Academic Psychiatry (2023) 47:585–586
https://doi.org/10.1007/s40596-023-01850-1

THE LEARNER'S VOICE

An Asian-American Place Within Psychiatry

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Received: 29 June 2023 / Accepted: 16 August 2023 / Published online: 30 August 2023

It began with the intrinsic need to make myself useful in our tenuous situation of family survival in the USA. I am the eldest daughter of a first-generation immigrant and single mother, and our family was not resource-rich by most metrics during my childhood. My mother's time was scarce as an academic and her challenge with obtaining tenure during a time when quiet racism in academia was the norm functionally mandated that I take on adult roles earlier than I would have otherwise to ensure our survival in the States. In the dearth of social support and with the lack of affordable, culturally sensitive mental health practitioners in late-1990s-South, I gradually became my mother's confidante, her closest thing to an utterly unqualified therapist, and began to acquire the early fundamentals of therapy skills.

As I grew, I was struck by the immense need of fellow members within the Houston Taiwanese-American community for mental healthcare at all levels. But similarly to my mother, a multilayered shroud of barriers—linguistic and cultural, piled upon the common financial, accessibility, and stigma-based—made the two spheres almost impossible to merge. I remember being unsettled by the disparity and the deep wounds quietly carved in the community in the absence of mental health resources.

Perhaps then it was no surprise that I sought to develop my budding abilities to their fullest, by seeking the skills to merge psychopharmacologic management with the art of storied schools of psychotherapy. The idea was always to find my way back, taking care of the Asian-American community in all of its silent suffering behind closed doors, as a community psychiatrist.

But life has a strange way of changing when it is least expected. By the time I was set to make my rank list for residency, the first waves of COVID were slamming down on the USA, and my mother feared for my having recently traveled to a hot spot for the last interview date of the season. Like many then-graduating medical students, I wondered quietly if I would survive unscathed, especially as news of residents who passed from COVID started to plaster the news.

But even amidst all the fear of disease mortality, I had to contend with a rising fear amongst the community—the fear of mortality at the hands of those consumed by anti-Asian sentiment. Chores outside of the home not related to my direct work were done by my White spouse, who shared the fear that I might meet an untimely demise for the shape of my eyes. And their concerns were far from unfounded. Relevant news reports started to stack like a tower of old newspapers—the Asian woman pushed in front of the subway, the Asian women shot in a Georgia massage parlor massacre, the Asian elders beaten within inches of their lives in California—all while outrage seem to fizzle like a dying sparkler in anyone outside the Asian community.

After a particularly harrowing night call where a patient began to scream that I was AI designed by the Chinese government trying to kill the good people of America in a grand conspiracy, I disclosed the interview to my well-meaning attending; I was reassured: "it's a wonderful coincidence that you are able to evoke such obvious symptomology to justify their admission because of your heritage." When another of my favorite attendings found that a particularly challenging patient was singling me out with racist slurs and accusations of abuse, their response was to encourage authorship of a paper discussing the challenges of racism in patient encounters. At some point, I started to wonder if I was too "soft" for this field, since I was unable to immediately step outside of the negative countertransference and distress associated with these patient encounters for the academic intrigue within. Of course, cerebrally I knew these patients were psychiatrically ill, and their accusations were at least associated with their acute decompensation, but convincing my own mind to accept these as learning opportunities rather than aggressions was impossible at the time. I questioned whether it was even helpful for me to be taking care of those with mental

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illness, when it seemed that the Asian community was being regarded with disdain and suspicion at best.

Would it be more beneficial if someone more non-objectionable was here in my stead, treating these vulnerable patients?

Luckily, residency is long, and the number of patients one encounters, substantial. Later in the same year, my conversationally fluent level of Mandarin would be instrumental in the care of a patient whose neologisms and word salad consisting of multiple different languages would negate the ability of interpreters to assist. My similar cultural background would help a couple rebuild their trust in each other in therapy after traditional expectations, rooted in their Asian heritage, severely tested a tense marriage between two otherwise-lovely individuals. I realized that despite perhaps not being "the best fit" physician for some patients, there would be many others for whom I could be a psychiatrist that was incredibly necessary and uniquely positioned to help.

I look towards the completion of my residency with renewed hope that my unique background may continue to inform my practice and help others whom have perhaps felt left behind by traditional mental healthcare. And with new eyes to look back on those earlier experiences with ill patients, I am now able to appreciate the academic need to better understand how to manage racism when it presents in psychiatrically ill patients, especially in younger trainees for whom imposter syndrome may be incredibly pervasive. I hope that I can continue to pave this path so that other trainees from the Asian community can find their unique strengths within psychiatric care and bolster the mental health of our ethnic community on a larger scale. And that someday when these trainees are degraded by a patient for their ethnic heritage, they can know with confidence that there is no better place for them to make a lasting difference for patients like us.

Declarations The author states that there is no conflict of interest. All patient information has been masked and changed as necessary to ensure compliance with HIPAA and to protect patient privacy and information. No individual reading this article should be able to recognize themselves as patient(s) being described within the text as a result of these efforts.