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Demystifying and Addressing Internalized Racism and Oppression Among Asian Americans

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Asian Americans (AAs) are a diverse group who come from many different cultures, backgrounds, immigration histories, geographic regions, and experiences. Unfortunately, AAs are commonly stereotyped as a model minority, used as an intermediary minority, and consequently have been marginalized and left out of dialogues of racism and discrimination. Internalized racism (IR), defined as the internalization of bias and oppression toward one's group, is an especially insidious form of divisive racism that remains largely misunderstood and unaddressed in AAs. In addition to devaluing oneself, IR creates division in communities and reinforces systems of oppression. This paper reviews the extant literature on IR among AAs and discusses the importance of addressing this deleterious issue and its consequences on individual, family, and community mental health. Moreover, I discuss and elucidate how stereotypes about AAs (e.g., model minority, perpetual foreigner, gendered stereotypes, and conceptions of beauty) directly promote and reinforce different types of internalized oppression (e.g., intraracial hierarchies, intraethnic othering, gendered emasculation, and hypersexualization, colorism and Western standards of beauty). Clinical and community recommendations are provided through a multilevel preventive intervention framework.

Public Significance Statement
Stereotypes can have a devastating impact on ethnic minorities and reinforce internalized racism and oppression. When ethnic minorities internalize racist worldviews and biases, they devalue themselves and their community; ultimately creating division and reinforcing systems of oppression. Consequently, communities and clinicians must be educated about the deleterious effects of internalized racism in order to combat its detrimental impact on society.

Keywords: Asian American, internalized racism, oppression, stereotypes, model minority

Decades of research have documented the negative effects of racism and discrimination on people of color (POC: Clark et al., 1999; Institute of Medicine, 1999; Jones, 2000; USDHHS, 2001). However, little research has been conducted on internalized racism (IR), especially in the Asian American (AA) community (David et al., 2019; Pyke, 2010). Nevertheless, scholars and civil rights leaders have discussed the deleterious effects of IR for years, noting how it leads the oppressed to behave in ways that perpetuate and reinforce racism toward themselves and their own people. For example, Freire (1970) discussed how "… the oppressed feel an irresistible attraction toward the oppressor and his way of life. Sharing this way of life becomes an overpowering aspiration" (p. 52). Lipsky (1977) further noted that the unhealed pain caused by racism pushes victims to reenact the original distress experience with someone else in the victim role or turn it inward toward oneself, one's family, or one's own people.

Racial stereotyping promotes the internalization of racism and can have detrimental consequences for AAs. Two of the oldest and most prominent stereotypes of AAs are the "model minority" (MMS: Kiang et al., 2016; Lee, Wong, & Alvarez, 2009; Wong & Halgin, 2006; Wu, 2002) and the "perpetual foreigner" (PFS: Lee et al., 2009; Tuan, 1998;

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Wu, 2002). The term MMS was first introduced in the 1960s to describe the intelligence, hard work, and success of AA immigrants (Petersen, 1966); but it was not until the 1980s when the popular press began to use covers such as "Those Asian American WHIZ KIDS," that this stereotype was solidified (Brand, 1987). The PFS arose from anti-Asian sentiment and xenophobia, which historically led to the barring of many Asian groups (with the exception of Filipinos because the Philippines was a U.S. colony between 1899 and 1946) from coming to the United States until immigration policy reforms occurred with the Immigration and Naturalization Act of 1965. Today, both of these stereotypes are still evident and have transformed into contemporary forms. Moreover, additional stereotypes idealizing Eurocentric beauty standards, and inferiorizing Asian features became prominent (Hall, 2009; Kawamura & Rice, 2009). Attractiveness stereotypes became more gender nuanced as more AA women came to the United States, hypersexualizing women (e.g., promiscuous, subservient, and submissive) and emasculating AA men (Hall, 2009; Iwamoto & Liu, 2009; Kawamura & Rice, 2009). Negative, as well as seemingly positive stereotypes, can have a damaging and lasting effect on individual and collective self-esteem (Fiske, 1993; Maddux et al., 2008; Prentice & Miller, 2002; Steele, 1997; Tran & Lee, 2014). Stereotypes are descriptive, prescriptive, and automatic, with both the minority and majority groups knowingly or unconsciously perpetuating and internalizing them (Fiske, 1993).

This article reviews the extant literature on IR among AAs and discusses how stereotypes about AAs (e.g., PFS, MMS, conceptions of beauty, and gendered stereotypes) directly promote and reinforce different types of internalized oppression (e.g., interracial and intraracial hierarchies, intraethnic othering, and internalized conceptions of attractiveness bias, including Western standards of beauty, colorism, and gendered emasculation and hypersexualization). When internalized, racism can fragment an individual's sense of ethnic and racial identity (ERI), and create distance between family members, those of varying acculturative levels, different AA ethnic groups, other racial groups, and damage gender relations. The goal of this article is not to deconstruct the stereotypes and argue their validity, which others have already done (Lee et al., 2009; Tuan, 1998; Wu, 2002), but to discuss how historical and contemporary stereotypes negatively affect and set the stage to promote and reinforce IR. Perspectives and evidence from multiple disciplines are integrated, including psychology, sociology, ethnic/racial studies, history, media studies, public health, medicine, and prevention and intervention science. Because cultural racism is a systemic issue that is deeply rooted within society and institutions, a socially and ecologically valid, comprehensive, and multilevel approach is needed to address its pervasive impact and empower those afflicted. Clinical and community recommendations for addressing IR and its damaging psychological consequences are provided through a prototype preventive intervention framework.

What Is Internalized Racism and Why Is It So Detrimental?

There are many forms of oppression (e.g., racism, sexism, classism, and xenophobia), all of which involve some form of power and control, resulting in the separation of people into hierarchical groups (e.g., oppressor/oppressed, dominant/dominated, or superior/inferior; David & Derthick, 2017). IR is an especially problematic form and consequence of oppression that affects nearly all POC across the world, who because of White supremacy, have historically been subject to takeover, colonization, and genocide. Furthermore, IR works by silently fragmenting communities, creating division within groups, decreasing their power, and leading them to fight among themselves in an effort to fit in and not be at the bottom. Consequently, victims of oppression often try to identify with the oppressor by internalizing their problematic worldviews, beliefs, and values, while inferiorizing their own people—often without knowing it. Jones (2000; p. 1213) defined IR as the "acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth. It is characterized by their not believing in others who look like them, and not believing in themselves … embracing of 'Whiteness'… self-devaluation … and resignation, helplessness, and hopelessness." Pyke (2010) defined IR as "the individual inculcation of the racist stereotypes, values, images, and ideologies perpetuated by the White dominant society about one's racial group, leading to feelings of self-doubt, disgust,

and disrespect for one's race and/or oneself" (p. 553). Therefore, IR leads to an eroding of the sense of self, undermines collective action, and perpetuates the cycle of oppression, which is maintained by the interactive effects of a triarchy of institutional, interpersonal, and IR (David et al., 2019; Jones, 2000).

Blindly accepting the dominant group's views facilitates the development of a psychological false consciousness, where minorities minimize, devalue, and denigrate their heritage to assimilate and fit in so that they can avoid or lessen judgment from the dominant group (Speight et al., 2016). This minimization of race is a hallmark of color-blind racial ideology (CBRI), which threatens an aspect of the self that is immutable, reinforces notions of White superiority, and leads minorities to believe that their own group is deficient. David and Derthick (2014) highlight several important characteristics of IR, including that it may operate without awareness, intention, or control; be internalized at varying degrees; is often uncritical and a learned devaluation of one's own group and valuation of the dominant group; is self-reinforcing through socialization, and can have consequences for individual and collective well-being.

Relatively little research has been conducted on IR, despite the growing number of scholars emphasizing the importance of studying differences in how it manifests across groups, (see reviews by David et al., 2019; Millan & Alvarez, 2014; Pyke, 2010). Moreover, there is also a multitude of terms used to describe IR, including but not limited to internalized oppression, appropriated racial oppression, colonized mentality, racial self-hatred, internalized Whiteness, and internalized White supremacy. Although it is beyond the scope of this paper to discuss the advantages and disadvantages of various terms, the term IR is used hereafter to avoid confusion and to parallel the more modern-day usage of terms that underscore the different types of racism and other -isms. The term IR also encompasses both historical (e.g., colonialism) and contemporary forms of oppression. I define IR here as the internalization of bias and oppression toward one's heritage group, which subsequently leads to the devaluing, dis-identifying, inferiorizing, and distancing between individuals, families, communities, and heritage. IR is an especially insidious form of divisive racism that works subtly, silently, and often unconsciously to damage ERI formation and reinforce systems of oppression.

Scholars have begun developing empirical measures to assess IR, and have found promising results with scales demonstrating strong psychometric properties and predictive validity across a variety of outcomes including self-esteem, mental health, insensitivity toward one's own group, and interference with ERI formation (see David, 2014; David et al., 2019; for reviews). Many of these scales tap into similar issues of devaluing and inferiorizing one's own group and internalization of negative stereotypes. One of the first scales for AAs focused on the unique colonization experiences of Filipino Americans (Colonial Mentality Scale [CMS]; David & Okazaki, 2006). The CMS is a theoretically derived and psychometrically tested 36-item self-report measure of colonial mentality (CM) or internalized colonialism and is scored using a 6-point scale. It assesses five dimensions that are divided into covert (i.e., internalized cultural and ethnic inferiority, and cultural shame and embarrassment) and overt (i.e., within-group discrimination, physical characteristics, and colonial debt) manifestations. Studies have associated CM to several outcomes among Filipino Americans, including lower personal and collective self-esteem, increased psychological distress and depression, lower levels of enculturation, negative evaluations of personal and group characteristics, and lower sense of belonging to one's ethnic group (David, 2011; David & Okazaki, 2006).

More recently, the Internalized Racism in Asian Americans Scale (IRAAS) was developed to assess the extent to which AAs internalize negative and hostile messages directed toward their racial identity, and has been found to be associated with higher depressive symptoms and lower collective self-esteem. It is a psychometrically robust 14-item measure scored on a 6-point scale and consists of three factors including, self-negativity, weakness stereotypes, and appearance bias (Choi et al., 2017). Although not specifically designed as an IR scale, the Internalization of Asian American Stereotypes Scale can also be considered a measure of IR because internalization of stereotypes is by definition part of IR (IAASS; Shen et al., 2011). The IAASS is a 23-item scale also scored on a 6-point scale. It assesses the internalization of four stereotypes, including difficulties with English communication, pursuit of prestigious careers, emotional reservation, and expected academic success. The IAASS evidences strong psychometric properties and is associated with decreased self-esteem and lower quality of life. Both the IRAAS and the IAASS share the limitation that they were initially validated with predominantly East Asians and need to be further validated with other AA groups (e.g., South Asians, Southeast Asians, Pacific Islanders, and intersectional identities such as sexual and gender minorities).

Why Are Stereotypes Problematic?

Stereotypes about one's group can interfere with academic and cognitive performance because individuals may experience heightened arousal, increased negative thinking, and anxiety, which results in a heavier cognitive burden and fewer resources available to focus on tasks (Steele, 1997; Steele et al., 2002). Whether positive or negative, stereotypes can have a detrimental impact by robbing people of their individuality, increasing scapegoating, and directly reinforcing prejudice and bias (Fiske, 1993; Judd & Park, 1993; Steele, 1997). Stereotypes not only promote

prejudice, but individuals and cultures that are more ethnocentric and endorse racist beliefs are also more likely to stereotype, racially profile, and discriminate against minorities (Avery et al., 2018; Institute of Medicine, 1999; Jones, 2000; Williams et al., 2019).

Similar to other minorities, AAs report experiencing significant amounts of racism and discrimination, which has serious physical and mental health consequences (Ong et al., 2013; USDHHS, 2001; Wang et al., 2011). For example, in a survey of 3,453 adults age 18 or older (500 of whom were AA), AAs reported discrimination when applying for jobs (27%), being paid or promoted equally (27%), trying to rent or buy housing (25%), applying to or attending college (19%), and interacting with the police (18%; NPR, Robert Wood Johnson Foundation, & Harvard T.H. Chan School of Public Health, 2017). Similarly, 32% reported personally experiencing racial slurs and 35% report experiencing people making insensitive or offensive comments or negative assumptions about their race or ethnicity. Moreover, anti-Asian sentiment has increased significantly with the Covid-19 pandemic, with an increase in xenophobia and hate crimes such as use of racial slurs, bullying, and physical attacks (Asian Pacific Policy and Planning Council, 2020; Pew Research Center, 2020).

Stereotypes can play a significant role in discrimination and have significant consequences for AAs (Avery et al., 2018; Wang et al., 2011). Even positive stereotypes can have a detrimental impact because they interfere with a person's individuality, and this depersonalization can elicit negative emotions, especially for more Americanized AAs (Siy & Cheryan, 2013). Moreover, the interplay between descriptive and prescriptive stereotypes can negatively affect AAs in the workplace. For example, Berdahl and Min (2012) found that East Asians (EAs) experienced greater harassment at work and were descriptively stereotyped to be more competent, less warm, and less dominant than Whites. EAs who were more dominant (thereby violating descriptive and prescriptive stereotypes) were less liked and experienced more racial harassment than other groups, while EAs who were warmer and violated stereotypes of being cold experienced greater harassment. Consequently, the perception that EAs are high in competence but low in warmth and dominance perpetuates the idea that they are not qualified to be leaders and should serve in subordinate and technical roles, thereby reinforcing the bamboo ceiling (aka the glass ceiling; Hyun, 2005).

Prominent Stereotypes About AAs and How They Promote Internalized Racism

By definition, internalizing a stereotype entails the adoption of prejudicial beliefs, views, and attitudes of the dominant group who has the power to create social labels to their advantage (David et al., 2019; Gupta et al., 2011; Pyke, 2010; Steele, 1997). Consequently, stereotypes directly reinforce and contribute to IR and its deleterious effects. Although there are many different stereotypes about AAs, three of the most prominent are the PFS, MMS, and conceptualizations of attractiveness that can directly affect three types of IR (inter- and intraracial hierarchies, intraethnic othering, and internalized conceptions of attractiveness bias; Lee et al., 2009; Tuan, 1998; Wu, 2002). The historical and contemporary reasons for the development of such stereotypes are complex and embedded in systems of oppression that fragment the community and lead to "othering." Two general concepts of othering include "oppressive othering" and "defensive othering" (Pyke, 2010; Schwalbe et al., 2000). Oppressive othering is the notion that POC are intellectually or morally inferior, and has been used to distance Whites from minorities and to justify colonization, slavery, and genocide for hundreds of years. Competition within an oppressed group (aka the "divide and conquer strategy") is one of the fundamental weapons of racism, uplifting those in power while preventing the oppressed from joining forces. This concept, known as "defensive othering," reinforces conflict among those oppressed as they struggle to identify and seek membership with those in power (the "haves") and distance themselves and disparage their own group (the "have nots"; Pyke, 2010; Schwalbe et al., 2000). It is an adaptive reaction where members of subordinate groups seek safety and try to disavow themselves of disadvantage by taking on oppressive beliefs, but end up reinforcing systems of inequality.

Furthermore, othering can be even more nuanced and can occur intraethnically and can be reinforced by stereotypes such as the PFS and MMS. Pyke and Dang (2003) introduced the term *intraethnic othering*, to describe the process of defensive othering within one's own ethnic group (e.g., Chinese Americans who are "too ethnic" vs. "not ethnic enough," and the PFS increasing pressures to assimilate), and found that it increases intragroup fragmentation and denigration of coethnics. However, othering can also occur intraracially, interethnically, and interracially. Therefore, I propose new terms to capture these complexities. "Intraracial othering" is similar to intraethnic othering, and occurs when minorities other each other within-race (e.g., when light-skin AAs engage in colorism). Some groups (e.g., African Americans) may also hold more of a racial identity than an ethnic identity; therefore, the nuances between intraethnic and/intraracial are important (Clark et al., 1999).

Interethnic othering occurs when different ethnicities within a racial group perpetuate defensive othering toward each other (e.g., East Asians such as Korean or Japanese Americans internalizing the MMS and seeing themselves to be superior to Southeast Asians such as Vietnamese or Filipino Americans). Interracial othering can have both oppressive and defensive characteristics, and occurs when othering manifests between races. For example, when

White populations who are in a position of power "other" POC, it falls within the category of oppressive othering. It takes on defensive characteristics when POC engage in it toward each other (e.g., AAs internalizing the MMS as well as oppressive stereotypes and distancing themselves from African Americans). Stereotypes such as the PFS and MMS can also exacerbate interracial othering toward AAs (e.g., other minority groups assuming that AAs are not American or increasing hatred toward AAs as the intermediary or model minority). Stereotypes are insidious because they create confusion, and make it hard to identify a person to blame. When AAs internalize these beliefs, they perpetuate racism toward their own group and other POC. In turn, this maintains the status quo by lifting those in power, while denying equality and opportunity for advancement among those oppressed. Therefore, demystifying and addressing the effects of the following three prominent stereotypes is of utmost importance.

The Perpetual Foreigner (PFS) Stereotype and the Beginnings of "Othering"

The PFS arose from xenophobia and was used to justify the barring of many Asian groups from coming to the United States (e.g., 1882 Chinese Exclusion Act, 1907 Gentleman's Agreement Act with Japan, and the 1917 Asiatic Barred Zone). These discriminatory acts resulted in AAs being one of the smaller minority groups (Aoki & Mio, 2009; Lee et al., 2009; Tuan, 1998; Wu, 2002). It was not until the reformation of discriminatory immigration laws in 1965 did AAs become proportionately one of the fastest growing minority groups. Nevertheless, the PFS promotes rhetoric that AAs are not "American," and are a "Yellow Peril" that cannot be trusted. Interracial othering continued during World War II and resulted in the internment of Japanese Americans (JAs) who were interracially othered as spies and not American (Nagata et al., 2019). Because of the internment, many JAs suffered from serious mental health consequences and defensively othered intraethnically, assimilating and giving up their culture and religion to fit in with the hope of protecting themselves from further discrimination.

To date, the PFS stereotype continues to exacerbate xenophobia, reinforcing interracial othering and causing other groups to assume that AAs are not American. Unlike White Americans, AAs are often asked where they are from or told that they speak English well (Tran & Lee, 2014). When AAs say they are from the United States, they are often met with looks of confusion or asked where they are really from, which is a specific type of racial microaggression called microinvalidation, and falls within the theme of being an alien in one's own land (Sue et al., 2019). The PFS also promotes interracial othering and anti-Asian sentiment, provoking statements such as "Go back to China!" This type of xenophobia can be especially frustrating for U.S.-born Chinese Americans who have never been to China, or for other Asian ethnicities (e.g., Hmong or Cambodian Americans) who are mistaken for being Chinese. The PFS continues to exacerbate anti-Asian sentiment and this othering has increased acts of violence toward AAs during the COVID-19 pandemic. For example, during 8 weeks between March and May 2020 when tracking began, there were over 1,900 hate crimes against AAs reported (Asian Pacific Policy & Planning Council, 2020). The Pew Research Center (2020) also found that 40% of U.S. adults say that since the pandemic began it has become more common for people to express racism toward AAs. Compared to all other groups, AAs reported the most discrimination in terms of people using racial slurs or jokes against them (31%), fearing that someone might physically harm or attack them (26%), and people acting uncomfortable around them (39%).

The PFS also reinforces IR and sets the stage for intraethnic/intraracial othering, creating distance between those who are more acculturated against those who are less acculturated, even among family members (Pyke & Dang, 2003; Trieu, 2019). Less acculturated AAs are accused of being fresh off the boat (FOB), whereas those who try to assimilate and fit in are accused of being a "Twinkie" or "Banana" (e.g., Yellow on the outside and White on the inside). Consequently, AAs are placed in a double-bind (or lose-lose situation) that exacerbates mental health problems and conflict because they get criticized no matter which identity or direction they choose. The pressure to assimilate and give up one's ethnic identity is especially pronounced among youth and those who live in places with few AAs, where power dynamics between Whites and minorities are greater. Consequently, when White youth bully AA youth for being FOBs who dress funny, talk with an accent, and eat "weird" food, the more assimilated AAs, in turn, victimize less acculturated AAs (Hwang, 2016).

Unfortunately, many AAs engage in intraethnic othering without conscious awareness that they are actually making fun of their own less Americanized parents. This is problematic because healthy child–parent attachments are the cornerstone for individual and family well-being and identity formation. The acculturation gap between immigrant parents and children may increase family vulnerability to conflict, distancing, and child–parent othering as youth may experience pressure to fit in and assimilate, and perceive their parents to be too foreign (e.g., falling prey to and reenacting othering toward their parents due to the PFS; Pyke & Dang, 2003; Trieu, 2019). This distancing runs counter to traditional Asian teachings of filial piety and respect for parents, known as *xiaoxun* in Mandarin Chinese (Hwang, 2016). Research has found that the PFS increases identity conflict, lowers sense of belonging to American culture, and decreases life satisfaction and hope among

AAs (Huynh et al., 2011). Experimental studies have also found that AAs who are subjected to the PFS distance themselves from their culture by disavowing their ethnic identity, claiming greater participation in American practices (e.g., sports and music), and even eating less healthy American foods (Cheryan & Monin, 2005; Guendelman et al., 2011).

The Model Minority Stereotype (MMS) and Interracial and Intraethnic Othering

Although seemingly positive, the MMS can have a detrimental impact on AAs, as well as on race relations (see reviews by Lee et al., 2009; Ng et al., 2007; Wong & Halgin, 2006; Wu, 2002). In 1965, overtly racist laws prohibiting migration from Asia were reformed and prioritization was given to individuals who held desirable educational and vocational backgrounds, resulting in many educated Asians coming to the United States (aka the "Asian brain drain"). This led to the formation of the MMS that was used to undercut the success of AAs, and conceal discrimination in the form of lower salaries and denial of promotion to leadership positions. The MMS was ultimately used to position AAs as an intermediary minority, buffering White people from other POC and allowing them to disavow racism and blame other minority groups for their lack of success. This dynamic was further ingrained when Herrnstein and Murray (1994) published the book "*The Bell Curve: Intelligence and Class Structure in American Life,*" and perpetuated misconceptions about racial differences in intelligence stating that Asians have a higher IQ than Whites, who had higher IQs than Blacks (Neisser et al., 1996). The MMS can also promote defensive othering between AAs and other minority groups, which can also trigger other POC to see AAs as perpetual foreigners.

It is important to acknowledge that not all AAs are stereotyped as being a MM, and the MMS is problematic because it masks within-group differences and lumps together AAs with varying privileges and vulnerabilities (e.g., refugee status). AAs are a diverse group and Brown Asians (e.g., South Asians, Southeast Asians, and Pacific Islanders) are often marginalized, left out of research, and differentially stereotyped. For example, Filipino Americans are also targeted by the PFS, but less by the MMS because they are more likely to be stereotyped as criminals or deviant, and inferiorized as being less intelligent or of a lower class (Nadal et al., 2012). South Asians, especially Sikh Asian Indians, are often stereotyped as terrorists, resulting in racial profiling, hate crimes, and bullying, and are especially at risk when they wear turbans/scarves (Nadimpalli et al., 2016). Southeast Asian men and women are also stereotyped differently, with men being seen as problem minorities (e.g., delinquents, gangsters, and drug dealers) and women as domestic and sex workers (Reyes, 2007). Future research needs to address the diversity within AAs to understand how differential stereotyping and intraracial hierarchies exacerbate intraracial othering and distancing.

White Americans, POC, and even some AAs continue to see AAs as a MM (Chao et al., 2013; Ng et al., 2007; Tran & Birman, 2010; Wong et al., 1998). Even seemingly positive stereotypes can have a negative, long-lasting effect. The term *internalized racialism* has been used to describe the internalization of positive stereotypes, as opposed to IR, which historically was used to characterize the internalization of negative stereotypes (Cokley, 2002). In order to reduce confusion in terminology, I use the term IR to include both the internalization of negative and seemingly positive stereotypes, both of which can be problematic. For example, in an experimental study, Cheryan and Bodenhausen (2000) found that the expectations associated with increasing the salience of the stereotype that Asians are good at math prior to taking a test increased performance anxiety and "choking" under pressure. They argued that Shih et al.'s (1999) prior findings on the benefits of positive stereotypes were because of methodological issues that emphasized private expectations, and that when group-related public expectancies become more salient, individuals who have difficulties conforming to expectations have difficulty with anxiety and concentration.

In addition, Gupta et al. (2011) found that AAs who reported higher levels of MMS endorsement evidenced increased risk for psychological distress, somatic complaints, and negative attitudes toward help-seeking, whereas endorsement of such stereotypes regarding the self was associated with increased distress. Others have found that the impact of the internalization of the MMS may depend on levels of achievement. For example, Yoo and colleagues (2015) found that the MMS may benefit high-achieving students by validating their hard work and success, but can be especially harmful to low-achieving students because they are unable to meet such high expectations. For example, Lee (1994) found that both high- and low-achieving AA students experienced anxiety because of the MMS, but low-achieving students also felt depressed and embarrassed, which in turn prevented them from getting the help they needed. Pressure to conform to the MMS may also increase risk of imposter feelings, which has been shown to be higher among AAs than other groups, and associated with increased with depression and anxiety (Wei et al., 2020). Therefore, educators and treatment providers need to be vigilant in screening and referring AAs for help.

Attractiveness is Power and How Gendered Stereotypes Create Further Division

Stereotypes that denigrate men and objectify women of color are tools of oppression that have been used against POC for hundreds of years and continue today. Eurocentric

standards of beauty, stereotyped conceptions of attractiveness, and gendered stereotypes can lead to the inferiorizing of AA features, and ultimately increase IR, damage self-worth, and further distancing between AA men and women (Aoki & Mio, 2009; Hall, 2009; Iwamoto & Liu, 2009; Kawamura & Rice, 2009). Various aspects of the Asian anatomy have been racialized, including Asian eyes that have been stereotyped as small and pointy and have been the target of racial slurs and gestures (i.e., "slant-eyed"), as well the less desirable lack of epicanthic fold in some Asians (i.e., single eyelid vs. double eyelid) that is commonly targeted for "Asian blepharoplasty" surgery. Research demonstrates that when minorities possess physical features that greater resemble what is believed to be typical of that group, they may be more likely to become targets of prejudice and stereotyping (Maddox, 2004). This phenomenon known as the phenotypicality bias has ramifications for differential stereotyping of AA groups (e.g., East Asians vs. Brown Asians), and may also increase IR and pressure to assimilate, look more Western, surgically augment, and Whiten skin in order to avoid discrimination and increase social capital. For example, it is estimated

that approximately half of all women in their 20s in Seoul, South Korea, have had some form of cosmetic surgery (Kawamura & Rice, 2009). Racialized cosmetic surgeries and skin whitening have exploded over the years and have become a multibillion-dollar global industry (Dixon & Telles, 2017).

Colorism, or the preference for light- or White-skin color over dark, is deeply ingrained in society (Dixon & Telles, 2017). Although colorism may have evolved separately in some countries, racism and notions of White supremacy exacerbated this deleterious form of IR, which further increased intraethnic fragmentation by color of skin (especially in countries that were colonized by Europeans). Moreover, because some Asian groups have features that are closer to this White ideal than others (e.g., East Asians vs. Brown Asians), intraracial othering or interethnic fragmentation and conflict between different Asian groups is exacerbated. Lighter skin is often associated with higher social status and attractiveness, but also affords greater access to social, educational, and economic privileges. Consequently, many parents of color hope that their babies are born with a lighter complexion, and often tell their children not to spend too much time in the sun. Colorism has led to an increase in the use of skin whitening products by POC all across the world, which can be hazardous to health because of mercury and other toxic substances used to bleach the skin (WHO, 2011).

The media also portrays AA men and women differently (Aoki & Mio, 2009; Iwamoto & Liu, 2009). AA men are often invisible, depicted in a negative light (e.g., evil villain), or stereotyped into a martial arts role (Aoki & Mio, 2009). They are often emasculated, characterized as asexual or impotent, and rarely portrayed as a desirable romantic partner (Liu et al., 2018). Antimiscegenation laws were also created to prevent the mixing of races, and 15 states banned marriages between Asians and Whites (primarily targeting Asian men and White women; Sohoni, 2007). It was not until 1967 (*Loving v. Virginia,* 1967), that the Supreme Court declared antimiscegenation laws unconstitutional. In contrast, AA women are often exoticized, fetishized, and depicted as overly sexual, subservient, and property or "arm candy" of White men who have "Yellow Fever" (Aoki & Mio, 2009). This objectification is promulgated by the sex industry, resulting in Asia becoming a hub where women are bought, transported, and sold because of the large racialized and commercialized sex industry (UNODC, 2009).

Gendered stereotypes (emasculation and objectification) have led AAs to experience greater body dissatisfaction than their White counterparts (Kawamura & Rice, 2009); and racialized standards of beauty promote IR, which further distances AA men and women from each other. For example, the Gendered Racism Scales for Asian American Men (GRSAM) was developed to address the intersectionality between race and gender, and has delineated how AA men are negatively portrayed, experience psychological emasculation, and are perceived to be undesirable partners, lacking in leadership (Liu et al., 2018). These stereotypes can be internalized across genders, which can damage an individual's self-concept, increase psychological and somatic distress, and influence dating and marriage patterns (Aoki & Mio, 2009; Hall, 2009; Iwamoto & Liu, 2009; Kawamura & Rice, 2009; Liu et al., 2018). Because of IR, AA women are more likely than AA men to outdate and outmarry White, with some even refusing to date AA men (Iwamoto & Liu, 2009). In a study that utilized 2,123 online dating profiles from four racial groups (Asian, Black, Latinx, and White), AA women were the least willing (77.8%) to go on a date with their own race compared to all other groups who were willing at a rate of 90% or above (Hwang, 2013). AA men were 12.14 times more willing than AA women to date intraracially, and Whites were the least willing to outdate with other groups—a reflection of racialized social status. In sum, media representations and stereotypes regarding attractiveness can promote IR and further marginalize and fragment AA communities. More research needs to be conducted on how IR and stereotypes interact and manifest differently for privileged versus marginalized AA groups (e.g., social class, color of skin, and nativity) and incorporate work on intersectional identities (e.g., sexual orientation and gender identity).

A Culturally Informed Public Health Approach to Prevention and Intervention

Racism is a disease that corrupts the human soul and is a societal problem driven by a myriad of factors with many public health consequences. IR is both a form and consequence of racism, and therefore any efforts to address IR must utilize prevention and intervention strategies implemented at multiple levels to dismantle the spread and impact of prejudice, which is nested within individuals, families, communities, organizations, institutions, and broader society (Griffith et al., 2007; Williams et al., 2019). Unfortunately, few evidence-based,

multilevel preventive intervention programs on IR have been developed, rigorously tested, or widely disseminated. Most of the extant literature consists of recommendations, educational programs, and antiracism interventions that include some IR content (see review by David, 2014). However, because IR operates less obviously than overt racism and often does so without conscious awareness through othering and the internalization of stereotypes, we need programs that specifically target the determinants and consequences of IR.

In order to provide theoretically grounded, practical recommendations to address IR, I developed the ASIAN PRIDE preventive intervention framework, which integrates multicultural theories with community psychology and public health strategies to culturally inform and empower society to combat IR. The acronym ASIAN PRIDE stands for Awareness of Stereotype Internalization on Asian Narratives and Preventing Racism and Identity Distancing through Empowerment. Primary focus is placed on increasing awareness to prevent the internalization of stereotypes and to deconstruct racist narratives that promote intra and intergroup othering. The core domains of this framework include: (a) raising individual and collective awareness, (b) deconstructing stereotypes and racist narratives that promote intra and intergroup othering and inferiorization, (c) increasing emotional connection and rehumanizing interpersonal relationships, (d) fostering a sense of ethnic pride and bicultural competence, and (e) empowerment through social justice and individual and collective action. The focus on having a healthy ethnic identity and Asian pride is important to combat the inferiorization of Asian heritage, and should not be mistaken for ethnocentrism or interpreted as divisiveness.

The ASIAN PRIDE framework adopts a social ecological and public health approach to addressing the complex interplay between individual, interpersonal, community, and societal factors. Recommendations are provided according to each of these levels further below. This approach has been adopted by the Centers for Disease Control and Prevention (2020) and the World Health Organization (Krug et al., 2002) to address medical and other societal level issues, such as violence. Utilizing public health tools such as the epidemiological triad helps inform the understanding that IR is a result of social issues, cultural conditions, and the environment where an external agent affects a susceptible host (Aaltonen, 2019). Therefore, we cannot just place the impetus on AAs to become aware and do better, rather there needs to be societal and systemic change to counter racial oppression.

Moreover, a multipronged approach that addresses primary (i.e., decreasing the incidence of AAs afflicted with IR), secondary (i.e., lowering the prevalence of established cases of IR among AAs), and tertiary prevention strategies (i.e., decreasing the amount of disability or impact of IR) is needed. The Institute of Medicine's (2009) mental illness preventive intervention framework can also be helpful because it includes universal preventive interventions (e.g., strategies that target the full population and focuses on reducing the probability of IR developing), selective preventive interventions (e.g., strategies that target vulnerable AA subpopulations), and indicated preventive interventions (e.g., strategies that target AAs who are identified or screened as having increased risk for IR, but who are currently asymptomatic), and mental health promotion interventions (e.g., targeting the whole population to increase ability to engage in racial dialogues, reduce White fragility, improve well-being, and promote social inclusion).

As-is public health preventive intervention frameworks are not sufficient for addressing IR because they place the onus of recovery on the oppressed, and do not sufficiently highlight the role of an oppressive society in creating conditions of suffering. Therefore, it is critical to integrate multicultural and racial theories, and implement strategies to empower communities to take action through social justice. A few relevant theories include racial and minority stress theory, critical consciousness theory, and empowerment theory. Racial and minority stress theories acknowledge that experiences with racism, discrimination, stereotypes, and stigma are detrimental to a person's mental and physical health (Clark et al., 1999; Meyer, 2003). Societal racism creates conditions for suffering and impetus is to change the system, not just treat the individual. Minority stress theory highlights that those with differing sexual orientations and gender identities also experience discriminatory stress and internalize oppression (e.g., homophobia), with experiences varying across ethnic and racial groups (Meyer, 2003). Having two or more stigmatized identities, also known as double jeopardy or double minority status, can expose individuals to prejudice in majority and minority group contexts. This is also true in the AA community where sexual and gender minorities experience high stigmatization, discrimination, homophobia, devaluation, objectification, family distancing, insufficient support, and high rates of substance abuse and mental health problems (Ching et al., 2018).

Primary to addressing IR is the need to develop a critical consciousness (aka conscientization) to improve individual and collective awareness (Freire, 1970). This involves applying critical thinking to deconstruct systems of oppression and reaffirming self-worth to re-empower communities to free themselves from oppression. Freire proposed working with individuals in cultural circles to become aware of their sociopolitical realities and agency as a human being, rather than an oppressed object. Watts et al. (2011) expanded upon this work and noted that core dimensions of conscientization include critical reflection, political efficacy, and critical action, which help create awareness of oppression by deconstructing root causes of social inequity. Without this conscientization, oppressed people will continue to perpetuate cycles of oppression. David (2011) recommended creating

awareness through decolonization and acknowledging what colonization has done to individual and collective self-worth.

Empowerment theory, a tenant within community psychology, utilizes concepts and procedures from multiple disciplines to address the well-being of individuals and populations (Zimmerman & Eisman, 2017). It has been used to address the inequities caused by social injustices to promote racial healing and social change. Empowerment theory can be applied to interventions at multiple levels, including individual psychological empowerment (PE), organizational empowerment (OE), and community empowerment (CE). It can help empower AAs to fight against stereotypes and IR, foster ethnic and racial pride, and denounce Eurocentric standards of beauty. This can take the form of individuals and communities applying critical consciousness to liberate, decode, and reject toxic messages that ethnic features and darker complexions are inferior. Empowerment-based interventions build solidarity in fragmented groups and can help reconnect children with parents, those less acculturated with those more acculturated, and men and women who have been distanced because of IR.

Below, the ASIAN PRIDE framework is used to guide recommendations at the individual, interpersonal, community, and societal levels for AAs. It is important to note that many of the components and recommendations within the ASIAN PRIDE framework may be applicable to and adapted for other groups affected by IR. This is because it is a comprehensive approach that targets many of the general processes of IR that afflict multiple groups (e.g., resisting dominant stereotypes and narratives about oppressed groups), and thus prevention and intervention strategies may overlap. A multi- or single-group approach (or implementation in terms of the entirety of the model or selecting different components), may depend on the ethnic and racial composition of different communities, whether programming is developed for entire schools or specific at-risk groups, as well as budgetary constraints and funding mechanisms. An ideal approach may be to implement a comprehensive program that targets the commonalities in IR experienced across vulnerable populations, while also taking into account group-specific issues (e.g., differences in racialization, stereotyping, and othering), and culturally tailoring prevention and intervention programming to address unique experiences and struggles (e.g., shared multigroup workshops with group-specific breakout sessions).

Raising Awareness and Cultural Competence When Intervening at the Individual Level

Psychoeducation and developing a critical conscious are important to prevent the development and mitigate the impact of IR. Awareness combined with intentional action to promote healthy ethnic-racial identity (ERI) development can improve self-esteem and reduce ethnic self-hatred and shame. Healthy ERI can serve as a protective factor for racism and is associated with lower IR and endorsing of stereotypes among AAs (Choi et al., 2017; David et al., 2019; Lee, 2005). However, it is important to note that while ERI generally confers protection, exposure to racism during increased identity exploration as an adolescent may increase vulnerability (Yip, 2018). Therefore, prevention programs need to target AA youth at an early age and help foster a sense of ethnic pride and reconnection with extant cultural strengths, such as a collectivistic sense of community. Selective preventive interventions that facilitate AA youth understanding of what they might go through before it happens can be a primary prevention strategy to reduce the development of IR.

In order to improve access and pathways to care, indicated preventive interventions can be used to provide psychoeducation and advertise resources available to help youth struggling with IR. In addition, conducting more research and improving our ability to screen for IR in primary schools can help identify those at risk. In order to do so, more research needs to be conducted to help establish clinical cut-offs for IR and related problems that would warrant clinical intervention (e.g., ERI conflict, parent–child conflict, acculturation-related family difficulties, academic struggles, problems with body image, internalization of stereotypes, exposure to race-related stressors, and psychological distress). Once identified, at-risk individuals can be referred to clinical and counseling services as a tertiary prevention strategy to decrease harm. Culturally and linguistically competent staff can be hired on site, and schools can develop working relationships with external panel providers who are experts in addressing IR to work collaboratively with parents and teachers. Cultural competency trainings for teachers, administrators, and other staff to facilitate identification of those at risk, and to reduce racial microaggressions that are known to cause distress among AAs are critical to reducing health disparities and improving treatment outcomes (Institute of Medicine's, 1999; Ong et al., 2013; Sue et al., 2019; USDHHS, 2001; Williams et al., 2019). Educators and providers must also learn to how to pronounce non-English AA names, rather than asking youth to anglicize their names for the convenience of others. This microaggression has plagued AAs for generations and is especially problematic because Asian names are often chosen for meaning and instill the hopes and dreams of parents.

University and school counseling centers also need to hire staff that reflect the communities they serve, and listing the diverse specialties of staff can be a simple adaptation that promotes a more culturally welcoming environment. Counseling centers can make simple modifications to intake and screening questionnaires to include items or measures that assess IR. Culture-specific psychoeducational materials (e.g., pamphlets, brochures, fact sheets, and informational resources on IR) can also be placed in waiting rooms alongside culture-general informational materials (e.g., test-

taking anxiety). Collaborations between counseling centers, ethnic studies, residential advisors, and various ethnic student organizations should also be established and/or strengthened, and jointly sponsored outreach workshops and group therapy on topics such as IR, ERI conflict, and coping with racial trauma and stress can be beneficial.

Interpersonal Strategies to Prevent and Mitigate the Effects of Internalized Racism

Emotional connection and having a sense of community may be key to ameliorating the effects of IR. Interpersonal strategies and programming can target family and peer relations to rehumanize and decrease inferiorizing of Asian heritage cultures. Family interventions can target the distancing that already occurs in immigrant families because of breakdowns in communication and difficulties in negotiating cultural value differences, a concept known as *acculturative family distancing* (AFD), which has been found to trigger depression in AA parents and youth (Hwang, 2006; Hwang et al., 2010). More research needs to be done to understand the interaction between IR, intraethnic othering of those less acculturated, and AFD. Nevertheless, there is clinical evidence to suggest that when AA youth display high IR and are embarrassed by their culture, they cope by assimilating and trying to fit in, but consequently other or bully their less acculturated peers and become emotionally distanced from their parents (Hwang, 2006, 2016). Family-based prevention and intervention programs on IR can help foster healthy child–parent relationships and reduce intrafamilial othering.

Peer programs are also important for fostering healthy ERI. Trieu and Lee (2018) found that developing a critical consciousness, healthy ERI, and connection to coethnics, as well as having access to ethnic organizations and safe spaces is key to stopping the vicious cycle of IR among AAs. Initiating educational awareness campaigns and providing access to ethnic student clubs and organizations can offer students peer support and a safe space to talk about their struggles, which could help reduce the impact of IR, promote healthy ERI, reduce isolation, and provide a sense of community. For instance, a peer-led culturally responsive compassionate meditation intervention has been found to help AA students heal from race-related stress and trauma, and the resulting sequelae of mental health problems (Hwang & Chan, 2019). Safe spaces (e.g., AA resource centers) can provide programming and services to empower AAs to deconstruct stereotypes and racist narratives and decrease intragroup bullying of those less acculturated, intraracial othering of Brown Asians, and interracial othering toward other POC. Both family and peer preventive interventions can address inferiorizing of ethnic features, problems associated with idealizing Eurocentric standards of beauty, as well as othering due to colorism and gendered stereotypes. Programs can also be created to help AAs work through IR and its impact on dating choices, such as refusing to date intraracially.

Educational and Community Recommendations to Promote Radical Healing

Educational and community settings are an ideal place to increase awareness, implement primary prevention strategies for those most vulnerable to IR, and educate all groups on the detrimental impact of IR. Programming can be offered as standalone workshops, integrated into mainstream curriculum, as elective ethnic studies courses, and/or as diversity requirements. Sample courses could focus on understanding racism and privilege, battling the effects of stereotypes to reduce IR, understanding microaggressions and intervening with microinterventions, fostering the development of healthy ERI, and strengthening and reducing distancing in families. Although many colleges already offer ethnic studies courses, there is a growing body of research showing that implementation during primary school as an early intervention strategy can confer individual, social, and academic benefits (for example, cultural awareness, healthy ERI, bicultural competence, improved student attendance, higher GPAs, unlearning of cultural racism, and better interpersonal preparedness to contribute and lead in a diverse and multicultural society; Dee & Penner, 2017; Sleeter, 2011; Williams et al., 2019). States such as California, Oregon, and Vermont have approved and created K-12 materials for ethnic studies requirements (Goldstein, 2019). In addition, hiring a chief diversity officer can provide leadership in improving campus climate, and anonymous surveys followed up with strategic planning can help address the various types of racial stress and tensions that affect students and interfere with their ability to learn in a safe and accepting environment.

Some community-based educational interventions have already been developed to address IR among Filipino Americans. Pinoy Teach utilizes a service-learning approach with college students in teacher education programs to engage middle school students in learning about Filipino American culture and history, deconstruct colonial narratives and oppression, and re-empower through community action (Halagao, 2013). Results are promising with both the student teachers and middle school students reporting benefits such as increased awareness, ethnic pride, self-efficacy, and empowerment through continued activism and community involvement. Similarly, Pinayist Pedagogy is a community-based curricular intervention that has a twofold goal of teaching ethnic studies to help Pinays (i.e., Filipina women) confront personal and community problems, and to mentor Pinayists (e.g., activists) to resist oppression and colonization, improve self-determination and rehumanization, and to build relationships to help liberate the community (Tintiangco-Cubales et al., 2015). Pinayist Pedagogy builds upon Freire's (1970) five stages of praxis, including identifying the problem, analyzing the problem, creating plans of action, implementing action, and

analyzing and evaluating actions, and can be implemented across ages, into curriculums, or as workshops.

Collaboration with national, local, professional, and consumer advocacy organizations can raise awareness by providing information about IR on their websites (for example, American Psychological Association [APA], National Institutes of Health [NIH], National Alliance on Mental Illness [NAMI], Asian American Psychological Association [AAPA], or APA's Div 45 (Society for the Psychological Study of Culture, Ethnicity, and Race). Mental health organizations can also collaborate with Asian and ethnic-specific professional organizations, such as the National Association of Asian American Professionals (NAAP), Taiwanese American Professionals (TAP), and Japanese American Citizens League (JACL) to dismantle institutional and structural racism. A depository of resources and referrals for trainings on IR can be provided on professional websites as a resource for community-based organizations (CBOs) and schools who may want to host collaborative workshops, improve staff competency, and train students to cope with IR. Organizations such as the American Public Health Association (APHA) have launched national campaigns and presidential initiatives against racism (Aaltonen, 2019; Jones, 2018). Although the American Psychological Association (APA) has an office of Ethnic Minority Affairs, as well as various committees and divisions that focus on diversity issues, APA has yet to launch such a poignant campaign against racism.

Societal Level Prevention Strategies for Empowerment and Collective Action

Universal preventive interventions that target the overall population can help improve societal-level awareness of how stereotypes exacerbate prejudice and IR. At the root of the problem are societal and media messages that promote White superiority and AA inferiority through lack of representation, negative characterizations, and invisibility of positive role models (Aoki & Mio, 2009; Iwamoto & Liu, 2009). We also need greater media inclusivity across AAs that have been traditionally excluded (for example, those with darker complexions, South and Southeast AAs, primary role representations with depth of character, non-MM representations and having breadth of character, depictions of Americanized AAs rather than stereotypically foreign-born, the intersect with varying gender and sexual orientations, and addressing gendered stereotypes and the invisibility of AA men). Population-level campaigns that raise awareness and denounce racist media caricatures can empower individuals and communities to speak out and engage in collective action. This can come in the form of increasing accountability and boycotting or sanctioning companies that engage in racist practices and supporting those that promote social responsibility and that take meaningful action. Supporting watchdog organizations, such as Asian Pacific American Media Coalition (APAMC) and Media Action Network for Asian Americans (MANAA), who advocate and lobby for positive AA portrayals and denounce negative stereotypes perpetuated by media can help promote change. The fight for cultural citizenship through changing media representations and online social media campaigns is an important part of AA media activism and community empowerment (Lopez, 2016).

Evidence-based, culturally adapted interventions that target IR also need to be developed and tested for efficacy and effectiveness (Hwang, 2016). Treatment development initiatives require funding and can be especially difficult if governmental agencies do not have policies that value or support diversity work. For example, during 1992–2018; only .17% of the National Institutes of Health (NIH) budget was expended on clinical research for AA, Native Hawaiian, and Pacific Islander (AA/NHPI) populations (Doan et al., 2019). This low level of institutional support suggests that the NIH may not prioritize serving the needs of AANHPI, which makes it difficult to address IR and develop selective preventive interventions. Collective action is needed to petition funding agencies to reevaluate their priorities and provide resources to address IR. In the meantime, providers need to be trained to address IR in a culturally competent manner. This could be accomplished by implementing diversity requirements for licensure, as well as expanding graduate and continuing education training requirements.

Supporting national movements that call out racism and highlight the responsibility for all individuals to be antiracist is also critically important for addressing IR because being nonracist is insufficient and complacency reinforces systems of oppression (Jones, 2018). This includes supporting movements to increase bystander training to call out and speak up, or to use microinterventions to counter racial microaggressions (Sue et al., 2019). Moreover, AAs and other groups need to stand in solidarity with Black Lives Matter and the #MeToo movement, because stopping prejudice and violence against some of the most oppressed groups helps protect the civil rights and ensure equality for all people. In addition, we need to address the intersect between sexual violence and the victimization of AA and ethnic women. By empowering the community, we help reduce the internalization of racism. By giving people a voice, they are less likely to be oppressed and inferiorized. Finally, we need national campaigns that address xenophobia to mitigate the effects of the PFS, and that highlight the value of immigration and the understanding this country was built by immigrants, thus increasing cultural acceptance and appreciation and reducing the pressure to assimilate and give up one's culture out of fear or pressure to fit in.

Conclusion

Similar to a virus, racism is a self-perpetuating disease that embeds itself in individuals, communities, and

institutions that do not take an active antiracist stance and have a strategic plan to eradicate it. Whether intentional or unintentional, racism is a disease of moral turpitude, perpetuated by a complex interplay of those sickened by ethnocentric beliefs and feelings of racial superiority, the power dynamics that create structural and institutional disadvantage, and the bystanders who benefit from privilege and are less compelled to take action and consequently reinforce the status quo. Stereotypes such as the perpetual foreigner, model minority, and racialized standards of attractiveness reinforce prejudicial narratives and create hierarchies between the oppressor and the oppressed. When internalized, racism creates competition in those struggling to fit in and protect themselves from disadvantage, and consequently reinforces distancing and othering within groups often without conscious awareness.

Although we are still far away from fully implementing a social and ecologically valid multilevel preventive intervention program such as ASIAN PRIDE, this framework can provide a roadmap to guide potential next steps. Only by working together can we address the various challenges and consequences of IR at the individual, family, community, organizational and societal levels. We need a comprehensive approach to identifying, assessing, treating, and preventing the progression and spread of this public health problem. Unless we effectively address the social and structural determinants of this systemic problem, we will continue to suffer the social, health, and mental consequences, with the most oppressed bearing the greatest burden of suffering. As the late American civil rights activist Yuri Kochiyama (1921–2014) stated, “Remember that consciousness is power. Consciousness is education and knowledge. Consciousness is becoming aware . . . Tomorrow's world is yours to build.” Therefore, we need to increase our conscientization of IR to mitigate its effects and reempower society to take action against all forms of oppression, including that which is turned inward.

References

Aaltonen, P. (2019). Applying public health tools to our crisis of hate and violence. *The Nation’s Health*, *49*(8), 3.

Aoki, G., & Mio, J. S. (2009). Stereotypes and media images. In N. Tewari & A. N. Alvarez (Eds.), *Asian American psychology: Current perspectives* (pp. 421–439). Taylor & Francis Group.

Asian Pacific Policy and Planning Council. (2020) *Stop AAPI hate*. https://www.asianpacificpolicyandplanningcouncil.org/stop-aapi-hate/

Avery, D. R., Volpone, S. D., & Holmes, O. (2018). Racial discrimination in organizations. In A. J. Colella & E. B. King (Eds.), *The Oxford handbook of workplace discrimination* (pp. 89–109). Oxford University Press.

Berdahl, J. L., & Min, J. A. (2012). Prescriptive stereotypes and workplace consequences for East Asians in North America. *Cultural Diversity & Ethnic Minority Psychology*, *18*(2), 141–152. https://doi.org/10.1037/a0027692

Brand, D. (1987, August 31). The new whiz kids: Why Asian Americans are doing so well and what it costs them. *TIME Magazine*. http://content.time.com/time/subscriber/article/0,33009,965326,00.html

Centers for Disease Control and Prevention. (2020). *The social-ecological model: A framework for prevention*. https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html

Chao, M. M., Chiu, C.-Y., Chan, W., Mendoza-Denton, R., & Kwok, C. (2013). The model minority as a shared reality and its implication for interracial perceptions. *Asian American Journal of Psychology*, *4*(2), 84–92. https://doi.org/10.1037/a0028769

Cheryan, S., & Bodenhausen, G. (2000). When positive stereotypes threaten intellectual performance: The psychological hazards of “model minority” status. *Psychological Science*, *11*(5), 399–402. https://doi.org/10.1111/1467-9280.00277

Cheryan, S., & Monin, B. (2005). Where are you really from?” Asian Americans and identity denial. *Journal of Personality and Social Psychology*, *89*(5), 717–730. https://doi.org/10.1037/0022-3514.89.5.717

Ching, T. H., Lee, S. Y., Chen, J., So, R. P., & Williams, M. T. (2018). A model of intersectional stress and trauma in Asian American sexual and gender minorities. *Psychology of Violence*, *8*(6), 657–668. https://doi.org/10.1037/vio0000204

Choi, A. Y., Israel, T., & Maeda, H. (2017). Development and evaluation of the Internalized Racism in Asian Americans Scale (IRAAS). *Journal of Counseling Psychology*, *64*(1), 52–64. https://doi.org/10.1037/cou0000183

Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, *54*(10), 805–816. https://doi.org/10.1037/0003-066X.54.10.805

Cokley, K. O. (2002). Testing cross’s revised racial identity model: An examination of the relationship between racial identity and internalized racialism. *Journal of Counseling Psychology*, *49*(4), 476–483. https://doi.org/10.1037/0022-0167.49.4.476

David, E. J. R. (2011). *Filipino/American postcolonial psychology*. Information Age Publishing.

David, E. J. R. (2014). *Internalized oppression: The psychology of marginalized groups*. Springer.

David, E. J. R., & Derthick, A. O. (2014). What is internalized oppression, and so what? In E. J. R. David (Ed.), *Internalized oppression: The psychology of marginalized groups* (pp. 1–30). Springer.

David, E. J. R., & Derthick, A. O. (2017). *The psychology of oppression*. Springer. https://doi.org/10.1891/9780826178176

David, E. J. R., & Okazaki, S. (2006). The Colonial Mentality Scale (CMS) for Filipino Americans: Scale construction and psychological implications. *Journal of Counseling Psychology*, *53*(2), 241–252. https://doi.org/10.1037/0022-0167.53.2.241

David, E. J. R., Schroeder, T. M., & Fernandez, J. (2019). Internalized racism: A systematic review of the psychological literature on racism’s most insidious consequence. *Journal of Social Issues*, *75*(4), 1057–1086. https://doi.org/10.1111/josi.12350

Dee, T. S., & Penner, E. K. (2017). The causal effects of cultural relevance: Evidence from an ethnic studies curriculum. *American Educational Research Journal*, *54*(1), 127–166. https://doi.org/10.3102/0002831216677002

Dixon, A. R., & Telles, E. E. (2017). Skin color and colorism: Global research, concepts, and measurement. *Annual Review of Sociology*, *43*(1), 405–424. https://doi.org/10.1146/annurev-soc-060116-053315

Doan, L. N., Takata, Y., Sakuma, K.-L. K., & Irvin, V. L. (2019). Trends in clinical research including Asian American, Native Hawaiian, and Pacific Islander participants funded by the U.S. National Institutes of Health, 1992 to 2018. *JAMA Network Open*, *2*(7), e197432. https://doi.org/10.1001/jamanetworkopen.2019.7432

Fiske, S. T. (1993). Controlling other people: The impact of power on stereotyping. *American Psychologist*, *48*(6), 621–628. https://doi.org/10.1037/0003-066X.48.6.621

Freire, P. (1970). *Pedagogy of the oppressed*. Continuum.

Goldstein, D. (2019, August 5). Push for ethnic studies in schools faces a dilemma: Whose stories to tell. *The New York Times*. https://www.nytimes.com/2019/08/15/us/california-ethnic-studies.html

Griffith, D. M., Mason, M., Yonas, M., Eng, E., Jeffries, V., Plihcik, S., & Parks, B. (2007). Dismantling institutional racism: Theory and action. *American Journal of Community Psychology*, *39*(3-4), 381–392. https://doi.org/10.1007/s10464-007-9117-0

Guendelman, M. D., Cheryan, S., & Monin, B. (2011). Fitting in but getting fat. *Psychological Science*, *22*(7), 959–967. https://doi.org/10.1177/0956797611411585

Gupta, A., Szymanski, D. M., & Leong, F. T. L. (2011). The "model minority myth": Internalized racialism of positive stereotypes as correlates of psychological distress, and attitudes toward help-seeking. *Asian American Journal of Psychology*, *2*(2), 101–114. https://doi.org/10.1037/a0024183

Halagao, P. E. (2013). Theorizing from pain, passion, and hope: The making of Filipino American curricula and pedagogy. In D. C. Maramba & R. Bonus (Eds.), *The "other" students: Filipino Americans, education, and power* (pp. 145–163). Information Age.

Hall, C. C. I. (2009). Asian American women. In N. Tewari & A. Alvarez (Eds.), *Asian American psychology: Current perspectives* (pp. 153–172). Psychology Press.

Herrnstein, R. J., & Murray, C. (1994). *The bell curve: Intelligence and class structure in American life*. Free Press.

Huynh, Q.-L., Devos, T., & Smalarz, L. (2011). Perpetual foreigner in one's own land: Potential implications for identity and psychological adjustment. *Journal of Social and Clinical Psychology*, *30*(2), 133–162. https://doi.org/10.1521/jscp.2011.30.2.133

Hwang, W. (2006). Acculturative family distancing: Theory, research, and clinical practice. *Psychotherapy: Theory, Research, & Practice*, *43*(4), 397–409. https://doi.org/10.1037/0033-3204.43.4.397

Hwang, W. (2013). Who are people willing to date? Ethnic and gender patterns in online dating. *Race and Social Problems*, *5*(1), 28–40. https://doi.org/10.1007/s12552-012-9082-6

Hwang, W. (2016). *Culturally adapting psychotherapy for Asian heritage populations: An evidence-based approach*. Elsevier.

Hwang, W., & Chan, C. P. (2019). Compassionate meditation to heal from race-related stress: A pilot study with Asian Americans. *American Journal of Orthopsychiatry*, *89*(4), 482–492. https://doi.org/10.1037/ort0000372

Hwang, W., Wood, J. J., & Fujimoto, K. A. (2010). Acculturative family distancing (AFD) and depression in Chinese American families. *Journal of Consulting and Clinical Psychology*, *78*(5), 655–667. https://doi.org/10.1037/a0020542

Hyun, J. (2005). *Breaking the bamboo ceiling: Career strategies for Asians*. Harper Collins.

Institute of Medicine. (1999). *Unequal treatment: Confronting racial and ethnic disparities in health care*. National Academies Press.

Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. National Academies Press.

Iwamoto, D. K., & Liu, W. M. (2009). Asian American men and Asianized attribution. In N. Tewari & A. N. Alvarez (Eds.), *Asian American psychology: Current perspectives* (pp. 153–172). Taylor & Francis Group.

Jones, C. P. (2000). Levels of racism: A theoretical framework and a gardener's tale. *American Journal of Public Health*, *90*(8), 1212–1215. https://doi.org/10.2105/AJPH.90.8.1212

Jones, C. P. (2018). Toward the science and practice of anti-racism: Launching a national campaign against racism. *Ethnicity & Disease*, *28*(Suppl. 1), 231–234. https://doi.org/10.18865/ed.28.S1.231

Judd, C. M., & Park, B. (1993). Definition and assessment of accuracy in social stereotypes. *Psychological Review*, *100*(1), 109–128. https://doi.org/10.1037/0033-295X.100.1.109

Kawamura, K., & Rice, T. (2009). Body image among Asian Americans. In N. Tewari & A. N. Alvarez (Eds.), *Asian American psychology: Current perspectives* (pp. 539–559). Taylor & Francis Group.

Kiang, L., Witkow, M., & Thompson, T. (2016). Model minority stereotyping, perceived discrimination, and adjustment among adolescents from Asian American backgrounds. *Journal of Youth and Adolescence*, *45*(7), 1366–1379. https://doi.org/10.1007/s10964-015-0336-7

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. L. (2002). *World report on violence and health. World Health Organization*. https://doi.org/10.1016/S0140-6736(02)11133-0

Lee, R. M. (2005). Resilience against discrimination: Ethnic identity and other-group orientation as protective factors for Korean Americans. *Journal of Counseling Psychology*, *52*(1), 36–44. https://doi.org/10.1037/0022-0167.52.1.36

Lee, S. J. (1994). Behind the model-minority stereotype: Voices of high- and low-achieving Asian American students. *Anthropology & Education Quarterly*, *25*(4), 413–429. https://doi.org/10.1525/aeq.1994.25.4.04x0530j

Lee, S. J., Wong, A., & Alvarez, A. N. (2009). The model minority and the perpetual foreigner: Stereotypes of Asian Americans. In N. Tewari & A. N. Alvarez (Eds.), *Asian American psychology: Current perspectives* (pp. 69–84). Taylor & Francis Group.

Lipsky, S. (1977). Internalized oppression. *Black Re-Emergence*, *2*(1–3), 5–10.

Liu, T., Wong, Y. J., Maffini, C. S., Goodrich, M. N., & Iwamoto, D. K. (2018). Gendered racism scales for Asian American men: Scale development and psychometric properties. *Journal of Counseling Psychology*, *65*(5), 556–570. https://doi.org/10.1037/cou0000298

Lopez, L. K. (2016). *Asian American media activism: Fighting for cultural citizenship*. New York University Press.

Loving v. Virginia. 388 U.S. (1967). https://supreme.justia.com/cases/federal/us/388/1/case.html

Maddox, K. B. (2004). Perspectives on racial phenotypicality bias. *Personality and Social Psychology Review*, *8*(4), 383–401. https://doi.org/10.1207/s15327957pspr0804_4

Maddux, W. W., Galinsky, A. D., Cuddy, A. J. C., Polifroni, M. (2008). When being a model minority is good . . . and bad: Realistic threat explains negativity toward Asian Americans. *Personality and Social Psychology Bulletin*, *34*(1), 74–89. https://doi.org/10.1177/0146167207309195

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Millan, J. B., & Alvarez, A. N. (2014). Asian Americans and internalized oppression: Do we deserve this? In E. J. R. David (Ed.), *Internalized oppression: The psychology of marginalized groups* (pp. 63–190). Springer.

Nadal, K. L., Vigilia Escobar, K. M., Prado, G. T., David, E. J. R., & Haynes, K. (2012). Racial microaggressions and the Filipino American experience: Recommendations for counseling and development. *Journal of Multicultural Counseling and Development*, *40*(3), 156–173. https://doi.org/10.1002/j.2161-1912.2012.00015.x

Nadimpalli, S. B., Cleland, C. M., Van, D. N., Hutchinson, M. K., Islam, N., & Barnes, L. L. (2016). The association between discrimination and the health of Sikh Asian Indians. *Health Psychology*, *35*(4), 351–355. https://doi.org/10.1037/hea0000268

Nagata, D. K., Kim, J. H. J., & Wu, K. (2019). The Japanese American wartime incarceration: Examining the scope of racial trauma. *American Psychologist*, *74*(1), 36–48. https://doi.org/10.1037/amp0000303

Neisser, U., Boodoo, G., Bouchard, T. J., Boykin, A. W., Brody, N., Ceci, S. J., Halpern, D. F., Loehlin, J. C., Perloff, R., Sternberg, R. J., &

Urbina, S. (1996). The science of emotional intelligence: Knowns and unknowns. *American Psychologist*, *51*(2), 77–101. https://doi.org/10.1037/0003-066X.51.2.77

Ng, J. C., Lee, S. S., & Pak, Y. K. (2007). Contesting the model minority and perpetual foreigner stereotypes: A critical review of literature on Asian Americans in education. *Review of Research in Education*, *31*(1), 95–130. https://doi.org/10.3102/0091732X07300046095

NPR, Robert Wood Johnson Foundation, & Harvard T.H. Chan School of Public Health. (2017). *Discrimination in America: Experiences and views of Asian Americans*. https://philanthropynewsdigest.org/connections/discrimination-in-america-experiences-and-views-of-asian-americans#:~:text=According%20to%20the%20report%2C%20Discrimination%20in%20America%3A%20Experiences,to%20rent%20or%20buy%20a%20home%20%2825%20percent%29.

Ong, A. D., Burrow, A. L., Fuller-Rowell, T. E., Ja, N. M., & Sue, D. W. (2013). Racial microaggressions and daily well-being among Asian Americans. *Journal of Counseling Psychology*, *60*(2), 188–199. https://doi.org/10.1037/a0031736

Petersen, W. (1966, January 9). Success story, Japanese-American style. *New York Times Magazine*. https://www.nytimes.com/1966/01/09/archives/success-story-japaneseamerican-style-success-story-apaneseajmerican.html

Pew Research Center. (2020). *Many Black and Asian Americans say they have experienced discrimination amid the COVID-19 outbreak*. https://www.pewsocialtrends.org/2020/07/01/many-black-and-asian-americans-say-they-have-experienced-discrimination-amid-the-covid-19-outbreak/

Prentice, D. A., & Miller, D. T. (2002). The emergence of homegrown stereotypes. *American Psychologist*, *57*(5), 352–359. http://doi.org/https://doi.org/10.1037/0003-066X.57.5.352

Pyke, K. (2010). What is internalized racial oppression and why don't we study it? Acknowledging racism's hidden injuries. *Sociological Perspectives*, *53*(4), 551–572. https://doi.org/10.1525/sop.2010.53.4.551

Pyke, K., & Dang, T. (2003). FOB" and "whitewashed": Identity and internalized racism among second generation Asian Americans. *Qualitative Sociology*, *26*(2), 147–172. https://doi.org/10.1023/A:1022957011866

Reyes, A. (2007). *Language, identity, and stereotype among Southeast Asian American youth: The other Asian*. Erlbaum.

Schwalbe, M., Godwin, S., Holden, D., Schrock, D., Thompson, S., & Wolkomir, M. (2000). Generic processes in the reproduction of inequality: An interactionist analysis. *Social Forces*, *79*(2), 419–452. https://doi.org/10.2307/2675505

Shen, F. C., Wang, Y.-W., & Swanson, J. L. (2011). Development an initial validation of the internalization of Asian American Stereotypes Scale. *Cultural Diversity & Ethnic Minority Psychology*, *17*(3), 283–294. https://doi.org/10.1037/a0024727

Shih, M., Pittinsky, T. L., & Ambady, N. (1999). Stereotype susceptibility: Identity salience and shifts in quantitative performance. *Psychological Science*, *10*(1), 80–83. https://doi.org/10.1111/1467-9280.00111

Siy, J. O., & Cheryan, S. (2013). When compliments fail to flatter: American individualism and responses to positive stereotypes. *Journal of Personality and Social Psychology*, *104*(1), 87–102. https://doi.org/10.1037/a0030183

Sleeter, C. E. (2011). *The academic and social value of ethnic studies: A research review*. National Education Association Research Department.

Sohoni, D. (2007). Unsuitable suitors: Anti-miscegenation laws, naturalization laws, and the construction of Asian identities. *Law & Society Review*, *41*(3), 587–618. https://doi.org/10.1111/j.1540-5893.2007.00315.x

Speight, S. L., Hewitt, A. A., & Cook, H. R. (2016). Color blind racial ideology and internalized racism among people of color. In H. A. Neville, M. E. Gallardo, & D. W. Sue (Eds.), *The myth of racial color blindness: Manifestations, dynamics, and impact* (pp. 191–205). American Psychological Association.

Steele, C. M. (1997). A threat in the air: How stereotypes shape intellectual identity and performance. *American Psychologist*, *52*(6), 613–629. https://doi.org/10.1037/0003-066X.52.6.613

Steele, C. M., Spencer, S. J., & Aronson, J. (2002). Contending with group image: The psychology of stereotype and social identity threat. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (pp. 379–440). Academic Press.

Sue, D. W., Alsaidi, S., Awad, M. N., Glaeser, E., Calle, C. Z., & Mendez, N. (2019). Disarming racial microaggressions: Microintervention strategies for targets, White allies, and bystanders. *American Psychologist*, *74*(1), 128–142. https://doi.org/10.1037/amp0000296

Tintiangco-Cubales, A., Kohli, R., Sacramento, J., Henning, N., Agarwal-Rangnath, R., & Sleeter, C. (2015). Toward an ethnic studies pedagogy: Implications for K-12 schools from the research. *The Urban Review: Issues and Ideas in Public Education*, *47*(1), 104–125. https://doi.org/10.1007/s11256-014-0280-y

Tran, A. G. T. T., & Lee, R. M. (2014). You speak English well! Asian Americans' reactions to an exceptionalizing stereotype. *Journal of Counseling Psychology*, *61*(3), 484–490. https://doi.org/10.1037/cou0000034

Tran, N., & Birman, D. (2010). Questioning the model minority: Studies of Asian American academic performance. *Asian American Journal of Psychology*, *1*(2), 106–118. https://doi.org/10.1037/a0019965

Trieu, M. M. (2019). Understanding the use of "twinkie," "banana," and "FOB": Identifying the origin, role, and consequences of internalized racism within Asian America. *Sociology Compass*, *13*(5), e12679. https://doi.org/10.1111/soc4.12679

Trieu, M. M., & Lee, H. C. (2018). Asian Americans and internalized racial oppression: Identified, reproduced, and dismantled. *Sociology of Race and Ethnicity*, *4*(1), 67–82. https://doi.org/10.1177/2332649217725757

Tuan, M. (1998). *Forever foreigners, or, honorary Whites? The Asian ethnic experience today*. Rutgers University Press.

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—A Supplement to mental health: A report of the surgeon general*. USDHHS, Public Health Service, Office of the Surgeon General. https://www.ncbi.nlm.nih.gov/books/NBK44243/

United Nations Office on Drugs and Crime. (2009). *Global report on trafficking in persons*. https://www.unodc.org/documents/human-trafficking/Global_Report_on_TIP.pdf

Wang, J., Siy, J. O., & Cheryan, S. (2011). Racial discrimination and mental health among Asian American youth. In F. T. L. Leong, L. Juang, D. B. Qin, & H. E. Fitzgerald (Eds.), *Asian American and Pacific Islander children and mental health: Vol. 1. Development and context* (pp. 219 –242). Greenwood.

Watts, R. J., Diemer, M. A., & Voight, A. M. (2011). Critical consciousness: Current status and future directions. *New Directions for Child and Adolescent Development*, *2011*(134), 43–57. https://doi.org/10.1002/cd.310

Wei, M., Liu, S., Ko, S. Y., Wang, C., & Du, Y. (2020). Impostor feelings and psychological distress among Asian Americans: Interpersonal shame and self-compassion. *The Counseling Psychologist*, *48*(3), 432–458. https://doi.org/10.1177/0011000019891992

Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and health: Evidence and needed research. *Annual Review of Public Health*, *40*(1), 105–125. https://doi.org/10.1146/annurev-publhealth-040218-043750

Wong, F., & Halgin, R. (2006). The "model minority": Bane or blessing for Asian Americans. *Journal of Multicultural Counseling and Development*, *34*(1), 38–49. https://doi.org/10.1002/j.2161-1912.2006.tb00025.x

Wong, P., Lai, C. F., Nagasawa, R., & Lin, T. (1998). Asian Americans as model minority: Self perceptions and perceptions by other racial groups. *Sociological Perspectives*, *41*(1), 95–118. https://doi.org/10.2307/1389355

World Health Organization. (2011). *Mercury in skin lightening products*. https://www.who.int/publications/i/item/WHO-CED-PHE-EPE-19.13#:~:text=Mercury-containing%20skin%20lightening%20products%20

are%20hazardous%20to%20health,mercury%20and%20other%20hazardous%20chemicals%20%28such%20as%20

Wu, F. H. (2002). *Yellow: Race in America beyond Black and White*. Basic Books.

Yip, T. (2018). Ethnic/racial identity—A double-edged sword? Associations with discrimination and psychological outcomes. *Current Directions in Psychological Science*, *27*(3), 170–175. https://doi.org/10.1177/0963721417739348

Yoo, H. C., Miller, M. J., & Yip, P. (2015). Validation of the internalization of the Model Minority Myth Measure (IM-4) and its link to academic performance and psychological adjustment among Asian American adolescents. *Cultural Diversity & Ethnic Minority Psychology*, *21*(2), 237–246. https://doi.org/10.1037/a0037648

Zimmerman, M. A., & Eisman, A. B. (2017). Empowering interventions: Strategies for addressing health inequities across levels of analysis. In M. A. Bond, I. Serrano-García, C. B. Keys, & M. Shinn (Eds.), *APA handbook of community psychology: Methods for community research and action for diverse groups and issues* (pp. 173–191). American Psychological Association. https://doi.org/10.1037/14954-011

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