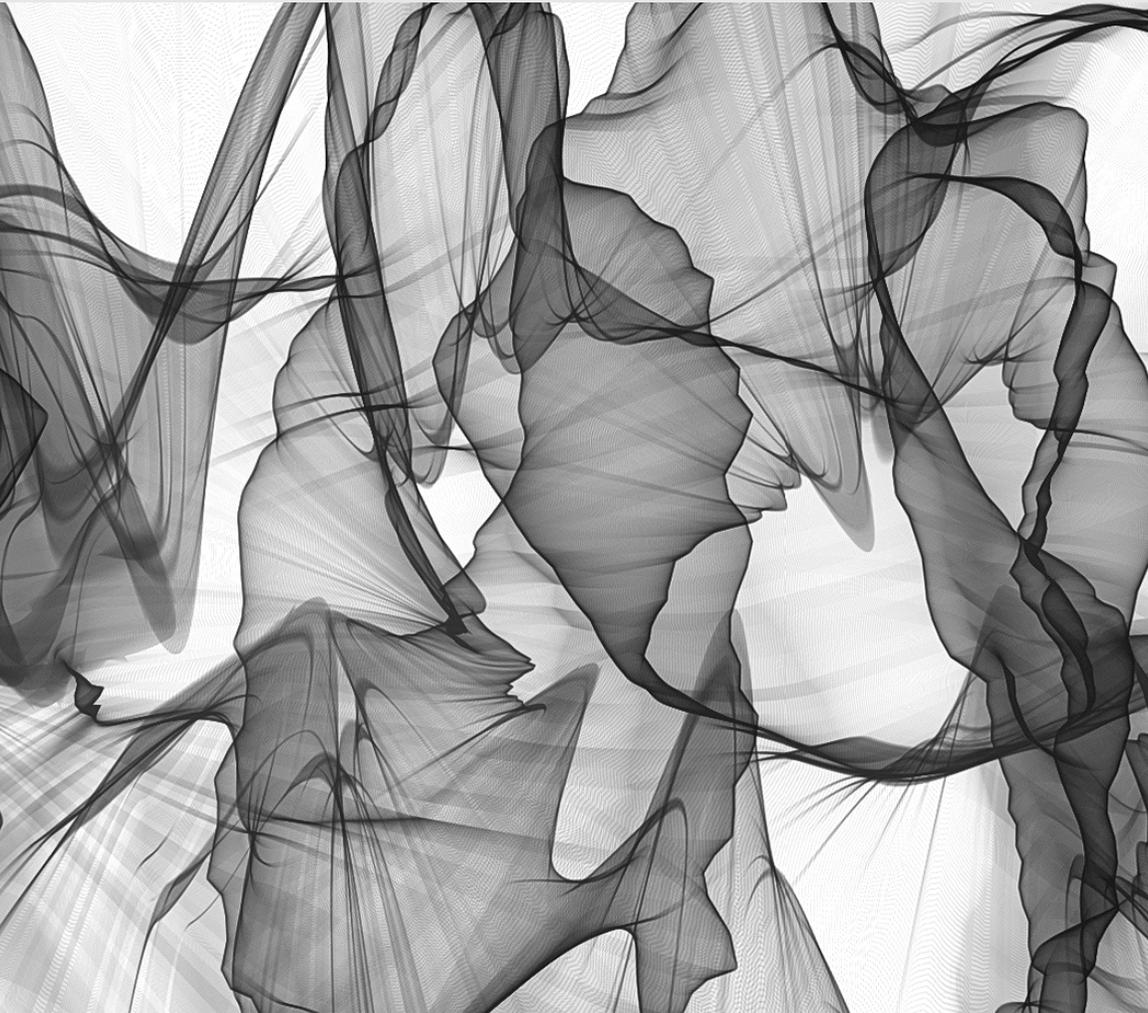


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Examining Self and Finding a Healing Path: Internalized Racism and Intersectionality of a Thai Mother-Scholar

When President Trump called COVID-19 the “Chinese virus,” media outlets picked up the term and spread it like wildfire. Many Asian Americans experienced both verbal and physical abuse and an unprecedented rate of discrimination towards them in places that used to be more inclusive. A sixty-seven-year-old Asian woman got brutally attacked in New York City for just being Asian—an incident that revealed to Asian people that the United States (US) no longer welcomed them. These anti-Asian hate crimes combined with postpartum depression (PPD) made me emotionally ill. Desperate for uplift, I took on expressive writing as a therapeutic tool to cope with the childbirth trauma, oppression, and racism I experienced. Through rounds of thematic analysis, I used four different themes to restory the critical events: 1) my earlier racial identity: colourism in Thai and American cultures; 2) (denied) access to spaces: immigrating while Asian; 3) being silenced during labour; and 4) baby love leads to (Asian) self-love. This article examines the role of internalized racism and racial inequity that a Thai mother-scholar experiences while immigrating, settling, and giving birth in the US.

Introduction

COVID-19 broke out in late 2019, and ever since, the world has never been the same. Many people lost their jobs, their homes, as well as their wellness—both emotional and physical. As the virus spread around the world, there was an increase in racism towards Asian people for the erroneous belief that they were responsible for causing and spreading the virus. Many Asian people got verbally and physically attacked in the United States (US) (Chiu). These racist discourses surrounding Asian Americans, especially Chinese Americans, have made it challenging for them to survive while also dealing with the challenges

posed by the virus itself.

In this article, I discuss my experiences as a pregnant Asian woman immigrating to the US during the pandemic and the discrimination that I faced for being Asian. I also offer my insights on internalized racism, which I have suffered from, especially because of the anti-Asian discourses circulating in the public, but I also explain how I have begun to heal from such self-hatred through the love that I have for my daughter.

In the next section, I explain how I used expressive writing as a therapeutic tool and discuss my writing journey from fall 2021 to the end of spring 2022. I also talk about how I used AsianCrit in my data analysis. Then, I present a woven narrative of the most critical moments of my journey based on the themes constructed through analysis. I would like to warn readers that some of the following sections explicitly recall experiences of trauma, which may trigger those who had a traumatic childbirth. Lastly, I conclude the study with its significance and implications.

Data Collection and Analysis: Expressive Writing and AsianCrit as an Analytical Lens

I felt the need to write down my thoughts and find a way to cope with the flashback I experienced from a traumatic caesarean section. I found myself describing the event generally but felt blocked after a few sentences. I, then, sought a writing system to help my writing become more expressive and dug deeper into the experience while being safe about the process. This is when I came across a book called *Expressive Writing: Words that Heal* (Pennebaker and Evans). The book is based on James Pennebaker's earlier work about the potential of expressive writing to help people feel better and improve their mental and physical health. Research on expressive writing shows that after just four months of writing, participants felt less stress and an improvement in their health (Baikie et al.).

Some skepticism, however, remains regarding the health benefits as a result of expressive writing. A study divided postpartum women into three groups for a randomized controlled trial: an expressive writing group, a control writing task group, and a normal care group. It found no significant difference between women in those groups. However, many mothers in the expressive writing group in the same study reported experiencing significantly less stress after writing, and they reported spending less money on health and experiencing an improvement in their quality of life (Ayers et al.). Although expressive writing may not work for all postpartum mothers, due to low feasibility (Crawley et al.), it is a viable option for those who spend fifteen minutes per day for a few days in a row to write down their thoughts, secrets, and traumas as the first step of healing.

After confirming with the IRB that self-studies, such as narrative or autoethnography, require no approval, I proceeded. Over the course of twenty-one months (from November 2020 to March 2022), I wrote in seven sessions for three consecutive days each time. The stretch over time covered changes and major events in my life; it also helped me not to focus solely on certain themes. I used the following writing prompt from Pennebaker:

For the next 3 days, I would like for you to write about your very deepest thoughts and feeling about an extremely important emotional issue that has affected you and your life. In your writing, I'd like you to really let go and explore your very deepest emotions and thoughts. You might tie your topic to your relationships with others, including parents, lovers, friends, or relatives; to your past, your present, or your future; or to who you have been, who you would like to be, or who you are now. You may write about the same general issues or experiences on all days of writing or on different topics each day. All of your writing will be completely confidential. Don't worry about spelling, sentence structure, or grammar. The only rule is that once you begin writing, continue to do so until your time is up. (162)

After collecting twenty-one expressive writing sessions, I transferred all the data onto qualitative software to begin thematic analysis. According to Virginia Braun and Victoria Clarke, "Thematic analysis can be a method which works both to reflect reality, and to unpick or unravel the surface of 'reality'" (9). The flexibility of the analytical method allowed me to explore what my writings contained and how the core and subthemes could help me understand my experiences as I navigated through the COVID-19 pandemic with multiple identities. I took the inductive approach to analysis as I did not have particular research questions to guide (or narrow down) my interpretation of data. The six-phase framework for thematic analysis was implemented (Braun and Clarke). The initial analysis resulted in five themes: race talk, empowered voices, struggles, spaces, and eventful events.

I then looked over the data again with two questions in mind: 1) What events in life have wounded or hurt me emotionally and physically? and 2) What or who seems to be the main causes of those wounds? These questions aligned with the original prompt questions on the "very deepest emotions and thoughts" (Pennebaker 162). For each round of analysis, I used AsianCrit (Iftikar and Museus), which is an analytical framework used to explore the racialized, oppressed, and discriminated realities of Asian Americans. The framework has seven tenets: 1) Asianization is a white supremacy construct; 2) transnational contexts focus on how racism shapes Asian Americans within particular contexts; 3) (re)constructive history can be used to challenge the racism experienced by Asian Americans; 4) strategic (anti)essentialism sees racism as

a social construct; 5) oppressions intersect; 6) story, theory, and praxis can be used to challenge the norms of white people and offer different perspectives; and 7) it should lead to social justice acts (Iftikar and Museus 940-941).

Findings

The second round of analysis reworked the themes into new ones relating to trauma and racism: 1) my earlier racial identity: colourism in Thai and American cultures; 2) (denied) access to spaces: immigrating while Asian; 3) being silenced during labour; and 4) baby love leads to (Asian) self-love. Using these themes as a springboard, I interwove the narrative with rich insight into the other connections I made while writing it. The narrative is also filled with raw and vulnerable feelings, which I could only present with a restoried narrative so as “to take the reader by the throat, break her heart and heal it again” (Allison 193).

In my narrative, I used all tenets of AsianCrit to understand my writing choices and how my expressive writings could be understood through the critical lens:

1. Asianization: The immigration officers, doctors, and racist people I encountered did not know the difference between me, a Thai person, and a Chinese person. Lumping us all together devalues the beautiful traditions and histories of each ethnicity. In the case of the COVID-19 outbreak, hate crimes, hate speech, and microaggressions targeted all Asian Americans and other Asians, which could be explained by limited exposure to other cultures or knowing someone from other cultures personally leading to the dehumanization in their treatment towards others.
2. Transnational contexts: Asian Americans are always seen as not belonging in the US, no matter how many generations their roots go back. As an Asian, I was discriminated against by immigration officers, who tried to prohibit me from entering the country while pregnant. One explanation could be that they were afraid that I would give birth to my child in the US, who would then be eligible for American citizenship. Unfortunately, some mothers do this for their children to have better opportunities. But because they targeted just me, an Asian pregnant woman, despite having full documentation of my study plans, I felt as if I were a baby smuggler. The unequal relationship between the US and Asian countries can help explain the discrimination that Asian immigrants experience at the border.
3. (Re)constructive history: In this article, I contribute to the collective narrative formed by Asians to tell our side of history and expose the racism experienced by Asian people.
4. Strategic (anti)essentialism: I did not feel an Asian identity until I stepped off the plane in the US. In my home country, I am just an

ordinary woman; race is never a factor. But I do now acknowledge that “race is a social construction shaped by economic, political, and social influences” (Kim 27).

5. Intersectionality: I present layers of my identities, both imposed and chosen, that are reinforced by oppression and racism and discuss how my lived experiences are influenced by them.
6. Story, theory, and praxis: The article aims to add to the literature on Asian mother-scholars during the COVID-19 pandemic, especially the role of internalized racism and its effects at the personal level.
7. Commitment to social justice: I aim to use this article to advocate for other Asian immigrants who may have also experienced discrimination and racism due to COVID-19 and other systemic reasons. Voicing my experience sheds light on the dehumanizing nature of the immigration process, as well as the healthcare system, for people of colour.

The following narrative not only explores institutionalized and globalized racism towards Asians but also understands internalized racism as a product of colonialism and white supremacy. Although it is hard to admit that I hated being Asian, I want to give hope that self-hatred can be overturned with love. I also want to highlight how some of my behaviour during my teenage years (e.g., getting a nose job and skin bleaching) was a product of my internalized racism and American imperialism.

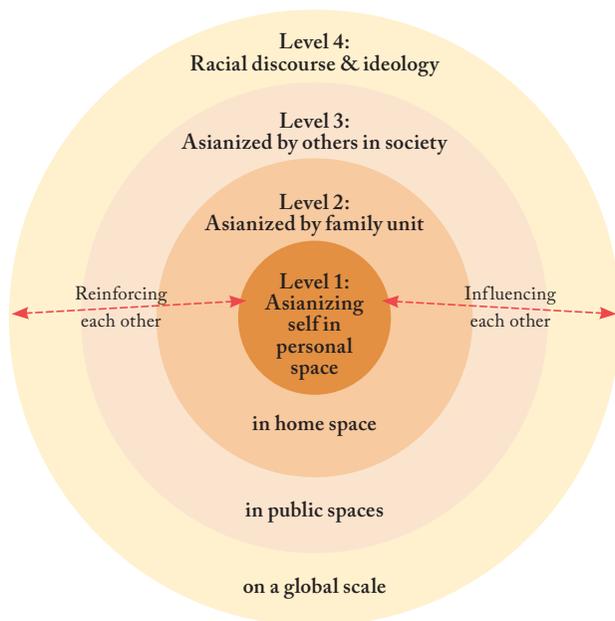


Figure 1: My conceptual model of how racism works in my experience

The figure shows different levels of racism and/or Asianization that I experience from a personal level to the global one. I strongly believe that although these are different levels of units, each one reinforces and influences the other. The lines can be blurred, and multiple levels can be at play simultaneously, as can be observed in my narrative below.

(Re)story Time: My Earlier Racial Identity: Colourism in Thai and American Culture

Ever since I was young, I always fantasized about becoming whiter and more American. In fact, many Thai women grew up using whitening cream to bleach their skin. Having whiter skin is believed to be associated with wealth; poor people working in the field and under the sun get tanned, darker skin, whereas richer people have fairer skin for not having to work outside. Trying to appear more attractive and successful, everyone, even men, uses whitening cream and limits their exposure to the sun.

I was told by many people that I was lucky to have my mother's fair skin growing up. I always tried to keep the pale look, and because of my big sister's influence, we would do a spa day each month and use household products and herbs (e.g. honey mixed with ginger) to rub on our skin to keep it fresh and clean. Having healthy and glowing skin was our goal as teenage girls, so when I developed an autoimmune disorder, which resulted in occasional rashes on my skin, boys no longer found me attractive, and women were reluctant to become friends with me. It was hard in school when we had to wear our school uniform with knee-length skirts because I would always get a rash on my calves, and it would show. With unhealthy-looking skin, I became insecure about my looks and always craved to fit in. I wanted to be the girl that people found attractive. Hollywood movies made me wish every day to become a white girl with blond hair. I thought that all my problems would disappear if I were white.

Fast forward to my first time in the US. From 2009 to 2010, Washington State was my home for one year during my exchange program. Suddenly, I was noticed by boys. I was different, and my naturally tanner skin seemed to attract their attention. I learned, then, that I wanted to be more tanned. My American host sister, who was white, would go to the tanning salon often. Being a cheerleader, she attracted many people, and they all seemed to just want to be around her. I started going to the salon as well, and I would tan so much to the point where I would just look sunburned, like a lobster, which was far from the healthy brown that I aimed for. Many boys approached me to ask for my number, and suddenly girls wanted to be my best friend. I felt popular. I felt seen.

Not long after, I flew back home. The tanned skin I got from tanning so much confused my parents. They could not fathom why someone would want

to be that tanned, and they thought that living abroad meant that I would get to have beautiful pale skin without even trying. Washington weather would have kept me pale, but I just wanted to fit in. For the first time, I found myself at a crossroads. It was the first time in my life that I questioned my identity: Am I still a Thai girl (following Thai culture and norms) or am I more of an American girl now?

That was the beginning of the confusing and constant negotiation of my identity formation. Language became a big part of my (new) identity—an Americanized Thai girl. I went on to study to become an English teacher at a large university in Thailand, and there, people saw me as an Americanized (almost) white girl. They thought that my fashion sense and American accent made me more white than Asian—as if Asian Americans were not fluent English speakers. Often only white people are considered American or capable of speaking English.

When I returned to the US for my master's degree, I was again greeted with warmth, and once again, I was exotic in white men's eyes. My skin rash never made them stop pursuing me, and I think that is part of the reason why I was more drawn to Western culture and men.

In Thailand, I would never become “Thai” beautiful. It is funny, though, that following Thai beauty standards mean you basically do not look Thai. Celebrities often get double-eyelid surgery and a nose job to get a bigger nose, along with injections to lighten their skin tone. I was just like many other girls who followed the trend, and I ended up having surgery to get a bigger nose—one that does not look so Thai.

I remember when I was thirty-five weeks pregnant with my daughter, I got a 3D ultrasound just to see what she looked like. The Thai nurses were cheering around because her nose seemed so big, like the white girls in the movie.

One nurse said: “Wow! Your baby is perfect! Look at that beautiful nose!”

“Thank you!” I replied. “I am very happy about this.”

“Is her father white?”

“Yes! He is American.”

I was proud to say that she took after her father—she looked so white.

(Denied) Access to Spaces: Immigrating while Asian

I was already aware of my Asianized identity in the US before COVID-19 spread across the world. However, I never felt the obvious microaggressions towards me because of my racial identity. I always felt welcomed and even popular in high school. During my master's degree in Arizona, I also felt welcomed.

In early 2020, I went back to Thailand for a semester gap before I knew which PhD program I got accepted into. I was running around the farm,

fixing up my old house, and settling myself into farm life—when one day, I realized that I was late. When I took a pregnancy test, it returned positive. I was overjoyed, and my parents were happy for me, despite not having a ring on my finger yet. I think they forgave me, or that they just had so much love for me that the Thai tradition of not having sex and pregnancy before marriage was thrown out of the window. Within a period of four months, everything developed fast. As I grew another human inside of me, COVID-19 grew even bigger. I was afraid about how I would get my pregnant body across the sea to reunite with my partner. And the uncertainty about how governments would regulate travelling and immigration policies due to COVID-19 also caused me anxiety.

Despite having all the legal documents to enter the country, I was greeted with an unwelcoming attitude from immigration officers. I had already entered the country about twenty times, but this was the first time that I got put in an interrogation room. Knowing that I only had a two-hour layover, I felt anxious about missing my next flight. After thirty minutes, an officer finally came into the room to question me. He asked the same questions five times: “Why are you here? What are you going to study? Where is it again?” Finally, I broke my politeness: “Sir, does it have anything to do with me being pregnant?” He was stunned and said, “No, it has something to do with President Trump announcing last night that student visa holders cannot enter the country.” Until this day, I still could not find proof of the new policy he claimed. I felt illegal in my body. Before we parted, he said, “Make sure you don’t use public assistance for baby delivery. It would be rude if you used my tax dollars when you’re not a citizen.” My alienated, Asianized, and criminalized body felt numb. Panting and sweating, I made it to the gate and boarded my flight.

My pregnant, almost two-hundred-pound body was overworked. I found my seat, and the lady seated next to me looked disgusted, pulled up her mask, and left her seat. That was when I felt that it was no coincidence that border control held me earlier. It is just how it was now. During the pandemic, my Asian face signalled that I am a COVID-19 super spreader and that I am no longer welcomed in public spaces.

My racial identity was amplified, and I began to hate myself. I tried to stay strong and push through, but continuous racialized experiences further reinforced my preexisting internalized racism. In the holding room, I only observed people of colour: a few Somalian-looking people, and the rest were Asian people. No whites. I was alarmed by how quickly President Trump’s anti-Asian rhetoric had taken hold in the country.

Hate crime towards Asian people in the US increased because COVID-19 was believed to have first originated in Wuhan, China. People lost their jobs and their sanity during the months-long lockdown, and the Chinese and

anyone who looked like them were blamed and targeted. Although my experience at the airport was not physically traumatizing, it increased my fear and emotional distress about my well-being and how I would walk around with my half-Asian baby in my arms and feel safe again.

Being Silenced during Labour

Once I got to Phoenix, I called a recommended gynecologist to schedule an immediate appointment. I knew that the eighteen-hour flight time upset my baby, as she did have a strong reaction whenever we reached a high altitude. I was to be seen the following week, and at that point—I was at thirty-two weeks—anything could happen. I wore a mask over my face, walked into the doctor's office, and was greeted by friendly nurses and other staff members. I was shown to the examination room to be seen by my new doctor. A nurse rushed in and asked if I had just flown in from another country. Again, I wondered if they asked all new patients this question. I told her that I arrived a week ago from Thailand, and her mask lifted firmly once again. She told me that I would need to leave the premises immediately and to come back next week. I went downstairs and waited outside for Uber in the 109-farenheit Arizona heat. I felt humiliated, disrespected, and discriminated against. I just thought that it did not make sense since I was already in the facility and the rate of COVID-19 patients was much higher in Arizona than in Thailand as a whole. No possible logic could explain this, but I just kept my mouth shut and went home.

The following week, I returned and explained that I felt that I did not get treated fairly and that they should have asked me on the phone about my travels before booking me in for a physical appointment. The doctor apologized, and since he seemed nice, I kept seeing him.

After seeing him weekly for a month, I was at week forty. I felt small leakage of water on my pants, and I called the on-call nurse, and she recommended I go in. I thought that I would see my doctor soon at our weekly check-in in a few hours, so I decided to just wait at home. I went in and told him about it, and without examining or testing the water content, he told me to just go on about the regular plan he had for me at week forty, which was to do an ultrasound to check whether the baby was healthy. The baby was perfectly fine, so I just left feeling like I had asked the question about the water and maybe the doctor just thought about it and indirectly answered my question by sending me to get an ultrasound as per usual. I was too intimidated by the authority of American doctors and nurses to voice my concerns and ask further questions.

Nighttime came, and I felt so much pain. I decided to go to the hospital, and the nurse quickly confirmed that the water was in fact fluid from the amniotic sac. The doctor on call was an African American doctor. I felt more comfortable

knowing that education research often praised teachers of colour for advocating for their students of colour. He asked for my birth plan and knew that I wanted a vaginal delivery with an epidural. I did my research and felt that this was the right choice for me. As I was screaming my lungs out because of the painful contractions, I begged him to administer an Epidural as we had planned; instead, he just stood there looking at me and said, "It is only six centimetres wide. I can't believe that your pain tolerance is this low." He then called in a specialist to do the procedure.

I felt insulted, but the guilt was stronger. I thought about how much of a bad and selfish mother I already was. I received the epidural I asked for and never saw that doctor again. Finally, I remember shaking uncontrollably and feeling cold. I was told that I was infected and needed to go to the operating room for an emergency caesarean section.

Baby Love Leads to (Asian) Self-Love

I would never have imagined, though, that having my own baby would fix internalized racism for me. I remember thinking that she is perfect. I loved her big doll eyes, her wide cheeks, tiny lips, and small nose. No matter how many times I looked at her, she stayed gorgeous. She presented a new definition of perfection and I loved her wholeheartedly. We have been told that she is a perfect blend between the two of us, and I really do agree. Her Asian features are beautifully placed on her face, and I cannot love her dark hair more. Suddenly, I realized that being Asian is enough.

The immense love that I have for her reflects onto me. During the early days of breastfeeding as well as holding and kissing her tiny hands, I would often go to the bathroom, look at my own face in the mirror, and say, "I love me. I am beautiful." People kept making comments about which of her features resembled mine, and without thinking, I examined my face in the mirror, found each of her features, and realized that I was perfect as I was. My baby helped me transcend the internalized racism I felt towards myself.

Watching her grow has been the most beautiful thing I have ever seen. She is capable and smart and makes me realize that all my success must have come from the unconditional love that my parents had for me. Although experiencing racism and discrimination can break our hearts, our spirits remain strong from the love we receive from family.

My experience gives me hope that if we diversify schools and workplaces and have others truly get to know us, Asian Americans and Asian people, they would not be able to hate us anymore. I hope that mother-scholars can come together and create a safer society for every child to feel safe and thrive in. Asian Americans should not feel fear and discrimination in their own neighbourhoods.

Discussion and Implications

The “new normal” looks different for different people. For me, I experienced unprecedented direct microaggressions and was targeted by immigration control, doctors, and white people. Although the incidents (so far) have only been verbal—nothing that would fall under the category of a hate crime—the impact has made my mothering experience and the forging of my new identity as a mother-scholar much harder. Protecting myself and my child from racism during the pandemic has been challenging, but I believe that through all of this, I have learned to love myself and my Asian self for who I am and how I look. I believe that if my baby can change my point of view about my race and make me love myself, as individuals, we can do more to confront racism.

Mothers may talk more on social media and multiple platforms about the power of love and the importance of understanding of one another. But I also believe that to do race work and identity work, one must understand oneself and one’s darkest secrets and thoughts before becoming fully ready to take on advocacy tasks. Through expressive writing, I discovered many dark secrets I tried to hide (e.g., sexual abuse as a child). We all have baggage that we carry with us every day in life. Examining trauma and negative experiences through writing helps us to gain clarity that we may begin to take control of the narrative, not to mention an improvement in mental and physical health.

I believe that expressive writing helped me to control my anxiety when I could not use my medication due to breastfeeding. I also visited the doctor fewer times. Future research on academic mothers should examine the benefits of expressive writing for them.

Psychologists recommend being direct about the effects of internalized racism in order to help Asian Americans identify it, confront it, and then develop a healthier body image and a better overall sense of wellbeing (Chopra). In terms of my internalized racism, I thankfully believe that I am on the healing path towards self-love and acceptance. The power of expressive writing and narrative inquiry has greatly helped me with this task.

Works Cited

- Ayers, Susan, et al. “Evaluation of Expressive Writing for Postpartum Health: A Randomised Controlled Trial.” *Journal of Behavioral Medicine*, vol. 41, no. 5, 2018, pp. 614-26.
- Baikie, Karen A., et al. “Expressive Writing and Positive Writing for Participants with Mood Disorders: An Online Randomized Controlled Trial.” *Journal of Affective Disorders*, vol. 136, no. 3, 2012, pp. 310-19.
- Braun, Virginia, and Victoria Clarke. “Using Thematic Analysis in Psychology.” *Qualitative Research In Psychology*, vol 3, no. 2, 2006, pp. 77-101.

- Chiu, Allyson. "Trump Has No Qualms about Calling Coronavirus the 'Chinese Virus.' That's a Dangerous Attitude, Experts Say." *The Washington Post*, 20 Mar. 2020, www.washingtonpost.com/nation/2020/03/20/coronavirus-trump-chinese-virus/. Accessed 5 Sept. 2022.
- Chopra, Sapna B. "Healing from Internalized Racism for Asian Americans." *Professional Psychology, Research, and Practice*, vol. 52, no. 5, 2021, pp. 503-12.
- Crawley, Rosalind, et al. "Feasibility and acceptability of expressive writing with postpartum women: a randomised controlled trial." *BMC pregnancy and childbirth*, vol. 18, no. 75, 27 Mar. 2018, bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-018-1703-7. Accessed 5 Sept. 2022.
- Kim, Hyunjin Jinna. "'Where Are You From? Your English Is So Good': A Korean Female Scholar's Autoethnography of Academic Imperialism in U.S. Higher Education." *International Journal of Qualitative Studies in Education*, vol. 33, 2019, pp. 491-507.
- Pennebaker, James W. "Writing About Emotional Experiences as a Therapeutic Process." *Psychological Science*, vol. 8, no. 3, May 1997, pp. 162-66.
- Pennebaker, James W., and John Frank Evans. *Expressive Writing: Words That Heal*. Idyll Arbor, Incorporated, 2014.

