Racialized-gendered Experiences and Mental Health Vulnerabilities of Young Asian Women in Toronto, Canada

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Abstract

Discourses of mental health vulnerabilities of women in the Asian diasporas are often invoked through the concepts of "culture" with little consideration of asymmetric power relations and structural influences. We used a narrative approach to explore the experiences and perspectives on culture, identities, relationships, and mental health among young Asian women living in Toronto, Canada. We engaged 14 participants in focus groups and individual interviews and identified four overall themes: (1) racialized-gendered bodily abjection, (2) experiences of enacted racism and sexism, (3) perceptions of familial expectations, and (4) their strategies of coping and resilience. Our analysis revealed how Whiteness and structural violence shape the racialized-gendered experiences of young Asian women and perpetuate microaggressions that compromise their mental health and well-being. Critical nursing practice must question the idea of "culture" embedded in the dominant discourse of "culturally competent" care. Nurses need to achieve structural competence to dismantle systems of oppression and unequal power relations.

Explanations of Asian women's mental health vulnerabilities are widely ascribed to discourses of "culture" in ways that negate historical and socio-political contexts (Kramer et al., 2002; Shum, 1996; Atkinson & Gim, 1989). Mental health vulnerabilities refer to conditions that render some individuals, communities, and social groups susceptible to developing mental health challenges (World Health Organization, 2012). It has been recognized that the mental health of racialized communities is vulnerable to the negative effects of systemic discrimination, racism, and social exclusion (Mental Health Commission of Canada, 2016). In North America, research indicates that women emigrated from Asia are least likely to self-report good mental health (Bushnik, 2016), use mental health services (Augsberger et al., 2015), and have higher rates of suicide (Lee et al., 2009) compared to women of other ethnic backgrounds. Furthermore, research addressing Asian women's mental health vulnerabilities is primarily focused on first generation immigrants born outside of Canada or the United States (Statistics Canada, 2018). Little is known about the mental health experiences of the 1.5 generation (i.e., immigrated as children or have lived in Canada for 7-10 years), and the 2.0 generation (i.e., born in Canada with at least one parent born outside of Canada) (Statistics Canada, 2018).

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The Canadian Nurses Association (2015) indicates that best practices in nursing are underpinned by the values of promoting justice and providing safe, compassionate, competent, and ethical care. Competent nursing care includes decision-making based on knowledge and evidence. Thus, knowledge of the lived experiences and the intertwined sociocultural and structural determinants of mental health among diasporic communities is of critical importance to competent nursing practice. The value of social justice also requires nurses to provide accessible and inclusive care to improve health outcomes, address healthcare disparities, and work effectively within a multicultural society (Tosun et al., 2021; Shen, 2014; Mahoney et al., 2006). Current "cultural competence" nursing models espouse sensitivity to individual clients and emphasize having 'sufficient' knowledge about different cultures and traditions to provide tailored care (Tosun et al., 2021). This unanalyzed practice essentializes culture as fixed characteristics of certain individuals and communities (Duffy, 2001), focuses on cultural "differences" in ways that privilege Eurocentric values, perpetuates generalized stereotypes (Wong & Tsang, 2004), and draws attention away from power relations that shape "cultures" and mental health outcomes in the first place (Metzl & Hansen, 2014). Without critical analysis and deconstruction, there is a tendency to invoke "cultural" explanations for the mental health outcomes and behaviours of young Asian women. Nurses must disrupt prevailing discourses of "Asian culture" that perpetuate racist stereotypes and conceal the historical, socio-political, and cultural structures that shape social inequities and mental health outcomes.

Current Research on Asian Young Women's Mental Health

There is a paucity of nursing research on the mental health of young Asian women in diaspora. We conducted a literature review on peer-review articles on Asian young women's mental health. The purpose was to identify current nursing knowledge and evidence to meet the mental health needs of this population. We searched nursing databases including CINAHL, OVID Medline, and Nursing & Allied Health. Search terms included: Asian women, young women,

mental health, and nursing. This review revealed that most research has been conducted in the fields of psychiatry, psychology, and mental health. Since this review provided limited nursing research on this topic, no restriction was placed on the publication date. No articles stemmed from the field of nursing, highlighting the paucity of nursing research that specifically explores how the complex intersection of race, gender, and class shapes the pathways of vulnerability and resilience specific to Asian women's mental health in Canada. As such, we expanded the list of search terms to include race, gender, generational status, and North America. What follows is a review of existing literature pertinent to the theme of young Asian women's mental health and vulnerabilities.

Racism and Young Asian Women's Mental Health Vulnerabilities

Racism is a form of structural violence that (re)produces "the exploitive and oppressive social relationships that simultaneously define racial/ethnic groups and cause a system of inequalities that become embodied as racial/ethnic health inequities" (Krieger et al., 1993, p. 938) and yet remains invisible and unaccountable. The negative impact of racism on the mental health vulnerabilities of racialized people is well documented (Lee & Ahn, 2011). Years of asymmetric power relations and racism may promote internalized racism, defined as beliefs that portray their own ethnic groups as inferior to dominant Whiteness and become accepted as innate truths (Jones, 2000).

While enacted, racism and internalized racism may manifest differently in various contexts. This impact remains a critical determinant of mental health vulnerabilities for Asian individuals and communities (Garcia et al., 2018). Despite this evidence, studies on the racialized-gendered mental health experiences of young Asian women in Canada remain largely overlooked. Asian diasporic communities in Canada are diverse, with different histories of migration and settlement, languages, and shared unique cultural practices. In the current research, the term "Asian" refers to individuals, customs, practices, or beliefs that originate from, or are associated with South, East, or Southeast Asian regions.

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Limited literature on Asian Canadians' mental health tends to offer inadequate explanations that ascribe Asian mental health vulnerabilities to "cultural characteristics," such as familial obligation (Vu & Rook, 2012), emotional restraint (Lipsicas & Makinen, 2010), academic success (Tummala-Narra et al., 2016), and conformation to norms to maintain social harmony (Munyi & Yeh, 2008). Western dominant discourses portray Asians as a "model minority," a uniformly successful ethnic group who have overcome challenges related to racism (Tummala-Narra et al., 2016) and possess traits positively regarded by Canada's neoliberal and capitalistic agenda (Coloma, 2013). These discourses perpetuate ethnic division and structurally reinforce racialized stereotypes, while negating how systemic racism and socio-historical contexts construct "the" Asian culture. Anti-Asian sentiments have historic antecedents, dating from the Chinese head tax of the Immigration Act of 1885 to the resurgence of anti-Asian hate during the current COVID-19 pandemic (Ng, 2021; Coloma, 2013). These socio-historical contexts demonstrate the deep-rooted racism experienced by Asian communities in Canada.

Sexism and Young Asian Women's Mental Health Vulnerabilities

Gender discrimination, or sexism, is the use of social power to systematically subordinate women and influence their access to opportunities and resources, which continues to produce nuanced contexts for women's mental health vulnerabilities (McGibbon & Etowa, 2009). Recent research ascribes Asian women's poor mental health to exposure to pervasive racial stereotypes that exoticize, objectify, and sexualize Asian women. When Asian women internalize these stereotypes, their mental health is further compromised (Yoon et al., 2017).

Some studies suggest that Asian women who strongly identify with their ethno-cultural identities are more likely to experience depression and anxiety compared to their White counterparts. However, these studies tend to have a limited and often problematic definition of culture. For example, Leu, Walton, and Takeuchi (2011) define "traditional" cultural values as familial harmony, subservience, and modesty. The authors fail to differentiate between "cultures" and "patriarchal practices" within ethno-cultural communities. Critical research on the impact of broader institutions of patriarchy, discrimination, and colonialism is needed (Hewitt, 1991). With a few exceptions, most literature on Asian women's mental health tends to contextualize their experiences through a single lens of either culture, racism, or sexism.

Generational Status and Young Asian Women's Mental Health Vulnerabilities

Evidence shows that generational status is correlated to mental health outcomes for Asian populations (Alamilla et al., 2017). Some literature suggests that 1.5 and 2.0 generation Asian women experience unique mental health stressors as they construct their racialized-gendered identities in the competing expectations and contexts of their "heritage-culture"[1] and the mainstream "Canadian"[2] culture (Rajiva, 2006). Some of these stressors include pressures to conform to competing social norms and contrasting messages from their parents, communities, and the mainstream Canadian culture (Suarez-Orozco & Qin, 2006). Asian youth experience increased social isolation, anxiety levels, and lower self-esteem compared to their White counterparts (Tummala-Narra et al., 2016). There is little known about 1.5 and 2.0 generation Asian women's mental health resiliencies, or how they cope and thrive within their everyday experience in the mainstream and heritage-cultural contexts.

Methods

To address gaps identified in the literature, we used a narrative approach (Riessman, 2008) to explore the lived experiences and perspectives of Asian young women on gender and identities. We also applied an integrated analytical framework of

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[1] In this paper, we use the term "heritage-culture" to refer to the cultural practices or ways of living (beliefs, customs, values, food, artistic expressions, etc.) that the participants were born into.
[2] The term "Canadian" is supposed to represent all people with citizenship status in Canada. In reality, it refers to the dominant

group representing the majority of Canada's population. In a White settler society like Canada, "Canadian" refers primarily to individuals of Caucasian European (i.e., English and French) background.

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intersectionality, critical race, and feminist perspectives to examine the mental health vulnerabilities of young Asian women. Intersectionality posits that patterns or systems of oppression are shaped by intersecting forms of power and privilege, which produce social positions, collective identities, institutional arrangements, cultural representations, and ideologies that shape people's lives (Carbado et al., 2013; Hill Collins & Bilge, 2016).

Intersectionality, when used with critical race and feminist theories, offers analytic strategies to explicate the complex connection between racialized-sexism or gendered-racism (Essed, 1990). Critical race and feminist theories, within intersectional analysis, help to problematize the taken-for-granted dominant discourses, structures, and institutions that (re)produce racism, Whiteness, patriarchy, and sexism (hooks, 2014). As illustrated in the findings section, we were able to use these concepts to gain a critical entry point into a nuanced examination of how racism shapes the discourses of Asian femininity (Pyke & Dang, 2003) and how manifestations of gender are also shaped by experiences of racism (Mukkamala & Suyemoto, 2018; Matthews, 2002).

Within the context of this study, the analytical concept of Whiteness is particularly relevant. Whiteness refers to a racial discourse that constructs the supposed racial superiority of White people of European descent over racialized people. This racialization produced White supremacy, which is codified and institutionalized (Fylkesnes, 2018; Whitehead et al., 2021). As White supremacy functions as an organizing principle that structures all aspects of social life, sociocultural ideologies and practices associated with Whiteness have become the taken-for-granted dominant and "mainstream" benchmark to measure the worthiness of racialized groups (Kumas-Tan et al., 2007). In this study, we were able to apply the concept of Whiteness to understand how the perpetual existence of Whiteness in Canadian society contributes not only to experiences of enacted racism but also internalized racism and the perpetual sense of non-belonging among young Asian women.

Participants

Following approval from Toronto Metropolitan University's Research Ethics Board (REB), the study team (five young

Asian women as research assistants and the last author) employed purposive convenience sampling to recruit participants through in-person outreach, online flyers, existing social networks, and community-based organizations. Participation criteria included: self-identified as East, South, and/or South East Asian, aged 18 to 23, either born in Canada or had immigrated to Canada and lived here for more than seven years, and living in the Greater Toronto Area. Most of the participants were students or recent graduates from college/university: high school (n=1), attending college or university (n=10), working in their field (n=2), and recent graduates of college or university (n=1). See Table 1.0 below.

Table 1.0 *Participant socio-demographic data*

Ethnic Background	#	Ages
Chinese	3	21, 22, 22
Filipino	2	19, 21
Indian	2	21, 23
Korean	2	21, 22
Pakistani	1	19
Sri Lankan	3	23
Vietnamese	1	18
Generational Status: 1.5 Generation (n=5); Second (2.0) Generation (n=9)		

Data Collection

All participants provided written informed consent and permission to audio record the interviews. A total of 14 young women enrolled in the study. They were divided into three groups based on their availability: Group 1 (n=4); Group 2 (n=6); Group 3 (n=4). All but two participants engaged in a series of three semi-structured focus group interviews occurring at least one week apart. The two participants withdrew due to time constraints. Participants were also invited to take part in individual interviews two weeks after the group interviews. The semi-structured focus group interviews were dialogical in nature and focused on their: 1) growing up experiences, 2) racialized and

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gendered experiences in constructing their identities, and 3) vision of an equitable social world for Asian and other racialized young women. Each focus group lasted about 2.5 hours. Nine participants also took part in individual interviews that lasted about one hour. All participants received a list of relevant community resources, and $20 CAD honorarium and two transportation fares for each time they participated in data collection.

Data Analysis

The audio-recorded interviews were transcribed verbatim, de-identified, and reviewed by at least two research team members. Critical narrative analysis (CNA) as developed by Langdridge (2007) was used to analyze and interpret the data. CNA combines critical discourse and narrative analysis in a mutually informing framework that aims to explore how personal narratives and institutional discourses influence one another (Souto-Manning, 2014). N-Vivo 11 was used to organize the data. Study themes were inductively derived through: (1) repeated listening to the interviews and reading of transcripts to become familiar with the narratives; (2) producing a 2-page summary of each transcript to ensure that the contexts of the participants' narratives were not lost through coding of the data (Wong, 2014); (3) developing a codebook with themes and definitions reviewed and agreed upon by two team members; and (4) detailed line-by-line coding of the transcripts and re-aggregating the data into distinct themes (Souto-Manning, 2014).

Findings

Participants' narratives revealed four key themes: racialized and gendered bodily abjection, experiences of enacted racism and sexism, perceptions of familial expectations, and coping, resilience, and mental health. All names in the following section are pseudonyms to protect the participants' identity.

Racialized-gendered Bodily Abjection

When asked about what it was like growing up in Canada, many participants spoke about their bodily experiences in relation to their sense of self. Yun-Hee talked about how the mainstream media affected her

perceptions of society's bodily expectations of young women:

> I would eat a piece of fruit for breakfast and would throw up my lunch every day... I was going through puberty… But I thought any weight gain was bad. That was the message I got from reading those (teen) magazines. (Yun-Hee, 22, Korean, 1.5 generation)

Most participants indicated that they had received strong messages about the desirable "norms" and the White standard of beauty. In their attempt to fit into these norms, they experienced a set of challenges and frustrations, as Hanh-Ly articulated:

> You would see all these things in magazines on how to do eye make-up, but that's for white girls with big eyes. I would be with my friends who looked so good with the make-up they tried on, and it just didn't work for me… (Hanh-Ly, 18, Vietnamese, 2.0 generation)

Growing up within the context of Whiteness, both as an ideology and social practice, some participants shared that they received contradictory messages about their body and skin colour as their differences were being exoticized: "There's White people in my school… They'd be like, 'Oh my gosh, I wish I was your colour!'" (Rubylyn, 21, Filipino, 2.0 generation).

For some participants, contradictory messages about beauty and skin colour were also given by older women in their family who consider fair skin colours as desirable and discouraged them from spending time in the sun. In contrast, some participants recalled their parents' speaking out against these messages and encouraging them to play sports outdoors.

Experiences of Enacted Racism and Sexism

Many participants spoke about their experiences of racism at the interpersonal level. Yun-Hee shared that despite her proficiency in English, it was assumed that she was an ESL (English as a second language) student because of her non-Anglo name, and she was encouraged to seek help at a writing centre. Rubylyn (21, Filipino, 2.0 generation) recalled that her elementary school teacher discouraged her parents from teaching her Tagalog as a way to ensure her acculturation. Dalila encountered strangers asking her incredulous questions: "I've had like weirdos

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come up to me before and be like, 'Oh my god, where are you from?' 'Sri Lanka' 'Where is that?'… I get so offended" (Dalila, 23, Tamil, 2.0 generation). Min-Jung, an architectural student, spoke about gender biases in her field: "If a construction mentor comes to our school… then he'll automatically gravitate towards the males… It's very hard as a female construction worker to get a job. There is that stereotype about women being weaker than males" (Min-Jung, 21, Korean, 2.0 generation).

Some participants spoke of the challenges of witnessing their families' experience of marginalization post-migration. Sabrina described her parents' life back in India:

> My mom was a secretary at a hospital, and my dad had this high position… Looking back he felt that's such a great moment in his life… then when we came here… we weren't in the same kind of level economically. (Sabrina, 21, Indian, 1.5 generation)

Sabrina suggested that the decline in her family's social and economic status post-migration contributed to her father's mental health problems.

Perceptions of Familial Expectations

During focus group interviews, participants spoke about their gendered experiences within their families and "heritage-cultural" communities. Some perceived the familial expectations imposed upon them as restrictive or gender-biased when compared to their White or Asian male counterparts: "My dad is the breadwinner and my mom stopped working. She was just as educated but stopped working to raise my siblings and I... And I think in my mind that's something that's supposed to be a normal thing" (Kelly, 22, Chinese, 2.0 generation). "I grew up in a pretty Filipino family. They are all Catholic… there is this expectation… you are supposed to save your special gift (virginity) for your special someone on your wedding day" (Meniza, 19, Filipino, 1.5 generation).

Not all participants experienced gendered restrictions in their families. Some recognized that the familial expectations were shaped by their parents' post-migration experiences of hardship, racism, and discrimination. Rubylyn's reflection of her parents' experiences helped her gain insight into the stress and financial hardship they faced: *"The security that comes from having all this education which means you have all these opportunities… they left their life in another country so you could get more"* (Rubylyn, 21, Filipino, 2.0 generation). Other participants referred to the "non-typical" support and freedom they received from their families, including a counter-discourse that encouraged them to pursue their independence:

> My parents have always wanted me to do whatever I wanted to do… one of the schools I applied to was a theatre school and any other Asian parents would have been completely appalled that I was doing that, but they weren't… (Cecilia, 22, Chinese, 2.0 generation).

Coping, Resilience, and Mental Health

One major theme related to the sense of non-belonging to mainstream Canadian society showed certain mental health vulnerabilities:

> I get really paranoid when somebody doesn't pay as much attention to me as I think they should. If a professor comes and they don't look at me while they're talking to me, I automatically think it's because I'm Asian. (Min-Jung, 21, Korean, 2.0 generation)

A second theme centred on the persistent and cumulative effects of racialized sexism and a sense of compounded subordination by Whiteness and systemic patriarchy:

> Talking about this can be tiring. I'm tired of being a minority in a lot of ways, whether its being a woman, or an Asian person… There's this feeling that I'll never be in the dominant group and knowing that is just tiring. (Yun-Hee, 22, Korean, 1.5 generation)

Many participants described the effects of frequent comments such as, "where are you from?" or "tell me more about your (Asian) country." Such comments made them feel "foreign", excluded, and offended and elicited feelings of tension and frustration, as Hanh-Ly described: "Sometimes I'll pump out a lecture and educate that person, but oftentimes it's exhausting… So I just let things slide… I'm often put in these situations, and I don't quite know how to tread the water" (Hanh-Ly, 18, Vietnamese, 2.0 generation).

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Despite these conditions, participants offered narratives of resilience against imposed boundaries within their mainstream and heritage communities. Strategies such as joining extra-curricular groups, moving away from school, or limiting the information they shared with their parents helped some participants navigate their racialized-gendered everyday experiences and build their own supportive networks and resources. Many openly rejected racist stereotypes: "Asian women are supposed to be more docile or more submissive, pale… very petite. And I don't really think I'm any of those things… so I think that came from my dad, who's like, 'play sports!'" (Kelly, 22, Chinese, 2.0 generation). Although some women shared their aspirations of self-reliance and empowerment to overcome socially imposed boundaries, others felt their efforts were constrained. For example, one participant shared how the lack of resources or safe space at home made it challenging to deal with her depression. For others, being financially secure did not guarantee the freedom to overcome dominant normative stereotypes. Yun-Hee shared the unique struggle she faced when her parents offered to pay for a math tutor to help her do well at school: "Looking back, I think I didn't do so well in calculus in grade 12 because I didn't want to fit into that stereotype of Asians being good in math. Maybe that's why I pretended I needed help in math" (Yun-Hee 22, Korean, 1.5 generation). Despite these struggles, many participants agreed that having access to education gave them opportunities to learn and challenge the dominant discourse: "I took an equity course… and my world just changed.... It just opened up a whole new chapter for me… and so that became a major (in university)" (Dalila, 23, Tamil, 2.0 generation). Some participants credited their families, friends, and community agencies for providing strength and confidence.

Discussion

In this study, we sought to gain a better understanding of the growing up experiences and mental health vulnerabilities of 1.5 and 2nd generation young Asian women in Canada. Contrary to claims in existing literature, the mental health vulnerabilities of young Asian women are not primarily shaped by their "heritage-cultural" expectations such as emotional restraints, familial obligation, or academic success. Our findings revealed that sexism, racism, and Whiteness intersect to (re)produce complex experiences of marginalization and subordination that negatively affect the participants' mental health.

In speaking about their growing up experiences, many participants expressed their experiences of bodily abjection associated with rejection of their skin colour, body size, and eye shape. We argue that these experiences are underpinned by Whiteness and a long history of global colonialism, which established a white complexion as the standard of beauty (Chen et al., 2018). Codified White supremacy and perpetual Whiteness in Canadian society create and sustain a racialization process in which many young Asian women reconstruct their subjectivity through abjection (Kristeva, 1982). In linking abjection to racism, Butler (1999/2002) identified the processes of "an 'expulsion' followed by a 'repulsion' that founds and consolidates culturally hegemonic identities along sex/race/sexuality axes of differentiation" (p. 170). These processes at once redefine and consolidate the abject one's identity and simultaneously constitute the 'Other.' Thus, abjection is not limited to the psychological process at a personal level, but it is also taken up socially at a group level to reinforce domination (Hook, 2004). These standards perpetuate internalized inferiority as indicated by the participants. Their racialized-gendered sense of inferiority was reinforced by racist and misogynist microaggressions in their everyday life (Sue, 2010), leading to psychological distress when White norms are misconstrued as the only reality (Reddy-Best et al., 2018).

Participants also felt stressed and resentful toward the perpetuating stereotypes of young Asian women as inferior, exotic, hypersexual, or submissive. Our findings confirm those of previous studies that indicate that chronic exposure to racial stereotypes and/or race-based bullying is associated with greater levels of body dissatisfaction among Asian women (Brady et al., 2017) and compromises their mental health (Sue, 2010).

Many participants also bore the emotional and cognitive labour of navigating and interpreting racist and sexist microaggressions. They responded to these

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microaggressions by being hypervigilant (a constant state of questioning and anticipation of prejudicial encounters), complying (conforming to White/patriarchal standards), or feeling angry or disempowered. Chronic exposure to such aggressions can lead to negative emotional coping or harmful psychological consequences that diminish the quality of life (Sue, 2010).

Existing literature on Asian women's mental health often neglects the impact of unequal power relations. Exposure to persistent racist microaggression and systemic barriers shapes how the oppressed groups think about themselves and their "heritage-cultural" communities and reinforces their sense of inferiority (Pyke & Dang, 2003). Results of the current study show that 1.5 and 2.0 generation Asian women exist in an *in-between* social space, where they experience myriads of social demands (re)produced by racist discourses and patriarchal norms in both the Canadian and their heritage-cultural contexts. The narratives of many participants echoed the dominant discourses of Asian parents as being overly strict and familial relationships as being emotionally restrained, conformed, academically demanding, and success driven. These narratives reflect a form of internalized racism that perpetuates stereotypes of Asian families and Asian cultures. Their discourses of "typical" and "non-typical" Asian parents implied that there is a generalizable, standard Asian culture that imposes restrictions on young Asian women.

Although most of the participants did not deliberately or overtly reject their Asian heritage, their internalized racialized ideals based on Whiteness seemed to have influenced their benchmark in measuring every aspect of their life. Chronic exposure to enacted racism and internalized racial inferiority perpetuates the fusion of dominant discourses to legitimize the use of the notion of "culture" as an explanation of social or health problems. This practice takes attention away from identifying and addressing the underlying unequal power relations that (re)produce intersecting oppressions, which in turn produces psychological distress among young Asian women's well-being (Gupta et al., 2011).

Despite the challenges, study participants demonstrated their resilience in a range of cognitive, emotional, and behavioural responses. Resilience is commonly defined as a defense mechanism, or one's capacity to thrive when faced with adversity (Davydov et al., 2010). Some participants recognized their own internalized gendered expectations and resisted hegemonic discourses. Others drew on their own motivations and support from parents to pursue their career aspirations despite the structural challenges. Some participants shared how their parents, partners, and ethnocultural communities fostered a sense of self-reliance and encouraged independence. Their resilience strategies suggest that resilience is not merely an individual attribute, but is contingent on situational conditions (i.e., interpersonal relationships, cultural and historical context, access to resources and education) beyond their total control (Davydov et al., 2010). They demonstrated that Asian young women do have agency within constraints produced by the social structures of race, gender, and class.

In witnessing the challenges and pressures faced by their parents during migration and settlement, many participants developed a sense of associated suffering and internalized their parents' experiences of discrimination as their own (Viruell-Fuentes, 2007). However, this experience of associated suffering deepened their understanding of their parents' perspectives and became a source of empowerment and motivation to excel. This finding highlights the diversity and heterogeneity of the growing up experiences among young Asian women and their families, which are often neglected in existing literature.

Study limitations

This study provides an important contribution to the understanding of the structural determinants of young Asian women's mental health vulnerabilities. However, we also noted some potential limitations. Asians in Canada are made up of heterogeneous groups from diverse historical, socio-cultural, political, and economic backgrounds. We used a qualitative approach to explore the experiences and contextual conditions that shaped the mental health of 14 self-identified 1.5 and 2.0 young Asian women living in the Greater Toronto Area (GTA) in Canada. Since the study purpose was not about the distribution of the social phenomena of racialized-gendered identities and mental health vulnerabilities of Asian young women, the study results cannot be generalized to

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represent the experiences of all Asian young women in Canada. However, the study has generated context-based transferable knowledge (Gobo, 2004) that may be applicable to young Asian women in similar contexts.

Implications for Nursing

Nursing is an evidence-informed science of caring, guided by critical perspectives and underpinned by the values of social justice and equity (Canadian Nurses Association, 2015). Nurses play an important role in promoting health equity through research, policy, and practice. Critical nursing research inclusive of racialized communities in the diaspora is essential to generating knowledge to inform best practices in nursing. In the context of the mental health of young Asian women, research evidence can be used to promote equitable access and inclusive care within mental health care. Evidence from inclusive research can also be used to inform responsive nursing education that supports student nurses and practicing nurses to question their assumptions and implicit biases toward differences across diverse populations. It also helps nurses to question and resist the un-reflexive practice of accepting "culture" as an explanation of mental health disparities.

Importantly, results of this study can be used to inform the development of cultural humility among nurses, that is, a lifelong process of critical self-reflection, marked by respect and openness to the patient's worldview, and a commitment to providing holistic and inclusive care (Hughes et al., 2019). Cultural humility requires nurses to engage in ongoing processes that challenge "what we think we know," recognize the limitations of our understanding and our unconscious biases and engage in a commitment to effectively address the structural determinants of health inequities. It is imperative that nurses at all stages of their career engage in this situated practice to consciously locate their own social positioning in maintaining and/or disrupting unequal power relations (McGibbon & Etowa, 2009). Nursing-related curricula and their evolutions must also recognize and critically address the profession's historical, reductionistic foundations that privilege Eurocentric worldviews and ideals (Garland & Batty, 2021).

Systematically, both health care and educational institutions are charged with facilitating structural competence by carefully examining existing practices, providing meaningful training resources, and developing reflexive and creative tools to promote and evaluate staff and students' understanding and application of cultural humility (Waite & Hassouneh, 2021; Hughes et al., 2019). Commitment to anti-racist and decolonized pedagogies and policies is urgently needed in all sectors to strengthen nurses' capacity to effectively address structural determinants of mental health. Finally, inter-professional collaboration and advocacy across health care disciplines and community stakeholders are needed to address structural influences of mental wellbeing such as social belonging, safe and supportive environment, access to meaningful social, economic, and civic participation, and equitable opportunity to flourish (Waite & Hassouneh, 2021).

It is primarily through interdisciplinary approaches and unwavering advocacy that new solutions to deeply complex, systemic problems known to affect mental health will emerge. Hence, exposing nursing students to diverse disciplinary perspectives early in their training and creating opportunities for nurses at all stages of their career to engage in anti-racist discourses, advocacy, and research that highlights oppressive practices – promises to effect new understandings of the mental health and well-being of minority women. Transformative nursing practices are possible when continuing education and professional development provide opportunities for nurses to become reflexively aware of their conscious or unconscious participation in (re)producing social and cultural inequities, perpetuating asymmetric power relations, and engaging in systemic discrimination in their everyday practices. Reflexive practices will contribute to inclusive research and policy action that reduce mental health disparities and promote health equity of racialized peoples in diaspora.

Conclusion

To our knowledge, this is the first qualitative and nursing study that explored the mental health vulnerabilities of 1.5 and 2.0 generation young Asian women in Canada. Through this study, we interrogated the taken-for-granted dominant practices of Whiteness,

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which contribute to internalized racism and bodily abjection. We have generated new nursing knowledge on how unequal power relations in society shape identity construction, and how social exclusion based on the interlocking systems of racism and sexism function as structural determinants of mental health disparities. Thus, the mental health of young Asian women needs to be understood in the context of their everyday racialized-gendered experiences in the in-between social space of competing demands from the dominant White culture and their heritage-culture. The absence of critical analysis of power relations and hegemonic discourse (re)produce false culture-bound explanations that perpetuate subordination and marginalization of young Asian women. The use of "culture" as a concept to explain mental health challenges is inadequate and misleading. Mental health promotion programs and services that integrate structural competence and youth-centred strategies are urgently needed to reduce health disparities among young Asian women and communities.

Conflicts of Interest
None declared.

Appendix A – Focus Group Interview Guides

Focus Group #1 – Growing up Experiences and Identity Construction

1. Introduction: Study purpose and explain the focus of the first focus group, and follow-up activities.
2. What was it like growing up as a girl in your family and community? (Probe: about family relationships with siblings, parents and relatives, friendships, messages from parents, peers, media, etc.)
3. How did your "Asian" identity influence your growing up experience? (Probes: awareness of ethnic identities in self and others, messages among peers, in family, communities, media, reactions to these messages)
4. What has influenced you most in defining your identity as an Asian young woman living in Canada? (Probes: peers, media, faith, etc.) How did these influences affect your overall wellbeing? (Probes: emotional health; relationships with others – peers, parents/family; etc.
5. Wrap-up: Thank participants for their sharing and invite participants to take part in a between focus group take-home resonant text activity on gender, culture, and identity.

Focus Group #2 – Culture, Gender, and Wellbeing

1. Welcome participants back. Invite the participants to share: What was the experience like doing a resonant text about gender, culture, and identity?
2. Sharing of resonant texts: Invite participants to share their resonant texts.
3. Warm-up to new topics of discussion. Thank participants for their sharing. Explain the topics of Focus Group #2 on relationships and wellbeing. Explore with participants:
4. What were their experiences in different kinds of relationships – including friendship, dating, intimate/sexual relationships, peers, acquaintances, etc. (Probes: family and peer messages about different types of relationship and practices, especially about dating and sexualities, etc.)
5. What were their experiences of social interactions in different places and contexts (in class, at parties, faith organizations, neighbourhood, etc.)

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6. Draw on participants sharing to identify potential counter stories for discussion (e.g., gendered roles at home and at school)
7. Wrap-up: Thank participants for their sharing and invite participants to take part in a between focus group take-home resonant text activity on identity and relationships.

Focus Group #3 – Re-visioning of Gender Equity in Erotic/sexual Relationships

1. Welcome participants back. Invite the participants to share their resonant texts and reflect on their learning in doing this exercise.
2. Review key themes that have emerged from group discussions and the sharing of resonant texts in the previous two focus groups. Invite participants to identify other themes that have resonated with them.
3. Invite the participant to reflect on these themes and share their perceptions and understanding of the intersecting effects of race, culture, gender, class, and sexuality on their identities and their health. (Probes: ask participants to give examples of - the intersecting effects, acts of resistance, and demonstration of resiliencies.)
4. Invite the participants to generate ideas on strategies that can be used to reduce cultural domination and gender inequity to promote the overall wellbeing and relationship satisfaction of Asian young women living in Canada.
5. Invite the participants to integrate their ideas into producing a

collective resonant text through the use of creative arts.
6. Wrap-up. Thank participants for their contributions.

Appendix B - Individual Interview Guide

Interview Questions

1. General questions on background: Please tell me a bit about yourself (Probe – family, sibling(s), extended family, length of time living in the current neighbourhood, etc.)
2. Questions based on discussions during focus groups 1 and 2: In the two focus groups that you have participated in during the last two weeks, we talked about culture, gender, relationships, sexuality, wellbeing, social space, and the messages that Asian young women in the group received when they were growing up. What did you find to be common to your own experience? What did you find surprising or different?
3. How does your cultural belonging influence how you interact and relate to others in different relationships. (Probe: personal values vs. perceived family and community values; link questions to perspectives and narratives from focus groups - e.g., sense of belonging among White acquaintances; dating outside of one's "ethnocultural" communities; power dynamics in friendships, dating, and sexual relationships; changes of perspectives over time - compared to at a younger age, etc.)
4. Invite participants to provide additional comments or ask questions if they have any.

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