

# RESEARCHING EXPERIENCES OF RACIALIZATION, DISABILITY AND MENTAL HEALTH WITHIN ASIAN POPULATIONS USING ARTS-BASED METHODS

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## **Tell us about your field, your professional experiences before starting your current studies?**

My work is situated in the areas of mental health, disability justice, and with arts-based festivals, where I work in the community and alongside non-profits. Prior to pursuing my doctoral degree, I have worked as a research associate, program developer, health and benefit services coordinator within both academia and non-profits, and as an access manager for festivals.

My research experience ranges from projects on mad history in Vancouver<sup>1</sup>, health equity and diversity services in clinical settings, and women's health, to a larger-scale national intervention study exploring how to reduce the stigma of mental illness among Asian men in Canada.<sup>2</sup> As a program developer, I worked with a non-profit to secure several major grants with the Vancouver Foundation, the City of Vancouver, and the Community Action Initiative. I also developed and implemented a skills training program for people with disabilities to earn supplemental income with their disability benefit.

As an access manager for music and arts-based festivals, I managed the logistics and ingress festivalgoers, performers, volunteers, vendors, staff and crew. I have also participated on various boards for non-profits.

All of these experiences shared a similar themes of community and inclusion for a wide range of people.

## **Tell us about your dissertation and how it relates to the study of Canada.**

Asian Canadians, by birth in Canada or by naturalization, comprise approximately 20% of the Canadian population.<sup>3</sup> Although this is a large percentage, there is limited research on our experiences and our varied understandings of mental health and disability among Asian populations. As a society, how can we strive towards inclusion, equity, and community when historically, policies, services, and provisions were created by those without the lived experiences of racialization, disability and mental health? This is particularly salient post-pandemic where we saw unprecedented levels of overt racism towards Asian populations across Canada,<sup>4</sup> resurfacing centuries old xenophobic beliefs from when the first immigrants of Asian descent came to Canada in 1788.

Internalized racism is still perpetuated today, and my research seeks to highlight experiences and representations in the areas of mental health and disability among Asian populations. I am utilizing non-traditional and arts-based methods as alternative methods and new ways of knowing are essential to addressing the missing epistemologies of those racialized and

disabled. Arts-based methods have the potential to reach people who may otherwise not engage with the research otherwise due to limited mental health, disability literacy,<sup>5</sup> or language fluency. This includes examining both how research is designed and where participants are recruited in order to expand and include more narratives and experiences. Over two centuries, many diverse Asian ethnic groups have migrated to Canada. Canadian Studies includes all Canadians, and my research will contribute to expanding how people who are racialized and disabled understand, experience, and navigate the systems in which we are all embedded in.

### **What inspired you to do this work?**

Throughout my work, I noticed the lack of racialized representation and lived experience in mental health and disability studies. I did not anticipate pursuing a doctoral degree, however, after years of working in a different field, I was acutely aware of the exclusion I felt, which prompted me to continue to my own research. I want to live in a Canada where people who are both racialized, and with a disability and/or mental health,<sup>6</sup> are seen and feel represented.

### **What are 3-5 main takeaways you want others to come away with?**

**1.** Traditional research and methods limit how racialized populations are perceived, represented, and included within academic research and popular culture. This has the potential to re-enforce internalized, repeated, or dated narratives from centuries past

**2.** More work needs to be done and led by people with disabilities, with mental health, who are racialized. Nothing about us without us.

**3.** All Canadians needs to reflect on and unpack their internalized and unconscious beliefs about

Asian Canadians, particularly since the pandemic resurfaced deeply engrained racist beliefs. Why is it that many Asian populations are still asked, 'but where are you from' even generations later?

**4.** I want everyone ,including those of Asian descents, to think about how internalizing the model minority myth contributes to the inequities that continue to exist. These beliefs have been engrained through decades of social policies and exclusions. Many people are not aware of that they have been conditioned to accept these ideologies as truth.

### **Tell us about the challenges that you as a researcher are experiencing or had to overcome to do this work.**

Racism. Ageism. Sexism. Mental health. Disability. Self-stigma. These are interlocking and overlapping oppressions that I have encountered, and will continue to encounter, by being and living within the intersections I hold. As one continues to pursue higher education, racialized and disabled students, colleagues, and faculty are few and far between, particularly finding those who are also visibly racialized with disabilities. It is an isolating experience. The time allocation to complete a doctoral degree is ableist, particularly towards those with neurocognitive disorders. These 'isms' are not something one 'overcomes', rather these are managed as they arise.

### **Tell us about what you enjoy the most about the work you do.**

What keeps me motivated and what keeps me going are the times when I have interactions with other racialized students and/or with other racialized and disabled people who share with me how my work resonates with them, how they felt heard, and that they support my work because it is

needed. I have had several students contact me to ask questions about being racialized and with a disability in academia and I am grateful that I am able to support them because I wish I had this when I was younger. It is in these moments that I feel changes are going to come and that the next generation might not have to go through the isolating, racist, and ableist situations I have experienced.

For the artists I have worked with, I love seeing their art and their world view of mental health and disability. I love learning from them and seeing the beauty and activism in their creations. Lastly, I have been really lucky to have great colleagues surrounding me who support me and strive to embody disability justice.

### **What advice/lessons/tips do you have for those starting their academic journey?**

Be selective with who you want to work with. A doctoral degree is a long term commitment and you need cheerleaders on your side. I can not stress enough how important having a supportive team or committee is for your mental health. I approach doing a doctoral degree as if it is my employment and not my life. Similar to a job, it is okay to limit the time from 9-5, and/or have leisure time with family and friends doing activities that nourish and support your wellbeing. A doctoral degree is not my life, it is one aspect of my life. For those with disabilities, understand that it will take longer and to give yourself compassion and to embody disability justice for yourself. Lastly, it is also never too late to go and pursue work in academia or a doctoral degree.

### **What are the next steps in your research?**

Writing up my research proposal and being ABD.

### **Notes**

1. Madness Canada (2017). "Mad Cities: Legacies of MPA" <https://madnesscanada.com/mad-cities/legacies-of-mpa/we-did-it/>.
2. Morrow, M., Bryson, S., Lal, R., Hoong, P., Jiang, C., Jordan, S., Patel, N.B., & Guruge, S. (2020). Intersectionality as an analytic framework for understanding the experiences of mental health stigma among racialized men. *International Journal of Mental Health and Addiction*, 18, 1304-1317.
3. Statistics Canada (2024). "Asian Heritage Month 2024.. By the Numbers". Retrieved from [https://www.statcan.gc.ca/en/dai/smr08/2024/smr08\\_279](https://www.statcan.gc.ca/en/dai/smr08/2024/smr08_279).
4. Balintec, V. (2022). "2 years into the pandemic, anti-Asian hate is still on the rise in Canada, report shows." CBC News. Retrieved from <https://www.cbc.ca/news/canada/toronto/2-years-into-the-pandemic-anti-asian-hate-is-still-on-the-rise-in-canada-report-shows-1.6404034>.
5. Disability literacy as in understanding and recognizing what disability means and what disabilities are in the Canadian context (e.g., what a disability is here may not be understood or thought of as a disability in other cultures). You need to know the terms in English to be able to get the services you need which requires high levels of fluency both in English and being able to explain diagnostic symptoms.
6. I am intentional about saying both mental health and disability because of the varied understandings of mental health and disability. Mental health as a disability is not universally understood.