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The Model Minority Myth: a threat to Asian Canadians in higher education

Le Mythe de la minorité modèle : un danger qui menace les Canadiens d'origine asiatique dans l'enseignement supérieur

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Recent discriminatory acts against Asian minority groups highlight the long-suffered ostracism faced by Asian Canadians. Ostracism, the feeling of being ignored or excluded, stems from the idea that one is “different.” This idea of *otherness* has harmed the physical and emotional well-being of Asian Canadians and highlights an underexplored area in Canadian medical education and academia. While the anti-Asian sentiment has been brought to light recently, this phenomenon has been long rooted in Canadian history.

We revisit historical injustices and modern-day prejudices to provide readers with an understanding of the Model Minority Myth, as viewed through our own lens as Asian Canadians with lived experience in higher education. We acknowledge our own privileged positions in medical training, at different stages of our career: a student (SK) and a practicing physician (AK); a learner and an educator. While our individual experiences have shaped our respective journeys, we examine the existing literature on the biases facing Asian students in North American higher education through our own lens as a trainee and an educator, and we highlight implications for medical education.

History

This inherent ideology that Asians are “different” is deeply rooted in Canada’s history.

Anti-Asian sentiments arose in 1867 with concerns of a mass influx of Chinese laborers to build the Pacific Railway.¹ British Columbians feared economic competition and as a result, Asians were only hired for menial jobs or labor with their minimum-wage lower than that of Caucasians.² Asians were seen as inassimilable. A Vancouver critic said, “Our mode of living, temperament and ideals are all different and we could never be welded together.”²

The anti-Asian sentiment became violent in 1907 during the Vancouver anti-Asian riot, in which thousands of people protested Asian immigration and damaged Chinese and Japanese neighborhoods.³ Even after the Pacific War in 1941, the lingering roots of ostracism did not end. Diverse sub-ethnic Asian groups had been portrayed as one homogenous group non-assimilative to North American culture² and the “Model Minority Myth” was first used to describe East Asians in the 1960s for their economic success.

In 1979, the “Campus Giveaway” episode of CTV program *W5* argued Asian students, especially Chinese students, were taking educational opportunities away from Canadian students and falsified the number of international students studying in Canada.⁴

In 2010, MacLean magazine published a controversial article titled “Too Asian,” which was later renamed “The enrollment controversy.” This article argued Asians were taking over top Canadian university spots. It was met with backlash from the Asian community as it stereotyped Asians and generated an ‘us’ vs ‘them’ distinction.¹

The Model Minority

In the modern day, the Model Minority Myth paints Asians as being universally smart, hardworking, obedient, and self-disciplined.¹ However, Asians are also characterized as being nerdy, unfriendly, and shy¹—“negative” traits that are often entangled as reasons for economic success. These stereotypes, while framed in either a positive or negative light, support the image of Asian Canadians as being solely driven by professional and socioeconomic success, dehumanizing them in comparison to other groups.

The Model Minority stereotype has also created a false sense of equity in the field of Medicine. Asian Americans physicians are viewed as the overrepresented minority in medicine. This is not attributed to a true meritocracy as the Model Minority Myth argues. Rather, it is due to immigration laws that preferentially favored doctors and engineers and generalized overcategorization of Asians.⁶ For example, Asian medical school applicants are mostly comprised of Indian, Chinese, and Korean ethnicities. However other ethnicities such as Thai, Hmong, or Cambodian are severely underrepresented.⁶ In addition, Asian Americans are underrepresented in leadership positions in medicine.⁶

There has been limited Canadian literature on the Myth in academia: Padgett et al. reported that this stereotype is prevalent in Canada and both positive and negative stereotypes are internalized by Asians. The internalization of the negative stereotypes was related to lower levels of well-being and self-esteem, which has important implications regarding the well-being of Asian Canadians.¹

This topic has been explored more extensively in higher education in the United States. McGee et al. studied the racialized experiences of Asian Science, Technology, Engineering, and Mathematics (STEM) college students. This study found that the Model Minority Myth created systematic stress in students to live up to unrealistically high expectations. The prototypical stereotype also discouraged Asian students from pursuing non-STEM fields because of the perception they would be unsuccessful.⁵ The limited literature highlights an ongoing,

underappreciated pattern of discrimination against Asian Americans in the higher education.

Conclusion

The idea of *otherness* had been deeply rooted in North America due to the economic and political agendas of the time. The stereotypes have created invisible lines that separate and exclude Asians from mainstream culture. This otherness stereotype has been studied in academic settings, where Asians are framed as competitors taking over top tier university spots, and in medical education Asians have been misleadingly classified as “overrepresented.” The impact to the well-being and career progression of Asian-American physicians requires further investigation, and the indirect impact on patient care remains unclear and understudied. Healthcare leaders and policymakers must consider how the model minority stereotype and consequential ostracism affects Asian physicians in Canada. It is critical to address this longstanding problem so that Asian patients, students, and physicians feel well-supported within the healthcare system.

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