

Asian Canadian Therapists' Experience and Coping With Racial Microaggressions: An Interpretative Phenomenological Analysis

Yiu-Yin Chang and Ben C. H. Kuo
Department of Psychology, University of Windsor

Existing research has shown that being the target of racial microaggression is a common and recurring experience for therapists of color. Despite this, existing knowledge about microaggressions experienced by therapists of Asian background is limited. Lesser still is our current understanding of these microaggressions occurring in clinical and professional settings. To address this gap, the present study explored Asian Canadian therapists' lived experiences with clinically or professionally situated racial microaggressions and their means of coping with these racial discrimination-related stressors. Specifically, this study employed interpretative phenomenological analysis to analyze data collected from semistructured interviews with nine Asian Canadian therapists. The results identified four major themes with 11 subthemes: (a) complexity and ambiguity, (b) impacts, (c) action versus inaction, and (d) strengths and rewards. The data revealed the complex, ambiguous, and context-dependent nature of microaggressions and the significant negative impacts of microaggressions on the participants' emotional well-being. The extra intellectual effort required of Asian therapists to figure out how to respond to microaggressions was shown to be highly exhausting, both cognitively and emotionally. Several coping methods were identified by the participants, including a mixture of broaching, social support, clinical supervision, spiritual practice, psychotherapy, reframing of thoughts, and strengthening/reaffirming cultural identity. However, inaction and remaining silent were also reported under certain circumstances. Implications and recommendations for practice and research in support of Asian Canadian therapists in responding to microaggressions, at personal and institutional/organizational levels, are considered and forwarded.

What is the public significance of this article?

The findings reveal the nuanced and complex nature of racial microaggressions experienced by Asian Canadian therapists in professional and clinical settings. The results show that these therapists had to exert significant intellectual and emotional labor when responding to such race-related stressors. This study highlights the importance of organizations providing a safe and antioppressive work environment for therapists and staff, as well as the benefits for affected clinicians in utilizing a wide range of coping resources.

Keywords: Asian therapist, racial microaggressions, therapist of color, interpretative phenomenological analysis, stress and coping

Within the rapidly diversifying racial and ethnic demographic makeups of North America, Asians represent the fastest growing racial group in both Canada and the United States (Budiman & Ruiz, 2021; Statistics Canada, 2024). It follows that having increased Asian representation in psychological professionals can play a critical role in addressing the unique mental health needs of growing multicultural communities. Nevertheless, most Canadian psychological professional

organizations do not routinely gather information on their members' racial backgrounds. However, available data in Ontario show that 27.5% of registered psychotherapists offer clinical services in languages other than English and/or French (College of Registered Psychotherapists of Ontario, 2024). Additionally, the *Insider's Guide to Graduate Programs* reported that racialized students comprise between 19% and 31% of those admitted to Canadian

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Yiu-Yin Chang  <https://orcid.org/0000-0002-8974-8298>

YIU-YIN CHANG is a PhD student in clinical psychology at the University of Windsor. Her research interest focuses on multicultural issues in counseling and minority mental health.

Dr. BEN C. H. KUO is a professor in clinical psychology at the University of Windsor and a registered psychologist in Ontario. His research focuses on the intersection between culture and psychology, particularly in the areas of multicultural counseling and training and cross-cultural psychology.

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CORRESPONDENCE CONCERNING THIS ARTICLE should be addressed to Yiu-Yin Chang, Department of Psychology, University of Windsor, 401 Sunset Avenue, Chrysler Hall South, Windsor, ON N9B 3P4, Canada. Email: chang12a@uwindsor.ca

clinical or counseling psychology graduate programs (Sayette & Norcross, 2016). Canadian scholars have observed that considering the growing racial diversity of the nation, Black, Indigenous, and people of color psychologists are still disproportionately underrepresented in mental health services in Canada (Sarr et al., 2022). The context above underscores the crucial importance of understanding the experiences of clinicians of racially diverse backgrounds in North America, particularly Asian therapists, given the expanding nature of Asian immigrant communities and the anticipated growth of Asian counselors, therapists, and psychologists entering into the fields of mental health services and professional psychology.

As Asian therapists navigate their dual roles as mental health professionals and members of a racialized community, they might encounter unique challenges, particularly in the form of racial discrimination (Nezu, 2010; Wang et al., 2023). Existing literature on therapists of color, including Asian therapists, has unequivocally recognized racial microaggressions as one of the main challenges reported by these clinicians in professional settings (Branco & Bayne, 2020; Hernández et al., 2010; Price, 2015). Although overt racism has become less prevalent within North America compared with previous decades, covert forms of discrimination are still rampant and often disguised in subtle and seemingly harmless forms known as microaggressions (Sue, 2010). Accordingly, microaggressions can be expressed consciously or unconsciously, and they communicate derogatory, hostile, or negative prejudice toward people of color and other marginalized groups (Sue, 2010; Sue et al., 2007). In responding to such a stressor, individuals typically assess the stressful situation and then mobilize their coping resources, such as seeking social support, confronting aggressors, using distraction techniques, engaging in self-care activities, or utilizing spiritual coping (Houshmand et al., 2017). For therapists of color, Branco and Bayne's (2020) study showed that their coping responses to race-related stressors in clinical practice can be distinct due to the nature of the therapeutic relationship. However, this work is preliminary, and it warrants further empirical investigation.

A significant gap in the existing published research on therapists of color is that the majority of the empirical work has been conducted with either undifferentiated or mixed groups of clinicians of color (e.g., Hernández et al., 2010; Okun et al., 2017) or solely with Black clinicians (e.g., Goode-Cross, 2011; Shell et al., 2022). Consequently, the experiences of other therapists of color, such as Asian therapists, are underrepresented and understudied within the available literature. Equally important, the majority of existing racial microaggression studies related to the therapeutic context focused primarily on the perspective of clients of color, as the recipient or target (e.g., Hook et al., 2016; Owen et al., 2014). Little empirical understanding is available regarding how therapists of color perceive and experience microaggressions within clinical, therapeutic, and professional contexts when the therapists are the targets. Finally, most of this limited body of research involving therapists of color was conducted in the context of the United States (e.g., Branco & Bayne, 2020; González Vera et al., 2024). Therefore, there is a need to broaden the scope of microaggression research by gaining insights into the experiences and the coping responses of Asian therapists specifically and therapists of color generally in other cultural/national contexts, such as Canada.

Hence, the present study seeks to contribute to the current racial microaggression research by addressing the gaps identified above,

as well as extend racial microaggression research into the realm of clinical and professional settings involving Asian Canadian therapists. As an exploratory qualitative study, the present study applied the interpretative phenomenological analysis (IPA) approach to examine nine Asian therapists' lived experiences of racial microaggressions occurring in Canadian professional workplaces and their coping responses in dealing with these microaggressions. It is anticipated that a nuanced qualitative investigation of Asian Canadian therapists' firsthand experiences with clinically situated racial microaggressions will enhance the depth and breadth of the microaggressions research. Furthermore, in a practical sense, the study's findings will serve to heighten awareness of the adverse impact of microaggressions on Asian Canadian therapists, to help counseling and psychology graduate training programs and organizations support their trainees and clinicians more effectively, and ultimately to respond to, address, and combat racial microaggressions.

Defining "Asian" for This Study

The term "Asian" represents diverse ethnic and cultural backgrounds (Statistics Canada, 2024). This study defines Asians as individuals with ancestry from the regions of East Asia (e.g., China, Korea, Japan), Southeast Asia (e.g., the Philippines, Thailand, Malaysia), and South Asia (e.g., India, Bangladesh, Pakistan). It should be noted that this definition is consistent with how the term is employed in the prevailing literature studying racism and racial microaggressions among Asian Americans and Asian Canadians (see, e.g., P. Y. Kim et al., 2017; J. Y. Kim & Shang, 2024; Ong et al., 2013).

Anti-Asian Racism and Racial Microaggressions in the Canadian and North American Contexts

Racial discrimination against Asian Canadians has manifested in various forms throughout Canada's history, including discriminatory voting laws and exclusionary immigration policies from the 1880s to the early 1900s and forced relocation and internment in the 1940s (Yao, 2022). Today, although overt forms of discrimination may be less common, structural racism in Canada continues to persist in education, health care, employment, criminal justice, and housing (Souissi, 2022), with the COVID-19 pandemic further fueling racism and hate crimes against Asian individuals (Han et al., 2023).

Moreover, Asians are often stereotyped as a "model minority," being viewed as high achievers with socioeconomic success (P. Wong et al., 1998). Sue et al. (2009) stated that Asian Americans are often stereotyped as being foreign born and intelligent. Their study found that Asian Americans' experiences of racial discrimination were often invalidated and that the general public still considers Asians as a monolithic group. Asian Americans are also often viewed as exotic (in the case of Asian women), deemed as having a less desirable culture, seen as second-class citizens (e.g., treated differently by customer service), and made to feel invisible (e.g., being overlooked; Sue et al., 2009). The consequences of racial discrimination on Asians are evident through the erosion of Asian Americans' self-esteem (Wong-Padoongpatt et al., 2017), adverse mental and physical health outcomes (Ong et al., 2013), and growing mistrust of mainstream culture (P. Y. Kim et al., 2017).

Operationalizing Racial Microaggressions and Their Impacts

Over the past decade, psychological research on microaggressions has grown significantly (G. Wong et al., 2014). In the 1970s, Chester Pierce coined the term “microaggression,” which initially described denigrating messages toward people of color, particularly African Americans (Pierce et al., 1978). The term was later broadened to refer to subtle social devaluations and aggressions toward individuals of other diverse and marginalized backgrounds. Later, Sue et al. (2007) defined microaggressions as “brief, commonplace, daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color” (p. 273). Sue et al. categorized racial microaggressions into three types: microassault, microinsult, and microinvalidation. Microassault refers to explicit, often deliberate acts of racism, such as giving preferential treatment to a White customer over a person of color. Microinsult refers to subtle, frequently unintentional statements or behaviors that demean a person’s cultural heritage and/or identity. An example would be questioning how a person of color obtained their job, implying their lack of qualifications. Moreover, microinvalidation occurs when the experiences of individuals of color are dismissed by the dominant group, which can be seen in statements like “I do not see color.” This negates the realities of racism and prejudice lived by individuals of color (Sue et al., 2007).

Because microaggressions often appear insignificant and innocuous, people often minimize the harm of microaggressions. However, these subtle and ambiguous forms of racial discrimination are shown to be damaging for the affected individuals. Of note, Sue et al. (2007) described that when faced with microaggressions, individuals of color often found themselves caught in a “catch-22” situation, which causes the targets to second guess themselves when determining whether a microaggression has actually occurred. If they do not respond to microaggressive acts, they might feel that their experiential reality was denied or experience psychological tolls such as anger and frustration. However, if they decide to respond to microaggressive behaviors, the target may fear being labeled as oversensitive or paranoid (Sue et al., 2007). Thus, the inherently subtle and ambiguous nature of microaggressions often places racialized individuals in stressful, no-win situations.

Prevailing empirical studies also underscore the enduring negative mental and physical health consequences of racial discrimination on its recipients (e.g., Clark et al., 1999; Pascoe & Smart Richman, 2009; D. R. Williams & Mohammed, 2009). Prior studies show that racial microaggressions were associated with increased suicide risk (O’Keefe et al., 2015); increased alcohol consumption (Blume et al., 2012); more symptoms of depression, anxiety, and emotional distress; and difficulty having behavioral control (Nadal et al., 2014). Racial microaggressions are also linked to higher reports of somatic complaints, such as migraine, sleep disturbances, respiratory infections, and gastrointestinal upset (C. D. Williams, 2014). In the therapeutic context, racial microaggressions have been said to undermine working alliances, the client’s satisfaction with treatment, and the perceived cultural competence of the therapist (Constantine, 2007), thus leading to negative therapeutic outcomes for clients (Owen et al., 2011).

Racial Discrimination Against Therapists of Color and Asian Therapists

The existing literature recognizes racial discrimination as one of the major challenges therapists of color encounter at their workplace. In an earlier article, Comas-Fíaz and Jacobsen (1995) observed that therapists of color faced disproportionately more pressure to prove their professional competency than their White counterparts. In an American Psychological Association opinion poll, 111 racial and ethnic minority psychologists reported being subjected to the stereotype that their clinical competence was primarily limited to supporting clients with cultural diversity issues (Constantine et al., 1995). Similarly, Iwamasa’s (1996) study of 31 ethnic minority cognitive behavioral therapists also reported that clients’ racial bias toward therapists of color led to adverse impacts on the therapists’ clinical work. The therapist participants in Iwamasa’s study recounted that some of their clients were reluctant to accept their clinical recommendations, declined to see them due to their race, or verbalized racial insults toward them. Furthermore, these therapists were subjected to disparaging racial comments, and their achievements were often dismissed by their colleagues. In Tinsley-Jones’s (2001) study of eight psychologists of color, the participants identified several incidents of racial discrimination; these included experiencing racial stereotypes and feeling the need to conceal or mask their non-Western identities within certain professional circles.

More recently, the literature shows that microaggressions directed toward therapists can negatively affect client–therapist relationships and therapy processes (Branco & Bayne, 2020). Branco and Bayne (2020) observed that microaggressions perpetrated by clients were often not isolated incidents, instead occurring as an ongoing part of the therapeutic dynamic. At work, therapists of color are more likely to be questioned about their professional qualifications (Okun et al., 2017), and they feel compelled to work harder to counteract negative perceptions about their race (Dollarhide et al., 2018). In the supervisory context, researchers have observed that microaggressions can lead to mistrust in supervisor–supervisee relationships (Constantine & Sue, 2007; Jang et al., 2020). When microaggressions were perpetrated by supervisors, supervisees of color reported a lack of cultural sensitivity from their supervisors and less satisfaction with their supervision (Jang et al., 2020). Other types of microaggressions reported by therapists of color include institutional racism (Hoshino & Junge, 2006) and a lack of diversity training tailored to therapists of color (Wieling & Rastogi, 2004).

Despite the above, empirical attention and research on the microaggression experiences of therapists of Asian backgrounds remain scarce and are based mostly on research conducted in the United States. In our literature review, we could only identify a handful of scholarly discussions of Asian therapists. In a narrative account, Nezu (2010), a Japanese American psychologist, described clients who commented that he reminded them of other Asian individuals. Some clients also described Nezu to be more “emotionally sensitive” because of his racial status. On the positive side, Nezu found himself able to understand and empathize with his Asian clients better because of their shared or similar cultural backgrounds. In J. L. Haskins et al.’s (2022) study of Asian and Latinx therapist trainees, Asian trainees identified several racial microaggressive acts like being asked by their clients about their country of origin, being complimented on speaking “good English,” being mistaken for another Asian individual, being refused by their clients due to their accent, and overhearing racist comments

directed toward them. Consequently, these therapist trainees were made to feel “marginalized” (J. L. Haskins et al., 2022). Wang et al. (2023) further found that Asian international psychotherapists reported adverse impacts of xenophobia and microaggressions on their well-being, the client–therapist relationship, and treatment effectiveness. Given the above, an expanded and more nuanced examination of Asian Canadian therapists' experiences of clinically situated racial microaggressions and their stress-coping responses is sorely needed.

Therapists of Color Coping With Microaggressions

Research shows that problem-solving coping strategies are beneficial when addressing racial discrimination, whereas avoidance, passive, or emotion-focused coping responses are associated with negative outcomes (Barnes & Lightsey, 2005; Pascoe & Smart Richman, 2009). In coping with racial microaggression, individuals who use active coping and engagement coping approaches (e.g., problem solving, cognitive reframing, seeking emotional support) reported lower psychological distress and depressive symptoms compared with individuals using passive and disengagement coping strategies, such as avoidance, withdrawal, self-criticism, or wishful thinking (Sanchez et al., 2018; Torres et al., 2010). However, the effectiveness of a particular coping response depends on the level of the threat, an individual's cultural identities, and environmental context (Lazarus & Folkman, 1984; Pascoe & Smart Richman, 2009). For instance, E. A. Lee et al. (2012) found that when encountering racism, Asian Americans often use indirect coping strategies to preserve harmonious interpersonal relationships, whereas African Americans are more likely to confront aggressors about their microaggressive acts.

Available empirical research about clinicians of color's responses to race-related stressors is currently limited. Hernández et al. (2010) qualitatively examined the adaptive responses in dealing with microaggressions by 24 mental health professionals of color. It was found that the initial reaction of these professionals to microaggressions involved first analyzing how they would respond to the incident. The participants reported using self-care, spiritual coping, confronting the aggressors, seeking support from White allies/coworkers, documenting microaggressive incidents, seeking mentoring, and raising public awareness about institutional racism as ways of coping with microaggressions. In another article, Hoshino and Junge (2006) found that in response to racial discrimination, art therapists of color were motivated to make a positive impact on the lives of individuals of marginalized groups by starting new initiatives, such as creating a support group for racialized individuals.

Other documented strategies employed by therapists of color to manage racial microaggressions include engaging in exercises (Lewis, 2020), creating artwork (Hoshino & Junge, 2006), and consulting with their therapist peers (Branco & Bayne, 2020). In Okun et al.'s (2017) study of interracial therapy interactions, therapists of diverse racial backgrounds frequently resorted to engagement coping methods, including proactively taking an interest in clients' narratives, using self-disclosure to equalize the race-based power reversal, and bridging differences between client–therapist social identities. In this study, the participants also noted that they responded to microaggressions by challenging or interrupting clients' actions. Branco and Bayne's (2020) study of eight counselors of color revealed that the participants managed power differentials in therapy by setting aside their personal reactions to microaggressions and working under the assumption that

their clients were not ill intentioned. While this handful of studies provides a helpful glimpse into the coping behaviors of therapists of colors, findings remain preliminary, and further investigation is needed.

The Present Study

Although the existing research has shown that racial microaggressions are recurring experiences for therapists of color, significant gaps and limitations remain in the current literature. In particular, therapists of Asian heritage are significantly underrepresented in this body of research, highlighting the need for greater attention to their unique experiences. To address these limitations, the present study aimed to expand upon current racial microaggression research by extending the investigation into the narrative experiences of Asian Canadian therapists specifically within clinical and professional contexts. To this end, this study addresses the following two research questions:

Research Question 1: What is the nature of Asian Canadian therapists' experiences with racial microaggressions in clinical practice and professional settings?

Research Question 2: How do Asian Canadian therapists cope with their experiences of racial microaggressions in the above settings?

In addressing these research questions, this study aimed to contribute to the existing multicultural and counseling literature by deepening our understanding of not only the effects of racial microaggressions on Asian therapists but also the strategies they employ to respond to and navigate these race-related stressors in clinical and professional contexts. The results of this study may inform clinical practices and guide mental health organizations in developing stronger support systems for Asian therapists, as well as advancing cultural diversity and social justice within the fields of counseling, psychotherapy, and professional psychology.

Researchers' Theoretical Lens

To understand participants' experiences of racial microaggressions, we adopted a relativist ontological position, which holds that multiple realities exist and are shaped by individuals' lived experiences and social interactions (Creswell & Poth, 2018; Guba & Lincoln, 1994). This perspective aligns with our belief about people, including Asian therapists, that each individual participant interprets reality differently based on their unique perspectives, personal experiences, and cultural contexts. We also endorse a social constructivist epistemological stance, recognizing that reality is coconstructed by the participants and the researchers (Creswell & Poth, 2018). This process is also shaped and influenced by individuals' subjective experiences, interpretations, and value systems (Burns et al., 2022). These philosophical assumptions are compatible with the use of qualitative methods, as qualitative inquiry allows an in-depth exploration of how individuals interpret and give meaning to their distinctive personal, subjective experiences (Smith & Osborn, 2003), such as the experiences of racial microaggressions among Asian Canadian therapists.

Positionality

Inherent in our social constructivist paradigm is the recognition that our sociocultural identities and professional backgrounds can influence how we approach and interpret a research topic. In this IPA study, we, as researchers, actively engaged in the interpretation of participants' experiences by recognizing how our own identities, experiences, assumptions, and perspectives shape the research process (Smith et al., 2009). Accordingly, the first author identifies as a first-generation female Asian Canadian and is currently pursuing her doctorate in clinical psychology. The second author is a first-generation male Asian Canadian, a registered psychologist, and a tenured university professor. As foreign-born immigrants, both authors have experienced and/or witnessed racial microaggressions in their personal lives and academic and professional work experiences. Additionally, both authors are committed to advocacy for underserved and racialized communities. Despite these similarities, the two authors differ in their respective gender (female vs. male) and academic/professional credentials (doctoral student vs. professor; clinical trainee vs. licensed clinician). We acknowledge that these shared beliefs and differing perspectives serve as the lenses through which we engaged with the participants, analyzed the data, and interpreted the study's results.

Method

IPA

The use of IPA in the present study closely aligns with the social constructivist paradigm (Crawford, 2019). In particular, IPA represents an appropriate methodological research tool to investigate participants' lived experiences and how they make sense of their experiences in a particular context and situation (Smith et al., 2009). IPA is grounded in three major theoretical underpinnings: phenomenology, hermeneutics, and idiography. Because IPA is rooted in phenomenological philosophy, this approach allows researchers to engage in a detailed examination of participants' personal experiences and subjective perceptions (Smith et al., 2009).

Phenomenology, developed from the work of Husserl, rejects positivism's view on constructing an absolute objective truth and instead focuses on subjective personal accounts (Neubauer et al., 2019). Later phenomenologists moved toward a more interpretative position, focusing on the process of how individuals make sense of their existence, the dynamic interaction between the participant and their context, and the impact of historical, contextual, and political forces on individual experience (Miller et al., 2018; Smith et al., 2009).

IPA also identifies closely with the hermeneutic tradition in phenomenology (Smith et al., 2009). Hermeneutics, the art of interpretation, views meaning as fluid, evolving, and continually open to new insights, reinterpretations, and revisions (Tuffour, 2017). We, as the researchers, worked to understand participants' original experiences from their viewpoints with empathy and openness (hermeneutics of empathy). We also interpreted how participants made sense of their world (hermeneutics of suspicion). This two-layer interpretation process is known as the "double hermeneutic" (Smith et al., 2009). As Smith et al. (2009) described, such a process allows the researchers to see a phenomenon from the participants' accounts and perspectives and enables researchers to interpret the nuanced meanings behind the participants' own words. This double-hermeneutic process moved

us beyond the superficial level of the participants' descriptions and voice to ensure a deeper understanding of human experiences and the phenomenon at hand (Smith et al., 2009). Last, IPA is committed to idiography, which underscores a specific and detailed exploration of individual experiences situated in contexts (Pietkiewicz & Smith, 2014). By focusing on particular cases of Asian Canadian therapists, IPA allowed us to seek a nuanced and in-depth examination of how each therapist participant made sense of their experience or perception of microaggression in a given setting or circumstance.

It is also important to acknowledge that while IPA has its roots in Western philosophical traditions, previous scholars have noted that its focus on in-depth, subjective, lived experiences makes it adaptable for research in cultural or Indigenous psychology (Pietkiewicz & Smith, 2014). Moreover, IPA has been adopted and applied in researching individuals' experiences of racial discrimination in a number of recently published studies (see, e.g., Brooks-Ucheaga, 2023; Ebubedike et al., 2024). To address potential cultural biases when using a Western qualitative methodology, in this research we adopted Thambinathan and Kinsella's (2021) decolonizing principles. As the IPA approach focuses on the coconstruction of meaning between participants and researchers (Smith et al., 2009), engaging in critical reflexivity ensured that we respected the cultural contexts of the participants and safeguarded against imposing a narrow Western interpretive lens (Thambinathan & Kinsella, 2021). We also fostered collaborative engagement with participants, acknowledged participants' autonomy in sharing their experiences, and were committed to social justice by bringing these participants' voices to public attention. Informed by these decolonizing principles, we believe that IPA can operate effectively as a culturally sensitive methodological approach for Asian therapists to share their narratives of how racial microaggressions have shaped their experiences.

In summary, the above theoretical/philosophical underpinnings and frameworks serve as the critical conceptual and methodological bases of the present IPA study on clinically and professionally situated racial microaggressions. Informed and guided by these principles, values, and assumptions, we believe that IPA represents a robust and well-suited qualitative methodology for our empirical purposes to investigate and explore racial microaggressions encountered by Asian Canadian clinicians in clinical and professional contexts.

Participants

With the aim of engaging in a detailed and nuanced description and analysis of Asian Canadian therapists' lived experiences, this study recruited a small, purposively selected, and homogenous sample (Smith & Nizza, 2022). While there is no default sample size for an IPA study, IPA samples are typically very small. Smith and Osborn (2003) suggested recruiting four to 10 participants for a doctorate project and three to six for a master's thesis and an undergraduate study. A small IPA sample allows researchers to fully immerse themselves in each participant's personal account in depth (Smith et al., 2009).

Nine therapists of Asian descent were recruited for this study. See Table 1 for the participants' demographic information, with pseudonyms to protect their identities. The sample included eight females and one male, between the ages of 29 and 42. Regarding ethnicity, one therapist self-identified as Southeast Asian, seven as East Asian, and one as South Asian. Seven were born in Canada, and two were

Table 1
Basic Demographic Information of Participants

Pseudonym	Age range	Ethnicity	Gender	Level of education
Jamie	30–40	East Asian	Female	PhD (clinical psychology)
Olivia	30–40	East Asian	Female	Master's degree (counseling)
Clarissa	40–50	East Asian	Female	PhD (clinical psychology)
Naomi	30–40	South Asian	Female	PhD (clinical psychology)
Sarah	30–40	East Asian	Female	Master's degree (social work)
Logan	30–40	East Asian	Male	PhD (clinical psychology)
Alice	40–50	East Asian	Female	PhD (clinical psychology)
Eva	30–40	East Asian	Female	Master's degree (counseling)
Emma	20–30	Southeast Asian	Female	Master's degree (social work)

Note. Given the small scope of the community of Asian therapists in Canada, certain demographic information was not listed in this table to help preserve the anonymity of the participants.

born outside of Canada. All had obtained graduate degrees in Canada: Two participants had a master's degree in social work, two obtained their master's in counseling psychology, and five had a PhD in clinical psychology. In terms of their practice location, one participant worked in British Columbia, one in Alberta, and the other seven in Ontario.

Data Collection

The present research received ethics clearance from the Research Ethics Board of the authors' institution, and informed consent was obtained from all participants. Participants were recruited through the following methods: (a) snowball sampling through the authors' professional networks, (b) distributing the study flyer via professional mental health organizations in Canada, and (c) posting study information on mental health professional Facebook groups. A semistructured interview was conducted by the first author (the principal researcher). Each interview was recorded via Microsoft Teams, lasting approximately one to 1.5 hr. The interview questions focused on exploring participants' experiences of microaggressions (e.g., "Can you describe some examples in which a microaggression occurred at the workplace?") and coping responses (e.g., "How did you manage when you experienced a microaggression with your client, coworkers, and/or supervisors?"). All participants received a CA\$40 gift card as an appreciation for their participation.

Data Analysis

The recorded interviews were transcribed verbatim and de-identified. We followed Smith et al.'s (2009) IPA guidelines for analyzing interview data. First, the transcript from the first participant was read and reread several times by the first author. Second, in the margin of the transcript, initial notes were written by the first author to capture the participant's descriptive, linguistic, and conceptual experiences. Third, emerging themes were identified based on these initial notes. These themes involved the researcher's interpretations of the participant's narrative. Fourth, related themes from the transcript were grouped together to form major themes. Fifth, the next participant's transcript was examined and analyzed for possible new themes. Such an analytical process was repeated for all the remaining transcripts. In the last step, all transcripts were again examined, and similar patterns were carefully synthesized and integrated.

Trustworthiness and Reflexivity

Several qualitative validation strategies were employed in this study to ensure its trustworthiness, including thick descriptions, member checking, peer debriefing, external audit, audit trails, and reflexivity (Creswell & Poth, 2018; Tracy, 2010). To achieve thick description, a significant amount of time was devoted to interpreting and analyzing Asian Canadian therapists' narratives to capture the detailed accounts of their feelings, thoughts, intentions, motivations, and social actions. In addition, this study adopted a member-checking process, in which three participants agreed to review the preliminary data analysis and confirmed that the results accurately reflected their experiences. Member checking has been widely accepted as an important validation strategy in qualitative research (Creswell & Poth, 2018). However, some scholars cautioned that member checking might be misaligned with the underpinning philosophies of Heideggerian hermeneutic phenomenology, as it suggests a single universal truth, which conflicts with the views that multiple interpretations can coexist (McConnell-Henry et al., 2011). Thus, Vella (2024) cautioned that when using the member-checking technique, researchers must carefully evaluate whether this validation strategy fits with the epistemological position of the study and clarify its intended purpose. Heeding this observation, in the present study, grounded in the social constructivist paradigm, we applied the member-checking process as a means to encourage collaborative dialogue to enrich our understanding of Asian Canadian participants' lived experiences rather than validating a single truth. Further, Vella asserted that when researchers consider member checking from an epistemological standpoint, the process can promote researchers' reflexivity. Accordingly, when conducting member checking, we made conscious efforts to reflect on our worldviews and biases, openly acknowledge and guard against the power imbalances between participants and ourselves, as well as consider participants' diverse perspectives equally to ensure fairness during the interpretative process.

Furthermore, the study's findings were subjected to peer debriefing among three psychology graduate students who queried and challenged the researchers' interpretations of the data. As an added measure, a psychology PhD student who is well-versed in qualitative research provided an external audit of one interview transcript to assess the accuracy of the researchers' data interpretation. To enhance transparency, the first author kept a detailed audit trail, with notes explaining the development of the research design and the data collection and analysis procedures. Attention

was also paid to ensuring the compatibility between the chosen methodological approach and the study's research questions and data (Yardley, 2000). Additionally, reflexivity is essential to the quality and credibility of the study, as it requires researchers to recognize how their values and experiences may influence their findings (Finlay, 2002; Olmos-Vega et al., 2023). To ensure reflexivity, we maintained reflexive notes to record our thoughts, emotions, biases, and assumptions that arose throughout the research project. We critically examined how our cultural backgrounds, prior experiences of microaggressions, and clinical experiences might have impacted our beliefs and assumptions about Asian therapists, racism, and race-based microaggressions. We acknowledge that our values and assumptions may have influenced the interpretation of the data, and the process of peer debriefing helped us identify our personal biases and challenge our interpretation of participants' experiences.

Results

Four major themes emerged from the IPA analysis: (a) complexity and ambiguity, (b) impacts, (c) action versus inaction, and (d) strengths and rewards (see Table 2). The first two themes correspond primarily to the study's Research Question 1, revealing the nature of microaggressions encountered by Asian Canadian therapists. The latter two themes pertain mainly to Research Question 2 and illustrate the coping strategies Asian therapists utilized in response to microaggressions directed toward them. Under these major themes, there are 11 embedded subthemes, capturing the nuanced experiences of Asian Canadian therapists.

Major Theme 1: Complexity and Ambiguity

Under the first major theme, the findings showcase the multi-layered, multifaceted, and complex nature of microaggressions. This theme answers Research Question 1 pertaining to the nature of microaggressions. The participants' narratives revealed that microaggressions are subtle and ambiguous, come in various types and forms, and are manifested in various ways based on the situational context, the therapist's perception of the incident, and the therapist's intersectional identities. Three subthemes emerged from these experiences: (a) diverse forms of microaggressions, (b) contexts and perceptions, and (c) intersectionality of identities.

Table 2
Major Themes and Subthemes

Major theme	Subtheme
1. Complexity and ambiguity	1.1. Diverse forms of microaggressions 1.2. Contexts and perceptions 1.3. Intersectionality of identities
2. Impacts	2.1. Emotional pain 2.2. Cognitive fatigue 2.3. Relationship ruptures
3. Action vs. inaction	3.1. Responding through broaching 3.2. Responding with other ways of coping 3.3. Inaction
4. Strengths and rewards	4.1. Natural empathy and rapport 4.2. Providing a cultural lens

Subtheme 1.1: Diverse Forms of Microaggressions

Our data analysis showed that Asian therapists' experiences of microaggressions in clinical–professional settings can be categorized into four main types: (a) feeling like “the other,” (b) invisibility and hypervisibility, (c) stereotypes, and (d) institutional microaggressions.

Feeling Like “the Other”. Participants described how people often assumed they were foreign born, spoke a second language, or were familiar with certain Asian foods, customs, and cultures. For example, Eva shared the sense of “otherness” she experienced in her clinical work:

I can see that a lot of people or clients are trying to be sensitive about, like asking me where I'm from, and so they just say, “Oh, so where are you from?” ... When I do stand outside of it, it does feel like an “othering” really in the end. The recognition of I am not like the rest of the community kind of thing.

Similarly, Clarissa recounted a time when a conference speaker singled her out in front of the entire audience, which struck her particularly hard:

[The speaker asked], “You were born in the [an Asia country], weren't you?” ... She said, “it [this therapy approach] wouldn't work for you 'cause you were born in [an Asian country].” ... It happened in public in front of my colleagues to be called out in such a way to draw attention to the fact that “you look different” and “you're an ‘other,’” which was horrifying. ... it's just a reminder, “You are not like everybody else.”

Eva's and Clarissa's respective experiences suggest that individuals of Asian descent are not fully accepted or recognized as part of the larger Canadian society. Although the offenders of microaggressions might not be intentional, their comments triggered a profound feeling of alienation and otherness in the participants.

Invisibility and Hypervisibility. Paradoxically, Asian therapists in the study shared a contradictory experience of being “invisible” and “hypervisible” at the same time. On the one hand, participants felt that their values to their organizations were often overlooked, which made them feel invisible. Olivia described: “They [white colleagues] were asked for their opinions more. ... I wouldn't necessarily be consulted in the same way.” Similarly, Emma exclaimed: “I feel like I'm invisible, or when I say things, I'm cut off frequently. ... They don't always look to me just to share input, or I have to work really hard to contribute vocally more.”

On the other hand, some participants reported being more frequently put in the spotlight because they are people of color. While Olivia felt invisible at work, as conveyed in the quote above, she garnered extra scrutiny from her superiors, especially after she took on a leadership role in her organization, hence becoming more “visible”:

I have felt very micro-managed in the transition in a way that a non-Asian or white colleague who also stepped into similar role is not. We both stepped into the role, and then I felt like a lot of my decisions were scrutinized and micromanaged.

Olivia's experience illustrates the conflicting experience of invisibility and hypervisibility faced by many Asian Canadian therapists. Several participants noted that they were the only or one of the very few therapists of color on their clinical team. This underrepresentation of people of color in professional clinical settings further contributes to Asian Canadian therapists' hypervisibility. Clarissa's narrative underscores this point:

People remember who I am so when they meet me ... people know my name and sometimes to the point where it surprises me. ... I think that I am memorable because I look different, and it's easier to remember the "odd one," the odd therapist, even if I only spend one or two sessions with them.

Clarissa's comment that others might refer to her as "the odd one" implies that people often recognize her due to her racial group membership rather than her personal traits or professional competence.

Stereotypes. Being described as smart, hardworking, agreeable, and obedient to authority was a common stereotype-based microaggression reported by the participants. Jamie shared that her supervisor used the term "Asian work ethic" to compliment his Asian staff on their diligence at work. Similarly, Emma shared: "I will often receive comments like, 'You're so smart,' and I don't know that I'm necessarily smarter than my colleagues. ... I am a hard worker, but I wouldn't say I'm excessively a hard worker compared to most people." However, this perceived diligence and intelligence can often work against Asian therapists, as Naomi poignantly explained:

I think the double-edged sword of being Asian is that people know that you will work hard, and you will work overtime, and you will do a good job and be really efficient. I think that has been, at least for my boss ... the expectations put down on me.

In a similar vein, Emma explained her colleagues often mistook her respect for authority as deference and agreeableness based on their Asian stereotypes:

People also assume that I'm very agreeable. I have a respect for authority and management, and sometimes I think when I do speak out, I don't know it's received as well based on the assumption that Asians are pretty agreeable, quiet, subservient.

This type of microaggression stems from preconceived views and expectations of what Asians are and are not rather than who they are as a person.

Institutional Microaggressions. Participants also identified institutional discrimination as a critical source of microaggressions in their workplaces. This form of discrimination includes ingrained prejudice and differential treatment of therapists of color. Sarah recounted: "I never felt like an equal to them [my white coworkers] with the jobs." Likewise, Olivia described the unfair treatment of therapists of color perpetuated by her organization:

I would be treated differently than my non-Asian peers. I know this experience was shared by a Black colleague as well. ... I felt like there was more opportunities going into my non-racialized colleagues who have the same level of training, age.

Career development barriers are another aspect of the systemic racism identified by participants. Naomi described that Asian psychologists and psychologists of color often faced obstacles during the initial recruitment process: "In [her hospital], all of the people with full-time permanent jobs are white, with the Asian or colored psychologists are there on multiple contracts without benefits." Similarly, Emma observed systemic barriers for Asians striving for leadership positions: "I think you're less likely to also be mentored or noticed for leadership skills, and you have to work harder. In general, Asians tend to hit this glass ceiling where they're really hard workers."

Furthermore, organizations' failure to take racism seriously, the lack of support for staff who experienced race-related stress, and the

dismissal of opinions regarding diversity and inclusion issues in workplaces were also reported by some participants. Alice felt powerlessness against microaggressions in her workplace, stating: "I would not know who I could talk to. It's helpless." Eva was frustrated with her employer's insensitivity and inaction when a client was consistently rude to the staff of color: "I don't feel like the care toward the staff was addressed. ... The unawareness of the impact of racism is not clearly understood in my facility."

Subtheme 1.2: Contexts and Perceptions

Participants' narratives also revealed that their interpretations of microaggression are highly context dependent and influenced by their perception of the incidents. For instance, if the participants perceived that offenders were genuinely interested in their cultural heritage, most of them did not react negatively. One of Jamie's clients greeted her in Chinese; however, Jamie viewed it as the client's effort to establish a connection with her. Jamie described: "He [the client] thinks this is alliance-building, right? Like he thinks this is a nice gesture for you." Similarly, Alice commented on her supervisor: "He's just genuinely curious, and he's a person who's traveled a lot."

Additionally, the characteristics of the aggressor play a critical role. Several participants shared that they would usually be more forgiving if the offenders were older adults, clients with less exposure to diversity, and/or clients of color. When asked about her cultural background, Clarissa perceived these inquiries as curiosity: "I don't think that's microaggression because [older clients] are a little bit more curious." Olivia reported feeling less affected by the microaggressive behaviors of her racialized clients due to their shared racial background:

I don't feel like I necessarily experienced microaggression. It didn't impact my ability to be empathic with him. For my own sense of safety or comfort in session necessarily, because he also is a racialized person, so it feels different.

Conversely, Clarissa reported particularly hurt and disappointed when microaggressions originated from other mental health professionals:

It's actually probably more in academic and speaking engagements that I see it more often, which I think is sad. I think that with seniors, you expect some sort of level of stereotypes that they would hold true, and I find it really disappointing. More disappointing when I encounter it at a conference or in a situation like that.

Emma expressed a similar concern about microaggressions coming from professional colleagues:

I have an expectation that they [coworkers] have a greater awareness around their privilege and then their interactions with other racial groups and those comments and microaggressions, because you know we've all come from an educational background where we are taught basic foundations to anti-oppression, anti-racism.

In short, the accounts above show that Asian Canadian therapists' appraisals of microaggressions were intricate and partially dependent on their interpretation of the perpetrator's intention as well as multiple personal and professional characteristics.

Subtheme 1.3: Intersectionality of Identities

This subtheme speaks to the multilayered nature of microaggressions as they interact with the therapists' multiple, intersecting

identities. Several female participants noted the perceived link between youthful appearance and Asian heritage by clients—an intersection of gender, age, and ethnicity. As an example, Olivia often received comments from clients about her youthful look: “I guess even though that’s not specifically a race-based microaggression, I feel like it can’t be removed from that race ‘cause my race determines how young I look.” The same experience was underscored by Eva’s narrative:

I remember someone not wanting to see me, because they thought I was too young, and too pretty, which was so odd to me. ... I wouldn’t say it’s a direct to being Asian per se, but I do feel like the subtleties and the nuances is describing something that is to do with my race and my background in my heritage.

For Logan, his intersecting identifies, as a young Asian male, further complicated his experience with and response to microaggressions in his clinical practice:

I can’t like single out if it’s just because of race. ... Someone might not want to work with me, because I’m Asian. I’m a male, especially with couple therapy, a lot of people might be more comfortable with a female therapist, and I also look young. So, it’s not particularly just race, but it could be in conjunction with these other things as well.

Some Asian female participants reported that their non-Asian male clients openly expressed sexual attraction toward them during the therapy sessions or specifically requested for Asian female therapists. Olivia recalled a particular incident involving a male client:

[The client shared] about fantasizing about me in a sexual way outside of session. So, again, it wasn’t specifically linked to my racial identity because it was never brought up that he never said anything about. But again, I can’t help but wonder a little bit like inside, if I wasn’t an Asian female, but a white female, if he would feel, um, I’m not sure.

In this case, Olivia was unable to determine whether the male client’s microaggression toward her was race based or gender based, highlighting the obscured nature of microaggressions.

Major Theme 2: Impacts

Even though microaggressive acts can be elusive, often appearing innocuous on the surface, Asian Canadian therapists provided insights into the significant detrimental impact of microaggressions on their well-being and relationships with clients, colleagues, and supervisors. The three subthemes, (a) emotional pain, (b) cognitive fatigue, and (c) relationship rupture, also addressed Research Question 1, highlighting the harmful consequences of microaggressions.

Subtheme 2.1: Emotional Pain

Participants reported wide-ranging distressful emotions associated with their encounters with microaggressions, including sadness, discomfort, disappointment, frustration, anger, confusion, and feeling “weird,” “awkward,” or “dehumanized.” Naomi recounted:

Every time one of these incidents happened, I cried, think about it a lot. I, even now, as I describe it to you, I can get worked up and upset the fact that more memories of the times this stuff happened come flooding back every time. It leaves, it makes an impact.

When Naomi was recounting her microaggression experiences during the interview, she was flooded with vivid memories and

manifested a strong physical reaction. Naomi explained: “For those aggressions that are really painful, that really leave a mark.” For other participants, the microaggressions felt utterly “dehumanizing” even when they originated from positive stereotypes about Asians. Jamie described:

I don’t know how true it [positive stereotypes] actually is, you know. But also because I think for a long time, I always thought I looked older than I did, so I did not think it really applied to me. In general, it’s not great because I feel like objectified. Because it’s not about me as a person, it does, an Asian being who is supposed to look youthful and skinny.

Subtheme 2.2: Cognitive Fatigue

Another major impact of microaggressions stems from the cognitive exhaustion Asian Canadian therapists experienced due to second guessing themselves in the presence of microaggressions. When Naomi saw that her supervisor demanded a non-Canadian-born colleague to improve her accent, Naomi wondered: “It’s hard to know what is practical versus what is a microaggression coming out, like you need to fix this [accent] when it wasn’t actually that much a problem.” It also seems that the process of figuring out how to position oneself in response to microaggressions was cognitively taxing and draining for the target of microaggressions, as revealed in Sarah’s account. Once, Sarah was confronted by a client who told her that he did not want to work with her because she was Asian. Sarah was completely stunned: “In that moment, I like, I freak out. ... I don’t know what to do.”

Some participants noted that when confiding in their work colleagues about race-related stress, their experiences were often dismissed and minimized, which precipitated cognitive burden and exhaustion. Emma noted: “They’ve never experienced or seen that. It’s hard for them to believe it. And so, I feel a little bit like, I’m getting gaslighted. And I remember my colleague was like, ‘No, you’re overthinking it.’” This kind of skepticism by colleagues is often the reason a target of microaggressions keeps the incidents unreported. However, there is a profound cost to suppressing these concerns, as Emma pointed to in her narrative:

I can’t be myself if I can’t really fully experience to talk about racial injustices, ‘cause that’s a big part of my identity. It’s also a big part of why I chose social work, because I saw the racial inequities and challenges my parents experienced as immigrants.

Subtheme 2.3: Relationship Ruptures

In many cases, Asian therapists reported that they choose to prioritize the treatment goals and their clients’ feelings over their personal reactions to microaggressions to avoid any potential therapeutic ruptures. Emma asserted:

I don’t think it affects my relationship to them. ... I experienced it as like, they don’t know, they’re curious, they might not be as aware of the impact in terms of that curiosity and questioning. ... It does affect my interactions where I’m meeting them for the first time, but once I had gotten to know [the clients], then I would say it was fine.

Here we see that Emma adjusted her response to her client’s microaggressions based on her contextualized interpretation of the therapeutic relationship, reflecting the characteristics described under the previous major theme: perception and context.

Nevertheless, in certain cases, microaggressions can still lead to client–therapist relational ruptures. Clarissa recalled a client who often used pejorative and prejudicial language, including words such as “oriental” during the session. Clarissa recalled:

I had a lot of countertransference, negative countertransference with him. ... I try really hard to find something I like about a person, and I found it very difficult, so that actually, it just reinforced how I already felt, to be honest, it didn't really change anything.

Interestingly, for Asian therapists in this study, microaggressions that occurred with colleagues or supervisors were reported to be more damaging than those with their clients. This is partly because the participants expected their colleagues to be more professional and informed about issues of oppression and cultural sensitivity. This sentiment is reflected in Jamie's disappointment when she heard a disparaging conversation between her former supervisor and a colleague about Asian people:

This one, in particular, left a bad taste in my mouth. I see them as being having like unpleasant Asian stereotypes, and so I feel uncomfortable when I interact with them, 'cause I worry that when if I'm not super on top of things, if there is something that they will attribute it or kind of paint me with Asian, kind of view, you know.

Major Theme 3: Action Versus Inaction

The third major theme responded to Research Question 2, exploring various cognitive, emotional, and behavioral responses Asian Canadian therapists employed to cope with microaggressions. The first two subthemes, (a) responding through broaching and (b) responding with other ways of coping, highlighted participants' direct engagement with microaggressions and alternative responses, while the third subtheme, (c) inaction, uncovered the reasoning why Asian therapists chose not to respond to microaggressions.

Subtheme 3.1: Responding Through Broaching

Several participants identified that a strong therapy relationship was the precondition for them to confront or address microaggressions with their clients. Clarissa noted: “I've had many comments that were fairly negative and derogatory (from the client) that I've been able to correct in the moment because I have good rapport with that person.” Clarissa further added about an incident wherein a male client spoke negatively about an immigrant family living in his building:

I would actually ask him, “have you actually ever spoken to them [the immigrant family]?” “No, I've never spoken to them.” While I was like, “well, maybe you should. Maybe you shouldn't make assumptions when you haven't even interacted with them.” And then what was interesting later, he was, I forget why, they [the immigrant family] just walked up to him and offered to help him, and he had a really good interaction after that. ... That positive interaction sort of challenged his thought.

Clarissa also described using guidance to help her client see things from a different perspective:

It's always a teaching place right in my perspective, in psychotherapy were walking on a journey together. ... So that sort of discovery that they do with me can occur in discussions about race. And it comes from a good place. ... I bring up things and relationships, and thoughts that

they may not have considered before that affect their current behavior, and bringing light to that might help them change.

Several participants reported positive outcomes after broaching and/or disclosing their race-related concerns with their superiors. For instance, after Olivia took the courage to advocate for herself due to unfair work treatment, her supervisor provided Olivia with the training opportunity she deserved. Olivia reflected: “There's a little bit more of repair in the relationship. I feel better about working with her.” Similarly, Naomi spoke up against implicit racial biases in a work training session that was followed by a positive outcome:

I contacted my boss about it, and I was like this is really concerning. So, I thought he set up a meeting with the [position of the manager]. And so, I took them through all of the issues that they had, and then they're changing it now.

Subtheme 3.2: Responding With Other Ways of Coping

Participants reported a wide spectrum of coping responses following a microaggression, including social support, supervision, spiritual practice, psychotherapy, reframing their thoughts in a different perspective, strengthening their cultural identity (e.g., eating cultural food), avoiding their perpetrators, and becoming frozen (i.e., paralyzed and unsure what to do). Among these, debriefing with other therapists of color was noted to be particularly beneficial for many participants. Olivia highlighted the important role her Black therapist friends played in supporting her when facing microaggressions: “It was really helpful to talk things through because we would have similar experiences, because you could relate. We didn't have to be from the same racial background, but sharing of racialized identity helped a lot.”

Despite this, participants appeared to refrain from discussing race when seeking support from their supervisor or work peers. When Olivia consulted her supervisor regarding her male client's sexual fantasy of her, she recalled: “I didn't bring up the race piece in the case where the sexualized one.” This was because Olivia feared that her supervisor would not understand or be comfortable discussing the racial aspect of the incident. In the same way, Eva stated that she had to tiptoe around addressing racial issues during her team meetings: “I don't tend to bring it up in supervision. I work in a fairly Caucasian community as well.” These accounts show that Asian therapists often do not feel sufficiently safe and/or supported to disclose their race-related concerns with their superiors or colleagues—a factor that can precipitate the next subtheme.

Subtheme 3.3: Inaction

Participants' narratives also provided valuable insights into the circumstances in which they chose not to confront microaggressive acts. Overall, Asian therapists resorted to inaction due to clinical considerations, such as not wanting to jeopardize the therapeutic process or relationship, which is reflected in Olivia's comment here. She explained: “Within the various issues that he [the client] was dealing with, this was not the piece of center [of his therapy goal], and I didn't feel like it should be prioritized over other therapeutic goals.” Participants' inaction toward microaggression was also attributed to the emotional labor involving addressing race-related issues. For example, Emma did not want to face her White colleagues' discomfort with racial issues:

I don't feel safe addressing it ... when you look at the book *White Fragility* by Robin DiAngelo, she talks a lot about, there shouldn't be this onus on racialized people to educate white people, right? And then when you do tell them that they done or said something that might be a microaggression, then you have to deal with white fragility.

On the other hand, Naomi's hesitancy to broach microaggressions with her supervisors stemmed from both power differential and the values passed down from her parents:

The messaging from my parents, is "be thankful you have a job, you know, be a good worker," "Do your best" ... "don't talk too much," "don't complain when bad things happen," "Don't be making HR complaints," ... Because you want to keep your job. You know there is that level within our culture, an Asian culture of submission to survive. And I think that I do revert to that sometimes, especially when I have more of these kinds of racial conflicts to survive and make it to the next step.

Major Theme 4: Strengths and Rewards

This final theme of the present study underscores the positive, strength-based reflections on the part of Asian Canadian therapists following their encounters with microaggressions. This theme further corresponds to Research Question 2, showcasing the additional resources Asian Canadian therapists drew upon to cope with and mitigate the damaging and adverse impacts of microaggressions.

Subtheme 4.1: Natural Empathy and Rapport

Many participants reported that they took pride in their ability to work effectively with clients of racial and marginalized backgrounds and that these clients were drawn to working with them. Olivia commented: "I really enjoy working with East Asian-identified clients like there is just such an eased and natural empathy and rapport that it's just there." Jamie observed: "Sometimes they [clients] actually speak in Chinese to convey things. I don't speak fluent Chinese, but I understand well enough for them to convey. Like there are some sayings that have worked really well to build that alliance." Similarly, Clarissa was able to use her cultural empathy to guide her Asian client's children in understanding their mother's cultural upbringings, which in turn developed a strong working alliance with her client:

I said to her children, "You know what, she [the mother] grew up in a certain culture. ... And that's the disconnect that is actually making your relationship really difficult. ... This is her way of communicating 'cause she wasn't demonstrative in other ways. She wasn't physically affectionate, she didn't tell her children, 'I love you,' which is a very similar experience to what to my upbringing." ... It helped my rapport with the client because she felt that I understood what she was trying to do without saying it, because we, she and I had never communicated that, but it was this joint mutual understanding. She knows what I'm trying to do here.

Subtheme 4.2: Providing a Cultural Lens

In this study, Asian therapists also reported finding satisfaction and reward when their unique contributions were valued and appreciated by colleagues, such as bringing culturally informed awareness, knowledge, and perspectives to their clinical teams. Eva recounted:

Somebody had brought up a case, and it was a case around people of color. ... There was a lot more room, and a lot more space for me to challenge the group. I think it was in that moment where maybe there was a lot more acknowledgment of how deeply invaluable this could be for the organization.

Clarissa spoke of a situation with an elderly Asian patient who refused to eat in the psychiatric unit in which she worked. Clarissa was called upon to mediate the situation with culturally appropriate intervention: "They [my colleagues] thought she was depressed because she wasn't eating, but it was because they weren't giving her food that she likes." In another situation with a grieving female patient, Clarissa noted,

The nurse who was working with [the client] felt like she needed to deal with her grief. When I did my work and assessment with her, she clearly did not want to deal with her grief. She wanted to experience the loss because the loss was such a big part of who she was, and she was actually seeing and hearing this loved one in her home. It's very easy for North American trained clinicians to say, "Oh, she must be psychotic if she's seeing and hearing her loved one," especially very close to after the loss. From my cultural perspective, knowing my understanding of [name of the] culture that being visited by a ghost is actually not that unusual, especially if you're dreaming about that person.

The participants' narratives above illustrate Asian therapists' resilience, ability, and strength in bridging cultural gaps in clinical practice and exercising their cultural lens in support of clients.

Discussion

This qualitative study represents one of the first empirical investigations to explore the phenomenon of racial microaggressions experienced by mental health clinicians of Asian backgrounds, specifically within clinical and professional work contexts. This study employed an IPA approach to explore, analyze, and interpret participants' narratives in a nuanced and in-depth manner. The findings not only support but also extend the existing literature on racial microaggressions and Asian therapists, an understudied research domain, with novel perspectives. The narratives of the nine Asian Canadian therapists in this research highlight the intricate and ambiguous nature of microaggressions and shed light on the profound toll and adverse effects microaggressions bore on Asian clinicians.

Among various forms of microaggressions, "feeling like the 'other'" stood out as the most common experience for Asian Canadian therapists and was exemplified by a sense of being a "perpetual foreigner." This phenomenon is supported by the existing Asian American literature (S. J. Lee et al., 2009; Sue et al., 2009). Incidentally, the paradoxical experience of being both invisible and hypervisible, as reported by the participants, has also been discussed in some vocational behavior and microaggressions studies (e.g., Settles et al., 2019; Wilkins-Yel et al., 2019). These authors observed that racialized and marginalized individuals can simultaneously experience minimization and neglect by the majority (invisibility) while also being treated as visible "token" minorities or receiving greater scrutiny within their organization (hypervisibility).

Asian Canadian therapists in this study further described being caught in the model minority myth. The generalized assumption about Asians being intelligent, industrious, and high achieving often placed undue pressure on these therapists toward overworking and obedience to their supervisors. In fact, Sue et al. (2009) observed

that Asian Americans often feel the pressure to conform to the above stereotypes. Participants in this study also expressed that Asian and other therapists of color experienced more difficulties in securing full-time permanent positions and being considered for promotion compared with their White colleagues. Interestingly, this observation is consistent with the so-called “bamboo ceiling” phenomenon, referring to systemic barriers Asian Americans faced when seeking leadership positions (Hyun, 2005). Further to that, Asian therapist participants also pointed to the failure of their organization to take diversity and inclusion seriously at a systemic, institutional level. These findings underscore the critical role institutions play in mitigating the negative effects of racism on Asian therapists and therapists of color by providing a safe and inclusive space for all employees.

Importantly, this research contributes to the existing microaggression literature by highlighting the complex, multilayered, and nuanced nature of microaggressions. In particular, microaggressions are shown to be context-dependent and influenced by the receiver's interpretation of the perpetrator's demographic characteristics (e.g., age, ethnicity, professional status), intentions, and more. Similarly, Branco and Bayne (2020) found that their counselors of color participants often assumed their clients' microaggressive behavior as unintentional. Galupo et al.'s (2014) study showed that transgender individuals perceived microaggressions as more harmful when the perpetrators were of similar identity backgrounds. Moreover, the Asian Canadian therapists' accounts showed that their intersectionality of identities, including their race, gender, and age, further complicated their perception of microaggressive incidents. Due to their overlapping identities, some participants noted the difficulty in pinpointing exactly which aspect of their identity was targeted by the aggressive acts. For instance, several of the female participants wondered if the sexual exoticification by their clients was due to their being Asian (race) or being a woman (gender), or an intersection of both factors (i.e., exoticification of Asian women). Previous researchers have indeed noted that Asian women are often portrayed as exotic, hypersexual, passive, and submissive (e.g., Azhar et al., 2021; Keum et al., 2018; Sue et al., 2009). In short, the complex, context-dependent, and oftentimes ambiguous nature of microaggressions is evident in this study.

Moreover, this qualitative study extends our current understanding of the psychological consequences of microaggressions on Asian Canadian therapists. This study's findings validate prior research that exposure to racial microaggressions can be harmful to the recipients (e.g., Nadal et al., 2017; Owen et al., 2011). Asian therapist participants in this study recounted painful feelings of sadness, depression, stress, anger, frustration, disappointment, objectification, and dehumanization following incidences of microaggression. Oftentimes, the psychological burden the participants experienced resulted in cognitive exhaustion and profound emotional tolls. Participants reported having to exert extra intellectual and emotional effort to discern *if* and *how* to respond to microaggressions. In other instances, the participants' emotional burdens stemmed from having to tuck away their concerns and reactions to microaggressions for fear of jeopardizing their professional or therapist–client relationships or being perceived as “oversensitive.” This is similar to Evans and Moore's (2015) finding that people of color often feel compelled to adjust their identities and language to avoid being labeled as overly emotional.

This study also reveals that Asian therapists often responded to their clients' microaggressive behaviors in a forgiving manner, with compassion, and opted to prioritize the treatment goals and therapy

relationships over the impact of race-related stressors on themselves. Similarly, Branco and Bayne (2020) found that counselors of color often opted to process their emotions privately to minimize the adverse impacts of microaggressions on their therapy work. Our results also highlight that Asian Canadian therapists experienced the “catch-22” dilemma described by Sue et al. (2007) when faced with professionally situated microaggressions. That is, while the therapists did not want to ignore or brush off the microaggressive behavior, they also did not want to risk being invalidated by others or facing other negative repercussions if they chose to confront the perpetrator of microaggressions.

In terms of confronting or coping with microaggressions, Asian therapists conveyed that they did so only when they perceived their therapeutic alliance with the clients to be sufficiently strong. In some cases, the therapists reported that such a direct coping approach actually helped strengthen their client–therapist relationships and led to the client's growth. Likewise, some participants shared that addressing racial injustice and unfair treatment directly with their superiors brought forth positive changes in their organizations. Importantly, the present study also identified a wide array of other coping responses used by Asian therapists, including seeking social support from friends, family, and online support groups, consulting supervisors, receiving therapy, engaging in spiritual coping, changing the way of thinking, and reinforcing their Asian cultural identities. Social support stood out as the most widely used coping strategy—a finding that corresponds to the observations of previous observations (e.g., Brondolo et al., 2009; S. J. Lee & Waters, 2021). On the opposite end of the spectrum, it was found that some Asian therapists also resorted to “inaction” in the face of microaggressions—a disengagement coping strategy referring to avoiding and stepping away from stressors (Dijkstra & Homan, 2016; Waugh et al., 2021). This occurred when these therapists prioritized therapeutic goals over their own reactions or when they perceived the microaggressive acts to be irrelevant to the therapeutic goals (Bayne & Branco, 2018; Hernández et al., 2010; Knox et al., 2003). Inaction was also adopted when participants perceived their workplace to be unsafe due to a power imbalance or when their colleagues were uncomfortable discussing racial issues.

Finally, Asian Canadian therapists' narratives point to the many strengths Asian therapists found in themselves and in their cultural roots and heritage despite the prevailing professional and systemic challenges. This finding helps substantiate similar observations from previous studies that highlight the rewarding aspects of being Asian therapists (e.g., Iwamasa, 1996; Nezu, 2010). Likewise, previous research has highlighted that therapists of color take pride in their cultural expertise to enhance multiculturalism and diversity in their workplaces and organizations (Constantine et al., 1995). In the present study, Asian Canadian therapists expressed a similar sentiment, expressing a sense of reward and satisfaction in being Asian therapists, especially when their capacity to contribute their culturally informed perspectives was recognized by their superiors and colleagues.

Limitations

It should be noted that the goal of IPA is not to produce generalizable results but to provide a rich, in-depth understanding of the lived experiences of a particular group (Smith et al., 2009). As such, this study offers crucial insights into Asian Canadian therapists' subjective and detailed experiences of racial microaggressions.

However, its findings need to be carefully considered given the following limitations. The majority of participants in this study were Asian Canadian females of East Asian descent; born, raised, and educated in Canada; and living in metropolitan cities in Ontario. Thus, it is unclear to what extent these factors might or might not have influenced their individual experiences with microaggressions and responses in this study. It also cannot be ascertained to what degree the present participants' experiences are representative of Asian Canadian therapists of different demographic backgrounds and intersecting identities (e.g., foreign-born, first-generation immigrants; foreign-educated/foreign-trained Asian clinicians).

Implications for Clinical Practice and Future Research

The findings of this study offer invaluable insights into not only Asian therapists' lived experiences of microaggressions in clinical and professional settings but also potential strategies for combatting implicit and explicit racial discrimination at the personal and organizational levels. First, participants' narratives in this study clearly communicated the critical need for organizations to proactively create and cultivate safety, inclusiveness, equity, and antioppressive practices in the workplace for all. Of note, participants in this research underscored the importance of feeling supported and validated by their colleagues and superiors when faced with racial microaggressions. For therapist staff to feel safe to address racial issues, organizational leadership must be willing to broach candid conversations about race and racism in their clinical practice and work environment (Branco & Bayne, 2020). Based on the accounts of the present Asian Canadian sample, having an awareness of the inequality and prejudice experienced by racialized staff is an important first step toward opening up conversations about sensitive yet important subjects of race and race relations and demonstrating individual and organizational cultural humility. As noted by Hernández et al. (2010), institutional leadership that is comprised of a dominant cultural group also needs to acknowledge how their racial privileges could shield and have shielded them from the racism and prejudice experienced by their racialized colleagues. Organizational management can also work to increase their understanding of overlapping sociocultural identities that might render racialized individuals particularly vulnerable to various discrimination and microaggressions (Holder et al., 2015), through self-reflection, open dialogue, and continued education.

Second, when microaggressions occur within a therapeutic context, it is helpful for supervisors to communicate validation and reassurance to the affected clinician or staff member and explore their thoughts and feelings related to experienced race-related stress. As a concrete example, if an Asian therapist encounters difficulty dealing with a client's microaggressive behaviors, the superior can help the therapist set safe and appropriate boundaries with the client and show the affected therapist that they are being fully supported. On this point, Paul-Emile et al. (2016) recommended that employers should not allow a client to refuse to work with a clinician or a staff of color simply because of their race. Echoing the sentiment expressed by Asian therapists in this study, the supervisors and/or the organizational leadership need to step up and handle microaggressive incidents when they occur within the parameters of professional relationships. Furthermore, health care organizations would effectively benefit from having clear guidelines on the investigation of and disciplinary action taken against offenders of microaggressions and racism

and on how to implement and enforce antiracism policies (Garrañ & Rasmussen, 2019).

Third, mental health clinics or organizations should incorporate evidence-based strategies into their culture, diversity, and social justice training programs to enhance the cultural competence and cultural humility of all staff. To reduce racial biases, multicultural scholars have recommended that multicultural training should focus on taking the first-person perspective of a person of color and engaging in cooperative activities with staff of color (Bettencourt & Dorr, 1998; Todd et al., 2011). In a similar vein, psychology, counseling, and social work training programs and mental health clinics should offer multicultural and social justice training that promotes students' and staff's exposure to interactions with racially and culturally diverse individuals (Dobbin & Kalev, 2018), such as through cultural immersion interventions (Kuo et al., 2023). Kuo et al.'s (2023) recent metasynthesis study evidenced that well-structured cultural immersion training effectively contributes to trainees' enhanced cultural competence cognitively, attitudinally, affectively, and behaviorally, which includes the reduction of racial biases and stereotypes. Relatedly, given that the existing multicultural training curricula are geared toward White therapists (N. H. Haskins et al., 2015; Seward, 2007), more attention is needed to explore the professional development needs of racialized trainees and therapists, such as preparing them for navigating through and coping with microaggressions at their workplace.

Fourth, at the individual level, the present study highlights the benefits of utilizing a wide range of adaptive strategies to respond to racial microaggressions. Strategies, which include seeking support from trusted friends/family/coworkers (particularly other therapists of color); finding affirmation and validation in one's cultural identity and heritage; consulting with trusted colleagues, supervisors, and allies; and appreciating one's cultural strength and resilience, can all serve Asian individuals well in combating microaggressions. In addition, Asian therapists would greatly benefit from receiving support from trustworthy White coworkers who might be able to advocate on their behalf when facing racial discrimination at their workplace. On this point, Hernández et al. (2010) stressed the importance of having "White allies" who can support clinicians of color to develop strategies to respond to racial discrimination. Likewise, Sue et al. (2019) asserted that White allies, who actively confront social oppression and their White privilege, can play an indispensable role in combating racial microaggressions.

Fifth, in the professional setting, as conveyed by the participants, advocating for oneself in the face of microaggressions has the potential to lead to positive changes under certain circumstances. In Hernández et al.'s (2010) study, the researchers found that the concerns of the mental health professionals of color eventually received attention after the clinicians engaged in self-advocacy. In the therapeutic context, Asian therapists can work with offending clients to guide them in developing new perspectives on the issues of culture and diversity, transforming the process into a therapeutic opportunity for the clients. That being said, should the client's microaggressions become an overwhelming hindrance to the therapeutic process, then the client should be referred to another therapist or provided with other treatment options.

Last, in terms of research implications, future studies should build on and expand this current investigation by recruiting Asian therapists in other cultural and national contexts (e.g., therapists from the United States) and involving a larger sample of therapists and clinicians. Taking it a step further, future research should consider studying

other racial groups (e.g., Hispanic, Black/African American, Middle Eastern) and their experiences of racial microaggressions in both clinical/professional and nonclinical/professional contexts.

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