includes more than devaluation of the self and acceptance of messages of racial inferiority; it includes a broader range of ways people from marginalized groups learn to accept and take on the tools of oppression. Eyelid surgery or changing Asian names, for example, could be the result of self-loathing and internalization of white standards, but they could also be ways to help navigate inevitable racism.

Harmful Impacts of Internalized Racism

Internalized racism must be understood within the broader context of white supremacy, which presents whiteness as the norm and ideal, while people of color are deemed as deficient and “other.” Asian Americans are socialized within a “white racial frame” (Chou & Feagin, 2015); through pervasive media images, advertisements, language, school curricula, and expectations for “appropriate” or “professional” behavior, whiteness is imposed as the standard to which people of color are compared. Without this contextual understanding, internalizing negative messages could be considered a sign of individual shortcomings and result in victim blaming (Pyke, 2010). The goal of this article is not to pathologize Asian Americans who internalize racism but to understand its origins within the context of white supremacy and to uncover ways of healing internalized oppression. Speight (2007) argued that internalized racism may be “the most damaging psychological injury that is due to racism” (p. 130). Internalized racism is harmful in a number of ways, including the impact on mental health outcomes, shame, body image and internalization of white beauty standards, intraethnic relationships, and reinforcing racism and anti-Blackness.

Negative Mental Health Outcomes

Most research on the impact of internalized racism focuses on the harm to mental and emotional well-being that arises when people of color embrace negative beliefs about themselves. In their review of the literature, David et al. (2019) found that internalized racism is correlated with increased hopelessness, stress, depression, anxiety, poor body image, and physical health problems, and decreased psychological well-being, life satisfaction, and personal and collective self-esteem. These findings were further supported by a meta-analysis in which the researchers found a consistent correlation between internalized racism and negative mental health outcomes (Gale et al., 2020). Few studies have documented the relationship between internalized racism and mental health outcomes for Asian Americans specifically. Shen et al. (2011) found that internalizing negative stereotypes about Asian Americans is correlated with decreased self-esteem, quality of life, and life satisfaction. Campón and Carter (2015) found that higher levels of internalized racism are associated with higher rates of depression and anxiety and lower collective self-esteem. In a sample of Asians and Pacific Islanders in Alaska, García et al. (2019) documented a significant interaction between the experiences of racial/ethnic discrimination and internalized inferiority in predicting mental distress. In other words, discrimination is experienced as more distressing for Asians and Pacific Islanders who have internalized negative beliefs and emotions about themselves and their ethnic group.

One line of research on the impact of internalized racism among Asian Americans has focused specifically on colonial mentality, the belief in western superiority and Filipino inferiority resulting from a long history of colonization (David & Okazaki, 2006a). In a study of 603 Filipino Americans, David and Okazaki (2006b) found colonial mentality was correlated with depression and negative perceptions of one’s self and one’s ethnic group. These findings were further supported in a study that found correlations among colonial mentality, decreased personal and collective self-esteem, negative attitudes toward one’s ethnic group, and depression (David, 2008). Using structural equation modeling, David (2008) found that colonial mentality better explained depression symptoms than the model that did not include colonial mentality. Moreover, colonial mentality had a more significant direct effect on depression compared to other
variables such as ethnic identity, enculturation, or personal and collective self-esteem. Although most research on colonial mentality focuses on Filipinos, Millan and Alvarez (2013) noted that the experience is likely shared by other Asian groups, as Asian Americans from other countries also have a history of colonization (David & Okazaki, 2006a).

A discussion of internalized racism would not be complete without addressing intersectionality, a term coined by Kimberlé Crenshaw (1991) to describe the ways multiple forms of oppression can compound and exacerbate each other. An Asian American man who is cisgender, heterosexual, upper class, and able-bodied is likely to experience internalized oppression in ways that are distinct from a queer, non-binary, low-income Asian American person with a disability. Though they both may have internalized negative messages about being Asian, their experiences and the impact on mental health likely differ based on the convergence of their other identities and experiences of privilege and oppression. David et al. (2019) found that only 8% of existing research on internalized racism addressed intersectionality. In one of the few studies of internalized oppression from an intersectional perspective, Szymanski and Gupta (2009) found that experiences of racism, heterosexism, and internalized racism and heterosexism were each correlated with psychological distress for lesbian, gay, and bisexual Asian Americans. Similarly, in a study of 318 lesbian, gay, bisexual, and queer people of color (21% were Asian American), Velez et al. (2019) found that internalized heterosexism and internalized racism were each unique predictors of psychological distress. It is important to state unequivocally that Asian Americans are not a monolith. Thus, the experience of internalized racism may vary as a function of intersecting social identities, acculturation, generational status, and the racial/ethnic composition of one’s community. For example, recent immigrants who grew up surrounded by others of the same race during their formative years may experience racism differently than second- or third-generation Asian Americans who grow up in settings that center whiteness. Moreover, Asian Americans who live in communities with few other Asian Americans may feel a greater sense of “othering” compared to Asian Americans in communities with larger populations of Asian Americans and other people of color.

Shame

Shame is a key feature of internalized racism, as one’s race is perceived as a personal flaw. In a qualitative study of 52 Asian Americans, shame was a common theme in participants’ experiences (Trieu & Lee, 2017). Participants grew up with the understanding that a “normal American” was white and being of Asian descent was foreign and inferior. As such, participants shared experiences of wanting to change their name and wishing to be white with “blonde hair, blue eyes” (p. 74). Covert forms of colonial mentality, such as feelings of shame, embarrassment, and inferiority, have a greater negative impact on mental health compared to overt colonial mentality, such as altering one’s appearance to look more white and discriminating against less-Americanized members of one’s cultural group (David, 2010).

Watts-Jones (2002) identified two aspects of shame for African American people in particular: “The shame associated with our African-ness … and the shame of being shamed” (p. 593). Kelly Marie Tran (2018), a Vietnamese American actress, echoed this notion of shame and the shame of being shamed in a New York Times article:

Their words reinforced a narrative I had heard my whole life: That I was “other,” that I didn’t belong, that I wasn’t good enough, simply because I wasn’t like them. And that feeling, I realize now, was, and is, shame, a shame for the things that made me different, a shame for the culture from which I came from. And to me, the most disappointing thing was that I felt it at all. (para. 4)

Here, Tran clearly expresses both the painful shame of feeling less than because of her Asian-ness and the secondary shame and disappointment for feeling this way in the first place.

Negative Body Image and Internalization of White Beauty Standards

One aspect of internalized racism for Asian Americans is internalizing white beauty standards, including skin color, facial features, eye shape, and body image. As Asian Americans internalize white standards of beauty, their body dissatisfaction increases (Kaw, 1993; Kawamura & Rice, 2009). Colorism (preference for lighter over dark skin tone) and white beauty standards have a greater impact on Asian American women than on men, as darker-skinned Asian American women face discrimination in jobs and dating relationships and are more likely to internalize a sense of inferiority (Ryabov, 2016). Many Asian American women who undergo cosmetic surgery for double eyelids and nose bridges do so because they associate these facial features with negative qualities such as passivity and dullness (Kaw, 1993). Skin-lightening products are commonly used in Asian communities in spite of the health risks associated with their hazardous chemicals (Liu, 2018). With the increasing acceptance of the Black Lives Matter movement, some beauty companies are changing the names of their skin whitening products (e.g., Unilever is rebranding the popular whitening cream “Fair and Lovely” to “Lovely”; Noman, 2020), but the deeply engrained messages that value Eurocentric beauty standards persist (Ramirez, 2020).

Intraethnic Relationships

Internalized racism affects relationships with people of the same race/ethnicity, inside and outside of the family. Internalized racism can manifest as “intraethnic othering” when Asian Americans seek to distance themselves from others of their race/ethnicity and project their perceived inadequacies onto others of the same group (Pyke & Dang, 2003). Shame underlies this distancing behavior, as Kauka (2009) shared in her story of painfully avoiding eye contact with other Asian American kids. Asian American children are often pressured to acculturate to white norms through painful lessons internalized from microaggressions and racial trauma; as a result, intraethnic othering may be an attempt to minimize their Asian-ness as a strategy to prevent further injury (Liu et al., 2019). Based on interviews with Korean Americans and Vietnamese Americans, Pyke and Dang (2003) found that participants asserted their Americanized identity and distanced themselves from those who were seen as “too Asian” with the use of the pejorative label “FOB” (fresh off the boat). By ridiculing “FOBs” (Asian Americans who spoke their native language, spoke Asian-accented English, or dressed and behaved in ways common to recent Asian immigrants), participants
reinforced the very same stereotypes they sought to distance themselves from. Shankar (2008) noted that among Desi (South Asian American) high school students, classism plays a role in the use of the term “FOB”; upper-middle class Desi high school students labeled middle class teens whose parents are nonskilled workers as FOBs as a way to distance themselves from their perceived undesirable characteristics. In a related study of Asian American male mathematics teachers, internalized racism manifested as avoidance of relationships with other Asian Americans, as participants attempted to manage stereotypes about their racial group. Interestingly, some participants mentored and advocated for Black and Latinx students while avoiding Asian American students (Kokka & Chao, 2020).

Internalized racism and colorism are also reproduced within the family. Khanna (2020) provided stories of generational conflict as Asian mothers and grandmothers instill messages of racial inferiority and pressure their daughters and granddaughters to adopt white beauty norms. For example, an Indian American woman described conflict with her mother over her mother’s comments about her dark skin and attempts to “fix” her skin with face masks and other products. Asian American children often experience such comments as hurtful, yet family lessons of racial inferiority stem from the desire for their children to be successful in the white dominant culture. As Khanna (2020) noted, family members “did not create colorism, but they have learned to operate within it and understand the value of doing so” (p. 38). The tendency to frame family members “as destructive or unloving” diverts attention away from racist systems that privilege whiteness and disadvantage people of color (Pyke, 2010, p. 559).

Reinforcing Racism and Anti-Blackness

In addition to harming within-group relationships, internalized racism impedes solidarity with other people of color, as white supremacy functions to “divide and conquer” marginalized groups. Comas-Diaz (2007) refers to this as horizontal hostility, the projection of self-hate onto other people of color because it cannot be expressed directly to those in power. Internalized racism is thus both a consequence of and a reinforcer of racism (Dancy & Jean-Marie, 2014; David & Derthick, 2013; David et al., 2019; Pyke, 2010). As Asian Americans internalize the dominant culture’s narratives of white superiority and the inferiority of people of color, they may begin to accept, rationalize, or deny the existence of racism (David & Okazaki, 2006a) and reinforce their own oppression and the oppression of other racial minorities (Choi et al., 2017).

One manifestation of internalized racism for Asian Americans is internalizing the model minority myth, the idea that Asian Americans are educationally, professionally, and financially successful due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and perseverance. The origins of the term “model minority” stem from an attempt to criticize Black, Latinx, and Indigenous people by praising Asian Americans of the term due solely to their strong work ethic and intelligence (David et al., 2019).

In a study of 251 Asian American college students, Yi and Todd (2021) found that greater internalization of the model minority myth (e.g., beliefs that Asian Americans are more successful due to strong values and hard work) was linked with more anti-Black attitudes (e.g., beliefs that Black people are less successful because they do not work as hard). These beliefs reinforce anti-Blackness by victim blaming and minimizing systemic inequities and reflect a hierarchy of oppression in which Asian Americans have been racially triangulated between white and Black communities and praised compared to Black Americans (Kim, 1999). The framing of Asian Americans as “model minorities” or “honorary whites” reinforces white supremacy (Chou & Feagin, 2015) and can lead to tension in relationships between Asian Americans and other communities of color who are pitted against each other rather than against the system of white supremacy (Tran et al., 2018).

Anti-Blackness is common in the U.S., Asia, and in Asian American communities where whiteness is linked with beauty, success, and upward mobility (Khanna, 2020). Due to the global influence of mass media and racist images of Black people, Asian immigrants often bring anti-Black attitudes with them from their countries of origin (Roth & Kim, 2013). Especially because they have little to no actual exposure to Black people in their native countries, immigrants to the U.S. often attribute their initial fear of Black Americans to the media. In their attempts to survive in an oppressive system and ensure their family’s success, many Asian Americans seek to distance themselves from Blackness and confirm their status as “model minorities” (Tran et al., 2018). Although Asian Americans are not responsible for white supremacy, it is important for Asian Americans to reflect on their complicity with white supremacy and to challenge anti-Blackness in their families and communities. Collectivism, harmony in relationships, and respect for elders are cultural values common among Asian Americans that serve as important cultural strengths (Sue & Sue, 2016). These same strengths, however, may compete with the fight for equity and justice (Lin, 2020). Reinforcing anti-Black racism is thus one of the costs of internalized racism among Asian Americans.

Healing Internalized Racism by Cultivating Critical Consciousness

Psychologists looking to help others heal from internalized racism must start with the commonly used advice, “Counselor, know thyself” (Sue & Sue, 2016). The Multicultural and Social Justice Counseling Competencies offer a framework for providing culturally competent services, including awareness, knowledge, skills, and action (Ratts et al., 2016). Awareness starts with mental health professionals becoming aware of their own biases, beliefs, values, identities, and experiences of power and privilege, including ways that they are complicit with or have internalized oppression themselves. Knowledge involves psychologists educating themselves about racism, its intersections with other forms of oppression, and the impact on mental health. Skills refers to culturally appropriate interventions with clients, such as recognizing the impact of racism and oppression on clients’ lives and including this in assessment and treatment approaches. Clinicians can assist clients in exploring the impact of racism and other forms of oppression on their lives and empower them to take action. The fourth competency, action, refers to scholarship and actions that target oppressive policies and practices (Goodman et al., 2004).
Grzanka et al. (2019) urged psychologists to commit to antiracism and liberation in their scholarly, clinical, teaching, and advocacy work. By claiming neutrality and not taking action to resist racism, psychologists collude with and maintain racism. Psychologists can use their awareness, knowledge, and skills to engage in antiracist work, such as speaking out against racist policies in schools and other organizations, organizing rallies and protests, meeting with legislators or community leaders, and working to change oppressive laws. For example, Hargons et al. (2017) called on psychologists to actively engage in the Black Lives Matter movement by offering antiracism workshops, Op-Eds for newspapers, and social justice education for students. Given the evidence that racism is associated with negative outcomes for psychological well-being, the work of mental health professionals cannot be separated from social justice if the goal is to promote clients’ well-being (Chang et al., 2010).

For psychologists of all racial backgrounds, multicultural and social justice competence must also be grounded in cultural humility, the lifelong process of learning and self-reflection (Tervalon & Murray-García, 1998). Because white supremacy is so pervasive and western psychology tends to be Eurocentric in focus, it is important that all therapists commit to the ongoing, and often difficult, practice of identifying and challenging their biases and assumptions and bringing awareness to their own positionalities and intersecting identities. Therapists with privilege in various identities can support their clients by educating themselves rather than expecting clients to teach them about their own oppression and by addressing how power and privilege may impact the relationship with the client. According to the American Psychological Association, as of 2015, 86% of psychologists in the U.S. were white (5% Asian, 5% Hispanic, 4% Black/African American, and 1% multiracial or from other racial/ethnic groups; Lin et al., 2018). This means that Asian American clients may be more likely to receive counseling from white psychologists than from members of their own or another minority racial group. For white clinicians in particular, awareness and self-reflection of their own racial identity and relationship to white supremacy is crucial so that they do not “help” Asian American clients heal from internalized racism in ways that are paternalizing or harmful.

Building upon the research on internalized racism discussed above, this article provides a framework for psychologists to support Asian Americans in healing from internalized racism by cultivating critical consciousness. In Pedagogy of the Oppressed, Paulo Freire (1970) stated: “To surmount the situation of oppression, people must first critically recognize its causes, so that through transforming action they can create a new situation, one which makes possible the pursuit of a fuller humanity” (p. 47). Critical consciousness refers to the process of reflecting and understanding the roots of oppression, and then taking action based on this understanding. The emphasis is on healing rather than adjusting to or merely surviving oppression and its negative mental health impacts. Radical healing is a “process that acknowledges the pain of oppression while fostering hope for justice and psychopolitical freedom” (French et al., 2020, p. 25). This approach is rooted in principles of liberation psychology that support marginalized people to reclaim their histories, resist oppression, tell their own stories, and reconnect with ancestral traditions and practices (Martín-Baró, 1994). Singh (2020), in her Society of Counseling Psychology Presidential Address, described liberation as “the feeling deep in our bones when we are free from all the internalized messages we were taught of who we were supposed to be and the expansion we feel when we transform these messages into critical consciousness to act upon the world and change it” (p. 1112). Psychologists can support clients in liberating themselves from oppressive internalized messages and translating this awareness into constructive action.

A growing body of research is documenting the healing benefits of critical consciousness. Developing critical consciousness of oppression and systemic inequities protects marginalized people from internalizing negative views about themselves (Comas-Díaz, 2007). Trieu and Lee (2017) found that learning ethnic and racial history was a key factor in unlearning internalized racism for Asian Americans. One participant shared her journey of healing from internalized racism: “I was taking the classes and understanding the structural aspects of racism and the history of it—that really was so empowering to me. I became very aware of being Asian American and wanting to do something about it and be with other people who felt that way” (p. 79). Similarly, Osajima (2007) investigated the development of critical consciousness and commitment to social justice among Asian American activists. Participants described significant moments in their education when they learned about the impact of sociopolitical context and developed a vocabulary to name and understand the impact of oppression on the lived experiences of themselves and others. Being able to “name the world” is necessary to begin to effectively make change. In another study of critical consciousness, Chan & Mak, 2020 investigated the impact of critical reflection and action among LGBTQ Chinese participants living in Hong Kong. They found that critical reflection was correlated with decreased internalized oppression and increased engagement in collective action to challenge oppression. These findings suggest that critical consciousness can be an important strategy in liberating people from internalized oppression and empowering them to take action.

For Asian Americans, critical consciousness involves the following: (a) becoming aware of messages that have been internalized (e.g., colorism, model minority myth, white supremacy, anti-Black racism) and the sociopolitical context of oppression and (b) taking steps individually and/or collectively to combat oppression. Recognizing that it is the systems of oppression that cause harm can be transformative for clients who have internalized negative beliefs about themselves. Grounded in liberation psychology, critical consciousness, and radical healing, this article offers psychologists a framework for helping Asian American clients to become aware of internalized racism and how that has manifested for them, and translate this awareness into empowerment and action aimed at social change.

**Invite Conversations and Name Internalized Oppression**

Clients seldom come to counseling with internalized racism as their presenting problem; they are more likely to present with issues such as depression, anxiety, or low self-esteem (Watts-Jones, 2002). For example, for faculty of color, internalized racism can show up as the “impostor syndrome,” referring to unwarranted doubts about one’s professional skills and capabilities (Dancy & Jean-Marie, 2014). Nagata et al. (2019) noted that for Sansei (third-generation Japanese American) clients, reports of low self-esteem and relationship concerns are often tied to deeper issues of ethnic identity connected to their parents’ incarceration experiences. Moreover,
Asian clients often report somatic symptoms, such as disrupted sleeping, headaches, and gastrointestinal issues, rather than emotional and psychological symptoms (Litam, 2020). As such, it is important for mental health professionals to be aware of the possibility of underlying internalized racism even if the client does not identify it directly.

Most mental health professionals have not received training in assessing and treating race-based trauma (Hemmings & Evans, 2018) and typically do not include questions about racism in their assessments (Carter, 2007), even though discussing experiences related to racism supports client engagement and the therapeutic relationship (Cardemil & Battle, 2003; Day-Vines et al., 2007; Sosoo et al., 2019). When clinicians avoid the topic, they inadvertently convey to clients that they are either uncomfortable discussing racism or they do not regard it as relevant. By inviting such conversations with an attitude of openness and curiosity, clients are given the space to break the silence and heal some of the shame around these subjects. The responsibility for introducing and inviting conversations about race rests with the psychologist, as clients may otherwise be unlikely to raise these issues due to uncertainty about how the therapist would respond. With an Asian American client, an example might be the psychologist asking, “I wonder if you see any connection between your feelings of low self-confidence and your experience growing up as the only Asian kid in school?” or “Tell me about any experiences you have had being treated differently because of your culture or race. How did those experiences impact you then? What impact do they have on you now?” Clients can be invited to reflect on racial messages received from caregivers, media, school, and other institutions; costs and benefits for complying with these messages; the personal impact of these messages; messages they would like to modify in the present; and strategies to change these messages (Singh, 2019). By naming experiences of oppression directly, therapists help to “make the invisible visible” (Sue et al., 2007).

Integrate Critical Consciousness Into Psychotherapy Practices

Therapy can be an important space for helping clients cultivate critical consciousness. Indeed, consciousness raising is central to multicultural and feminist therapies and has been found to be a powerful part of the therapy process (Grzanka et al., 2019). Multicultural and feminist therapists focus on the role of oppression in mental health issues, reframe what seem like problematic behaviors as survival strategies developed to cope with oppression, and support clients in addressing oppression in their lives (Brown, 2018; Sue & Sue, 2016). Psychologists can help clients do the ongoing work of observing and investigating how internalized racism and other intersecting forms of oppression (e.g., classism, ableism, sexism, heterosexism, etc.) show up in their coping strategies and daily life experiences. Based on a study of Chinese immigrants’ and Chinese Americans’ experiences of COVID-19-related anti-Asian racism, Litam and Oh (2020) urged counselors to support their clients’ ethnic identity by engaging in conversations about the impact of oppression on mental health and cultivating their critical consciousness. This could include encouraging clients to learn about the history of Asian Americans in the U.S., including the history of racism and inequities as well as civil rights activists. Psychologists can read extensively in these areas themselves and assemble lists of recommended reading and/or viewing for their clients. Therapy “homework” designed to increase consciousness, affirm one’s identities, and recover historical memory could also include inviting the client to identify and research someone of Asian descent who they find worthy of celebrating (Bryant-Davis, 2019).

Beyond multicultural and feminist therapies, psychologists can integrate awareness and psychoeducation about internalized oppression into existing approaches. Person-centered and narrative therapies can help clients develop new insights about the impact of internalized racism and empower them to reclaim their own narratives and rethink their identities in a healthier way (David et al., 2019). In narrative therapy, externalizing the problem can be a powerful way to resist inner feelings of shame and self-loathing associated with internalized racism, and rewriting one’s story and valuing one’s own experience can be an important part of the healing process (Kaufka, 2009). Similarly, Acceptance Commitment Therapy (ACT) can help in healing internalized racism with its emphasis on cognitive defusion, the ability to separate harmful thoughts from one’s self (Banks & Stephens, 2018). As clients learn to notice and observe their thoughts, they are able to have some distance from their thoughts and more freedom to choose how they want to respond. A South Asian American woman who thinks she is ugly because of her dark skin can learn to recognize the thought “dark skin is ugly” instead of automatically internalizing it to be true. Cognitive approaches can be helpful in nonjudgmentally identifying and challenging these maladaptive thoughts that have been internalized from the dominant culture (Bryant-Davis & Ocampo, 2006; David et al., 2019; Sosoo et al., 2019). In addition, mainstream therapy practices can be modified and integrated with traditional Asian healing practices, such as yoga, meditation, Tai Chi, and acupressure (Comas-Diaz, 2007).

Group therapy for Asian Americans can also support healing and critical consciousness. Group counseling may be particularly helpful for Asian Americans given their collectivistic orientation (Chung & Bemak, 2014). Liu et al. (2007) offered a multicultural and feminist framework as a culturally appropriate approach to group counseling with Asian American women. Group facilitators encouraged the women in the group to contextualize their experiences within the contexts of racism and patriarchy and to examine internalized messages and their origins. Within the safety of the group, the women were able to investigate the ways that they had internalized racism, including disliking their skin color or facial features and feeling disdain for recent Asian immigrants, and to feel more empowered to question and dismantle internalized racism.

Teach Mindfulness and Self-Compassion Practices to Expand Awareness

Mindfulness and self-compassion practices have been identified as a culturally relevant approach to healing racial trauma among Asian Americans (Litam, 2020). The concept of self-compassion emerged from Buddhist thought and includes three components: self-kindness (treating oneself with kindness rather than self-criticism); common humanity (recognizing that difficulties are part of a shared human experience); and mindfulness (allowing thoughts and feelings to be present; Neff, 2020). Self-compassion practices can be used as an emotion regulation strategy by bringing awareness to difficult emotions with kindness and a sense of shared humanity, which can serve as antidotes to self-loathing and internalized oppression. Wei et al. (2020) found that self-compassion protected Asian American university students...
students from the psychological distress associated with shame and impostor feelings. Given that shame seems to be at the core of internalized racism, practicing self-compassion may be a helpful strategy. Indeed, Watts-Jones (2002) noted that “transforming the pain and shame of internalized racism requires us to look deeply and be present with it, in silence and in voice . . . Witnessing our pain with the eyes of compassion is healing” (p. 594). Psychologists can help clients heal by promoting self-compassion practices, such as mindfulness meditation, journaling, challenging self-talk, and self-care (Neff, 2020). An added benefit is that these practices are widely accessible, even for those with limited financial resources or access to health care (Litam, 2020). Finally, mindfulness and self-compassion may be useful for Asian Americans reluctant to seek counseling, as many Asian Americans pursue self-help approaches rather than mental health services (Han & Pong, 2015).

Empower and Encourage Clients to Take Action

Critical consciousness is more than a cognitive process; it includes action to challenge and dismantle oppression in families, schools, workplaces, and larger institutions. As oppressed people come to learn they are neither alone in their experiences of oppression nor to blame for internalizing oppression, and that oppression is systemic and institutionalized, this awareness helps empower people toward change. Volunteering, contributing, and engaging in social action can benefit well-being (Ballard et al., 2019; Klar & Kasser, 2009) and be an important part of healing, as it “promotes solidarity as an antidote against helplessness” (Comas-Díaz, 2007, p. 112). In their work on healing from racial trauma, Bryant-Davis and Ocampo (2006) recommend resistance strategies to empower clients and challenge internalized racism. Examples of strategies include creating and signing petitions, voting, fighting for antiracist policies and practices, and educating others about oppression. Psychologists can help clients explore the various forms action can take and which they want to pursue. For example, Iyer (2019) offered a “social change ecosystem” to depict the many different ways that people can engage in social change (e.g., healers, storytellers, artists, bridge builders, and caregivers). Because many people feel unsure how and where to start, clients can be invited to explore their values, the roles they feel comfortable in, and areas for growth. Toporek and Akuwulilai (2021) proposed that Strength, Solidarity, Strategy, and Sustainability (the “S-Quad”) facilitate effective social change action. Using this model, psychologists can help clients explore their strengths (resources, skills, and knowledge), encourage solidarity with others (build relationships and community), consider strategies for action (e.g., contact legislators, participate in protests and rallies, create art or music), and practice self-care to maintain sustainability and prevent burnout. Both of these models (Iyer, 2019; Toporek & Akuwulilai, 2021) propose that there is not one “right” way to work toward social change, so clients can be encouraged to envision the roles that fit for them, whether they are introverts, extroverts, students, teachers, adults, children, artists, writers, caregivers, or any other role.

Psychologists can also play an important role in fostering critical consciousness on the model minority myth and anti-Blackness, helping clients reflect on messages they have received and ways to unlearn and challenge these messages. Encouraging clients to learn about the history of Asian American and Black solidarity (e.g., the work of Yuri Kochiyama and Grace Lee Boggs) can inspire Asian Americans to question and dismantle anti-Black racism (Yi & Todd, 2021). David (2020) offered suggestions for addressing anti-Blackness in everyday moments with family members in ways that are consistent with the values of maintaining family harmony, respecting elders, and avoiding shame. David based his suggestions on Sue et al.’s (2019) work on microinterventions, responses that “make the ‘invisible’ visible” and disrupt microaggressions by challenging and educating the perpetrator. Examples of making the “invisible” visible in everyday moments include commenting while watching Asian shows and movies where most actors and actresses are light-skinned, as well as challenging negative comments about dark skin, anti-Black statements, and colorism while at the Asian grocery store. Challenging anti-Blackness is difficult because it is so engrained, and cultural values in Asian American families often make it hard for people to question these views. Psychologists can provide support for the inevitable disappointments that will arise as people seek to challenge anti-Black racism in their families and communities. Outside support and reinforcement are crucial in doing this work (Sue et al., 2019).

Promote Critical Consciousness in Community Interventions

French et al. (2020) noted that healing often takes place in community settings, encouraging psychologists to expand their conceptualization of treatment beyond traditional modes of treatment. A number of programs based on Freire’s concept of critical consciousness have been developed to tackle internalized racism specifically among Asian American youth. For example, a theater program for Hmong youth uses art to cultivate critical consciousness (Ngo, 2017). Youth write and perform plays to tell their stories about race and racism, rewrite dominant narratives, and envision different endings that challenge social injustice. Critical consciousness allowed the students to heal from the shame of internalized racism, celebrate their Hmong heritage, and focus their energy on responding to social inequities instead. Similarly, Nguyen and Quinn (2018) discussed a summer youth organizing program for Vietnamese immigrant youth developed in response to Vietnamese-Black tension in their community. Through the process of critical reflection, youth questioned their anti-Black biases, recognized causes of inequity and tension, and brainstormed solutions for change. Finally, Tintiangco-Cubales and Sacramento (2009) offered Pinayist pedagogy as a community-based curriculum that empowers and teaches Pinays (Filipina Americans) about decolonization, community building, and liberation. In a Pinayist workshop series for high school students, participants were guided to identify problems facing their community, analyze the roots of these problems, and develop action plans. Similar to the theater program described by Ngo (2017), Pinay students could use art, poetry, and performances to express their thoughts and feelings about oppression and to create solutions. One Pinay high school student shared that the workshop “challenged me to love myself and to see beyond my internalized perceptions of what the world thinks of me. It also made me think about how I treat other Pinays” (p. 181).

The works of Suyemoto et al. (2009), Ngo (2017), Nguyen and Quinn (2018), and Tintiangco-Cubales and Sacramento (2009) offer strategies that psychologists can implement through community interventions. Psychologists can use their skills in listening, holding space for difficult emotions, and facilitating groups to implement programs aimed at developing critical reflection and action. Helping clients to reconnect with their culture, celebrate their identities, and
give voice to their experiences helps to build community and allow space for healing (Comas-Díaz, 2007). Moreover, sharing art, literature, theater, dance, and other creative forms helps to combat negative stereotypes. It would be helpful for psychologists to consider ways to promote critical consciousness among Asian American children, adults, and older adults, as existing programs seem to focus more on high school and university students. An intersectional approach would also be helpful to address multiple social identities and experiences of oppression.

**Conclusion**

This article offered an analysis of contemporary studies on internalized racism and its harmful impact on Asian Americans and outlined strategies for psychologists to support Asian Americans in healing from internalized oppression by becoming aware of the impact of internalized racism on their experience and of larger systems of oppression and then translating this consciousness into action. The aim is to move beyond surviving and coping with racism and instead to find liberation, pride, and affirmation of oneself and one’s community. Graduate school training and continued education for clinicians should include teaching on internalized racism and intersecting forms of oppression as well as strategies for healing. Training programs need to create learning environments that promote openness and curiosity, allowing for vulnerability and discomfort as trainees reflect on their own racialized experiences, biases, and beliefs (Sue et al., 2007). Professors and supervisors of clinical work can invite trainees to consider internalized racism in their case conceptualization and treatment planning with clients. Because racism is not just a personal issue but a sociopolitical problem, healing must also move beyond the therapy session and address systemic oppression (Comas-Díaz, 2007; French et al., 2020). Psychologists are thus encouraged to assist clients with healing from the harms of racism as well as to center antiracism in their work as a way of preventing the harms of racism from occurring in the first place. Healing from internalized racism must address both the individual and the larger context of oppression.

**References**


Bryant-Davis, T. (Host). (2019, August 4). It’s not all in your head: Exposing oppression (No. 5) [Audio podcast episode]. In *The homecoming podcast with Dr. Thema*.


Received February 6, 2021
Revision received May 4, 2021
Accepted May 16, 2021