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Asians in Aotearoa: Visibilising and dismantling our oppression in Psychology

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Abstract

This review critically discusses the oppression of Asian psychologies in Aotearoa, New Zealand, driven by the dominance of Eurocentric perspectives privileged within the discipline. First, we unpack the social positioning of Asians as a racialised group within Aotearoa and the related experiences we (as part of the Asian communities) navigate in life. Next, we posit several key assumptions that enable Asian psychologies to be denied, silenced, or assimilated by Eurocentric psychology paradigms. We conclude by offering ten recommendations on how psychologists and institutional psychological bodies can make efforts to incorporate more Asian psychologies within psychological research, education, and practice in Aotearoa.

Keywords: Asian Psychology, Aotearoa, New Zealand, Asianisation

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Charlene D'Silva: Charlene, born in Mumbai, India, and of East Indian ethnicity, moved to Auckland with her family at the age of three, where she has lived for the past 22 years. She is currently a doctoral candidate at the University of Auckland, researching South Asian migrants' settlement and disaster experiences. Her work, rooted in community psychology and disaster justice, positions her as a scholar-activist, committed to bridging theory and practice to promote social change for South Asian migrants in Aotearoa. Charlene also works as a teaching assistant with over four years of experience in teaching socio-cultural psychology. She is passionate about integrating Asian psychology into tertiary curricula, advocating for more inclusive, culturally representative teachings that reflect diverse ways of knowing and being. This advocacy stems from her own experiences and those of her students, who have often found traditional, Eurocentric psychology frameworks unrepresentative of their cultural contexts. Charlene is dedicated to advancing research alongside Asian communities and ensuring the recognition of Asian psychological perspectives in academic settings.

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Rōpū Mātai Hinengaro o Aotearoa

Introduction

Asians, the third largest ethnic group in Aotearoa, constitute 17.3% (861,576) of the population and represent the fastest-growing migrant ethnic group (Statistics New Zealand, 2024). In Aotearoa New Zealand (hereafter Aotearoa), Asians are categorically defined as those individuals belonging to countries from a wide geographic range within Asia, from China in the north to Indonesia in the south and from Afghanistan in the west to Japan in the east (Statistics New Zealand, 2024). However, within this commonly assumed homogeneous category exists a diverse range of cultures and ethnic identities specific to various Asian countries. Intra-Asian migration, European colonisation, and assimilation have shaped these identities over time, forming hybrid ethnic identities through habitus, which refers to the internalisation of cultural practices, norms, and behaviours by Indigenous populations (Bourdieu, 1990). These practices are often adopted, willingly or unwillingly, as strategies for survival and coexistence within colonial and migration contexts (Cassim, 2017). Additionally, the rise of globalisation has contributed to increased migration of Asians to Western nations and subsequent development of new hybrid identities as migrants adapt to their host countries (Bartley & Spoonley, 2008; Bhatia & Ram, 2009; Cassim, 2017).

The diversity and multi-faceted nature of Asian ethnic identities and cultures is seldom considered due to the careless utilisation of the homogenised category of 'Asians' in psychological research, clinical practice, and societal policy (Liu, 2019). Consequently, we recognise the diversity within the 'Asian' ethnic group and use this label cautiously within this paper. Overall, we seek to highlight how diverse communities within the 'Asian' grouping have been marginalised in society and wider psychological discourse due to the dominance of Eurocentric ideologies and frameworks in societal policies, psychological practices, and academia. As a result, Asians and their perspectives have been relegated to a status of exclusion. We highlight this by (1) unpacking Asians' racialised experiences within the settler-colonial context of Aotearoa, (2) suggesting key assumptions that continue to underpin an invisibility of Asian psychologies within psychological discourse, and (3) offering tangible recommendations to decolonise psychology and create space for Asian psychologies.

Asians' Racialised Experiences within Aotearoa's Settler-Colonial Society

The experiences of Asian communities within Aotearoa are complex, shaped by various dynamics of racialisation, which result in varying degrees of social disadvantage and privilege. The predominant force driving their social disadvantages is their racialisation, rooted in the white supremacy ideologies of settler-colonialism in Aotearoa, which stems from centuries of British colonisation and its ongoing impacts on Māori (Leckie, 2021).[1]

The British Crown first used these ideologies to claim sovereignty over Aotearoa and Māori through the Doctrine of Discovery, which viewed Indigenous peoples as 'savages' and inferior compared to European Christians (Mutu, 2019). This was despite Māori never ceding sovereignty and being guaranteed tino rangatiratanga through signing te Tiriti o Te Waitangi in 1840 with the British Crown (Mutu, 2019). To develop a colonial 'White New Zealand' society centred around preserving 'whiteness' and which 'included' Māori as colonised Indigenous subjects, Asian settlers in Aotearoa were kept outside of national boundaries through societal marginalisation where they faced discrimination, violence, and segregation since their first arrival in the 1800s (Bandyopadhyay, 2009).

Today, the same racial hierarchies place whiteness at the centre of societal, socio-cultural, and psychological systems, often excluding Asian perspectives and experiences. However, the racialisation of Asians in Aotearoa, shaped by Aotearoa's settler-colonial context, is often overlooked due to its erasure from national historical narratives (Waitoki, 2019). Instead, this history was replaced by colonial accounts of our nation's past as harmonious and harmless to

[1] While this article centres on the Asian community and Asian perspectives in psychology, we acknowledge our position as Tangata Tiriti (People of the Treaty) in relation to Māori as tangata whenua (People of the Land) within Aotearoa. Article 3 of Te Tiriti o Waitangi grants Asians equal rights and privileges alongside Pākehā and Māori. However, as treaty partners, we are responsible for upholding the principles of partnership, active protection, equity, and options to address Māori inequities (Tan, 2023). Recognising our positionality as settlers on colonised land necessitates a commitment to challenging institutional racism and the monocultural dominance of psychology that often privileges whiteness and Pākehā culture. By honouring Te Tiriti, we can create space for Asian worldviews to be acknowledged while simultaneously advocating for Māori tino rangatiratanga (self-determination) and prioritising the disparities Māori face in society and within psychology. This awareness informs our paper and drives our commitment to fostering an inclusive environment that respects and uplifts diverse cultural perspectives.

support efforts of building a Eurocentric settler-colonial nation-state (Bandyopadhyay, 2009; Waitoki, 2019). Therefore, this first section seeks to visibilise the racialised experiences of Asian communities within Aotearoa's early settler-colonial history to set the foundation for understanding our present-day experiences.

The Asian diaspora in Aotearoa began growing significantly as early as the 1880s and now constitutes a significant part of the socio-geographical landscape in Aotearoa (Statistics New Zealand, 2024). Such growth challenges the persistent notion that Asians are unassimilable and, therefore, 'perpetual foreigners' – a stereotype that continues to exclude them from the broader narrative of Aotearoa's history and culture, despite their long-standing contributions. Indentured British-Indian servants escaping harsh working conditions on European ships settled in Aotearoa during the late 1700s to early 1800s, establishing early Asian communities through marriages with Māori and European settlers (Drury, 2016; Leckie, 2021). Similarly, the Chinese diaspora grew between the mid-1800s and early 1900s, with over 2,000 Chinese men employed as gold miners in Otago (Beaglehole, 2005). Despite plans to return home, many Chinese men remained in Aotearoa, becoming British subjects through naturalisation but often facing precarious situations and enforced bachelorhood (Beaglehole, 2005).

As early Asian settlements grew, so did anti-Asian prejudice linked to protecting the development of a colonial 'White New Zealand' society, leading to discriminatory actions against them (Leckie, 2021). From the 1800s onward, Asianisations in Aotearoa were reinforced by racial rhetoric widely spread through media narratives portraying Pākehā culture as 'superior' and Asian culture as 'barbaric' and 'unsustainable for a white person' (Ip & Murphy, 2005; Leckie, 2021). This racial hierarchy aimed to protect the development of a 'White New Zealand' settler-colonial society, actively preventing early Asian migrants from influencing colonial Pākehā lifeworlds in Aotearoa (Leckie, 2021). This localised racial narrative was part of a global dialogue on the perceived threat to white civilisation by people of colour (including Indigenous peoples) and the need to exclude or 'assimilate' them into the perceived 'superior' European culture (Leckie, 1985).

From the late 1800s to the early 1900s, fears of further Chinese immigrants 'invading' Aotearoa, led to the Chinese Immigrants Act of 1881, which imposed a £10 entry tax on Chinese individuals (Vosslamber & Yong, 2023). In contrast, British-Indians had free entry into Aotearoa as British subjects, enabling their diaspora to grow through chain migration driven by British colonial exploitation in South Asia (Leckie, 2021). However, British Indians' growing presence in Aotearoa led to rising concerns about them, too, as 'immoral Hindoos' who threatened to take over the country (Leckie, 1985; 2021). The Immigration Restriction Act of 1899 was then introduced to limit British Indian immigration to Aotearoa through English language requirements and later education tests while maintaining a facade of racial equality under British imperial policy. Chinese immigrants also faced an additional English reading test under the 1907 Chinese Immigrants Amendment Act and an increased £100 poll tax (Beaglehole, 2005).

The early 1900s saw a continued rise in Asian immigration, accompanied by an increase in racism and efforts to marginalise them. The establishment of white supremacy organisations played a key role in driving Asianisation (Leckie, 2021). These groups propagated racial fears by distributing propaganda material that portrayed Asians as 'unsanitary', 'immoral', and an 'economic risk', advocating for their exclusion from society to protect the developing 'White New Zealand' settler-colonial society (Leckie, 1985; 2021). Post-World War I, white anxieties peaked, leading to nationwide campaigns demanding Asians be prevented from opening businesses, purchasing homes, and gaining employment through scapegoating them for economic issues created by the Great Depression (Bandyopadhyay, 2009; Leckie, 2021). In response to white concerns, the Immigration Restriction Amendment Act of 1920 was introduced, limiting further Asian migration to preferred white countries and maintaining what the then-prime minister William Massey declared a 'White New Zealand' dominion (Leckie, 2021). From 1921 to 1987, the 1920 Act restricted Asian migration, with few exceptions for the families of existing British Indian migrants and refugees from Asian countries, establishing a 'White New Zealand Policy' (Leckie, 1985).

Despite assumptions that the 'White New Zealand policy' would reduce hostility towards Asians, anti-Asian prejudice persisted, manifesting in race-based discrimination, violence, and segregation throughout the mid-20th century (Leckie, 2021). Fears of Asians eroding a 'white' settler-colonial society and concerns over inter-racial relationships with the 'alien others' drove Asian segregation from white spaces such as barbershops, cinemas, bars,

and hotels and employment settings shared by Māori and Pākehā (Leckie, 1985). Government employment, welfare benefits, and financial services were also denied to Asians during this time, making it difficult to sustain their livelihoods (Leckie, 1985). Discriminatory practices lessened when the Race Relations Act of 1971 made it illegal (Leckie, 2021).

Asians were finally allowed to enter the country following the establishment of the Immigration Act 1987 (Trlin, 1997). Under this new Act, race was no longer a basis for excluding migrants and financial and human capital were instead prioritised (Bedford et al., 1987). Consequently, Aotearoa saw a surge in migrants from various Asian countries (e.g., China, India, Korea, Malaysia, Philippines, Singapore, Sri Lanka, Vietnam, etc.) from the 1990s onwards (Beaglehole, 2005) which led to the Asian diaspora rapidly increasing and diversifying.

Following the resumption of Asian migration, public fears of another 'Asianic invasion' emerged during the 1990s and early 2000s with concerns about their negative impact on Aotearoa's Eurocentric society (Leckie, 2021). To address these concerns, the Immigration Amendment Act 1991 introduced a point-based system to evaluate prospective migrants based on their 'economic value', alongside reintroducing English language requirements in 1995 to control Asian immigration further (Beaglehole, 2005). Based on neoliberal standards, migrants with higher economic value were assumed to be better suited to integrate and contribute positively to a competitive neoliberal society rather than burden it, as they are more likely to be self-sufficient. However, it is important to recognise that the neoliberal assumption – that all high-economic-value migrants can settle in Aotearoa on equal footing – is flawed, particularly for Asians. Due to over 200 years of racialisation in Aotearoa, Asian migrants face heightened challenges in settling down and establishing livelihoods. These difficulties are compounded by a lack of government support, as public safety nets for migrants are minimal, and visa regulations prioritise cost reduction (Simon-Kumar, 2020). As a result, many Asian migrants, especially those on short-term visas, are left to manage both their livelihoods and the impacts of racialisation on their physical and mental health independently (Simon-Kumar, 2020).

Even after decades of residency and citizenship, established migrants in Aotearoa often continue to face settlement challenges, including difficulties securing stable employment, housing, financial security, and building a sense of belonging. The assumption that integration – the process of becoming active citizens and economically involved participants in society – marks the end of these challenges is flawed as settlement is a continuous process (Bhatia & Ram, 2001; Cassim et al., 2020). Long-term structural inequities, including racism, xenophobia, classism, and ableism can also significantly disrupt migrants' settlement process and contribute to lasting mental and physical health impacts (Bhatia & Ram, 2001; Bhugra & Becker, 2005; Cassim et al., 2020).

Furthermore, socio-cultural, and economic support for established Asian migrants and those born in Aotearoa is often minimal due to Aotearoa's neoliberal society, restructured in the 21st century based on Eurocentric ideals of individualism, individual self-sufficiency, and economic and social progress (Simon-Kumar, 2015). The restructuring of Aotearoa's societal systems led to privatising public services based on the assumption that all citizens' access to societal resources is equal (Uekusa et al., 2024). However, this assumption overlooks the complex socio-cultural, economic, and political contexts that marginalised communities, including Asians, navigate, and how these create barriers to accessing societal resources, such as housing, education, physical and mental healthcare, and social welfare. This lack of access to essential resources for living stable, meaningful, and secure lives has been identified to result in precarious livelihoods and contribute to psychosocial stress for Asians, negatively impacting their overall well-being (Cleland, 2004; Cheung, 2019; Ho, 2020; Hussain, 2019; Li, 2011; Nayar, 2009; Simon-Kumar et al., 2022; Stuart & Ward, 2011; Vallabh, 2013; Wong et al., 2015). Thus, Aotearoa's neoliberal society disproportionately affects both Asian migrants and Aotearoa-born Asians, highlighting the limits of societal policies. Additionally, the racialisation of Asians, further exacerbates these challenges, alongside discrimination arising from Asians' identification with other marginalised identities related to gender, sexual orientation, age, ability, and religion.

Importantly, research has acknowledged that Asians actively navigate the complexities of life within Aotearoa using multi-faceted strategies. Many express hybrid identities: one that engages with Eurocentric culture in broader society and another rooted in Asian culture, practised at home and in culturally safe spaces like diasporic communities (Cassim et al., 2020; Cheung, 2019). Cultural practices tied to home and host societies

include celebrating cultural events, cooking traditional foods, wearing cultural clothing, and learning or maintaining languages and religious practices (Cassim, 2017; Hussain, 2019; Liu, 2014; Rocha, 2012; Way, 2023). These practices help Asians navigate varying social contexts adeptly, managing external pressures while preserving their cultural identities (Cassim, 2017; Cheung, 2019; Dudgeon et al., 2016). Furthermore, adopting hybrid identities may lead to the formation of both tangible (i.e., spaces, objects, and people) and intangible (i.e., emotions) transnational connections to their home country and Aotearoa (Cassim, 2017; Cheung, 2019; Dudgeon et al., 2016).

For some Asians in Aotearoa, transitioning from countries with similar colonial histories can facilitate smoother settlement experiences (Cassim, 2017). Similarities in sociocultural practices, values, and physical spaces ease adaptation and foster transnational connections (Cassim, 2017). These parallels stem from shared colonial legacies, albeit to differing degrees, that have influenced both the migrants' home countries and Aotearoa (Bourdieu, 1990; Cassim, 2017). Established diasporic networks are also crucial in assisting Asians with the complexities of life in Aotearoa, offering psychosocial and cultural support that helps them access resources, maintain cultural ties, and manage stress related to settlement (Cassim, 2017; Friesen, 2008; Liu, 2014). Moreover, these networks empower Asians to resist discrimination and collectively advocate for their rights in Aotearoa (Leckie, 2021; Wang, 2023).

Despite Asians being active social agents who navigate societal complexities and assert their rightful presence within Aotearoa, many barriers still exist when they seek and access psychological support. For Asians of low socioeconomic status who need long-term access to psychological support, high costs can pose serious challenges, especially since Asian 'frugality' — a valued cultural trait connected to collective financial stability and responsibility may deter them from seeking Western therapy on a sustained basis from privatised care where support is more readily available. Furthermore, valued cultural practitioners who deliver indigenous Asian healing practices such as Traditional Chinese Medicine, Ayurveda, Traditional Korean Medicine, Japanese Kanpo, and others are often not recognised as professionals. In fact, it has been argued that a lack of Asian engagement with psychosocial support reflects the absence of culturally responsive frameworks within healthcare and other social systems with which they can meaningfully engage (Chung et al., 2022; Tan, 2023). Even when Asian psychologies are acknowledged positively within some Eurocentric psychology, it is often through cultural appropriation that assimilates Asian knowledge to fit a Western context. For example, popularised mindfulness-based therapies offered today are secularised and structured, being perceived as scientific practice, ignoring their cultural and spiritual contexts (Mehta & Talwar, 2022). Therefore, the assimilation of Asian psychologies to fit a Western context can discourage Asians from engaging with such psychological support.

The presence of barriers for Asians in seeking both physical health and psychological support has been identified since the early 2000s, despite growing calls to include Asian communities in psychosocial research and related policies (D'Souza, 2007; Ho, 2004; Public Health Association New Zealand, 2024; Rasanathan et al., 2006) to this day, there is still no clear strategic outcome or designated funding for Asian health groups. Consequentially, challenges exist in supporting Asian mental health across research (Chiang et al., 2022), health promotion (Wong, 2015), and health leadership (Liao, 2019) in Aotearoa, which continues to maintain these barriers. As a result, Asian New Zealanders and their needs have been rendered invisible and are missing from conversations at higher levels of institutional governance (Chen, 2023; Liao, 2019).

Perpetuating Barriers: The Role of Stereotypical Assumptions

This section argues that these barriers continue to be upheld through a process of 'exclusion', whereby several stereotypical 'assumptions' about Asian communities (Tasker, 2023) lead to limited research and a lack of tangible strategies responsive to the needs of Asians.

The assumption that 'stereotypic myths' about Asians are true. While Asians have been present in Aotearoa society since the 1800s, throughout history, they have been subject to and continue to be painted with socially constructed stereotypic myths that are unhelpful (Tan, 2023) and construe them with conflicting labels ranging from a 'threat' to a 'commodity' (Cormack, 2007). Such myths are pervasive and include the model minority myth (Chou & Feagin, 2015), which stereotypes Asians as more successful than other minority groups; the 'healthy immigrant' myth (Tse & Hoque, 2006),

which assumes Asians have an apparent good health status due to high socioeconomic status and entry into the country as skilled workers, and the inscrutable Oriental myth (Kerr, 2003), that casts Asians as emotionally repressed peoples who do not attend to or speak about their emotions, and are less likely to make a fuss when encountering adversity. While the explicit nature of these myths may have attenuated as Asian communities have become widespread in Aotearoa, racial discrimination against Asians persists in both general society and healthcare settings (Peiris-John et al., 2022). This discrimination rose significantly during the COVID-19 pandemic for Asians (Liu et al., 2022) and impacted upon life satisfaction (Jaung et al., 2022). Between these myths and the history of Asian culture being seen as 'undesirable' and a threat to Aotearoa culture (Girling et al., 2010), it is perhaps no surprise that there remains little understanding of what the psychosocial needs are for Asians in Aotearoa. The racialisation of Asians under stereotypical myths undercuts the very reality of being Asian in Aotearoa and their psychosocial experiences. Assuming these racial myths at face value continues to perpetuate a silence around Asians, construing them as not needing help, which consequently leads to their psychosocial needs going unheard.

The assumption that a lack of use equals a lack of need. A common argument put forward is the under-utilisation of mental health services by Asians relative to non-Asians (Chow & Mulder, 2017), which suggests they have lower prevalence rates of mental disorders than other ethnic groups in Aotearoa and, accordingly, do not need psychosocial support or attention. However, this argument is based on the erroneous assumption that Asians do not face barriers in accessing mental health or wider health services in the first place. Research has indicated that Asians in Aotearoa are less likely to present to psychological services because of major socio-cultural barriers or due to the inadequacy of the type of care available (Scragg & Maitra, 2005; Kulshrestha & Shahid, 2022). For example, Peiris-John et al. (2022) found that one in five Asian students had forgone healthcare due to socioeconomic barriers, limited social support, and ethnic discrimination from health professionals, uniquely impacting their decisions to access healthcare in the community. Chung et al. (2022) further contended that from the perspective of current mental health practitioners in Aotearoa, there are considerable barriers to culturally responsive care and language services for Asian communities, which further heighten delayed help-seeking for mental health services. Moreover, many Asians are unfamiliar with mental health services and are not fully aware of the options available (Ho et al., 2002). While barriers to accessing these services persist for Asians, there remains a significant and ongoing need for psychosocial support and care. Although earlier research suggested that Asian New Zealanders had lower rates of mental health disorders compared to Pākehā, other European groups, and Māori (Ho et al., 2002; Ho, 2004), this may have diverted research attention away from Asian communities. It is important to reconsider whether this finding still holds in today's socio-cultural context, especially given the current lack of research on the psychosocial well-being of Asian New Zealanders and the existing ethnic health inequalities (Lee et al., 2017). Recent reports in fact indicate that Asian New Zealanders experience high levels of distress and depression, with a prevalence rate of 44.4% (Zhu, 2020; 2021), which is even higher among younger Asians (61.3%). Thus, the argument that there is no need to focus on Asians due to their perceived low utilisation of mental health services does not reflect the growing consensus among Asian health practitioners and researchers that the need for targeted psychosocial support in Asian communities is increasing more rapidly than previously recognised.

The assumption that because stigma exists, conversations around psychological needs are taboo. It is well-documented that psychological conversations, especially around mental health issues, can be heavily stigmatised within Asian communities (Flett et al., 2020; Ng, 1997; Zhang et al., 2020) and functions socially within Asian culture to facilitate the upkeeping of social harmony, emotional moderation, and control to prevent shame from befalling the family. The central importance of not bringing shame to the family unit means that Asians will often be reluctant to talk about mental health problems and prefer to use self-help measures such as active solution-finding or passive coping (Williams & Cleland, 2016). While we cannot ignore the impact of stigma that exists within Asian families, there is a danger that painting psychological topics as taboo or stigmatised inadvertently reinforces it, thereby perpetuating the problem and exacerbating the 'silence' around such important issues. Furthermore, hidden cultural and philosophical biases within Eurocentric psychology tend not to acknowledge other avenues of conceptualising psychological health, such as through holistic, spiritual, or natural concepts that are common with

Asian cultural traditions (Williams & Cleland, 2016) and have specific cross-cultural links to psychosocial wellbeing (Lin et al., 2024). Inadvertently, Western psychology's overemphasis on individual pathology over Indigenous Asian explanations of psychological experiences can exacerbate perceived shame. This ascribing of psychological experiences in psychosocial care to stigma loosely and indiscriminately also undermines the creation of spaces where Asian communities can come together to develop and deliver Indigenous Asian practices to foster health, well-being, and healing (Ng, 1997).

The assumption that Asians are homogenous. Viewing Asians as a single population group has primarily been the status quo by population health. However, this way of grouping has long been inadequate. Despite many intra-group and inter-group similarities and differences, what constitutes 'Asian' in Aotearoa vastly differs based on cultural beliefs, worldviews, religious practices, migration histories, degree of acculturation, and socioeconomic status. Furthermore, the presence of hybrid identities (E.g., Pākehā-Asian, Māori-Asian, Portuguese-Indian, Spanish-Filipino, and so on) among Asians constitutes an added layer of complexity that can render the use of simple homogeneous categorisations of Asians inadequate (Bartley, 2010; Cassim, 2017; Ip, 2008; Wang & Collins, 2015). Lowe (2009) opines that the homogenisation of Asian differences creates a label whereby the category 'Asian' functions as a racial identity that is ascribed rather than self-determined. Such an imposition of racial identity feeds into cultural essentialism, whereby Asians are subsumed under an overarching category that is not indicative of their cultural and psychological realities. Thus, there is a need for wider health approaches to be aware of the range of cultural, contextual, and intergenerational aspects that shape Asian lifeworlds (Williams & Cleland, 2016; Wong et al., 2015). The continuation of homogenising us based on race will inevitably lead to limited spaces that account for the wide range of heterogeneity that reflects Asian psychologies, Asian identities, psychological strengths, and needs.

The assumption that Asians are not mental health 'literate'. Positivist research often describes Asians as lacking mental health literacy (Furnham & Swami, 2018; Wong et al., 2017), contending that psychological knowledge, especially around discrete mental health diagnoses, remains relatively unknown and dismissed within Asian culture. However, while direct knowledge of Western mental health conditions may be low, the absence of so-called 'mental health literacy' underpins Eurocentric psychology, whereby Western models are the only way to understand mental health and well-being. Wu et al. (2021) have challenged Asians' lack of mental health literacy, instead arguing that the Western conception of mental health literacy is culturally incongruent with Asian perspectives. This argument has merit, especially given that Asian cultures have rich psychosocial systems of knowing and being that predate much of contemporary thinking (Joshanloo, 2014). Yang (2007) further notes that the haste to adopt Western psychology has led to psychology ignoring the role of culture and distorting the picture of what mental health may be for Asian groups. For Asians specifically, Western psychological concepts such as mental health and mental illness may not even be differentiated from other problems of living (Kuo & Kavanagh, 1994). Furthermore, Eastern solutions to improve mental-wellbeing, such as meditative and contemplative practices (e.g., 'mindfulness' and 'acceptance'), have, in fact, become cornerstones of modern Western cognitive-behavioural therapies (CBT) such as Acceptance and Commitment Therapy (ACT) (Hayes et al., 2012), Dialectical Behaviour Therapy (DBT) (Linehan, 1993), and Mindfulness-based Stress Reduction (MBSR) (Kabat-Zinn, 1994). Given that their existence is based on the integration of Eastern psychology, it is a pervasive assumption that Asian people are ignorant of psychological wisdom or understanding. Buying into this assumption silences both (1) Indigenous knowledge systems of health and well-being across Asian cultures and (2) Indigenous healing practices that are very commonly used within Asian communities as antidotes to alleviate suffering. These remain vital aspects that contribute to the psychosocial health and well-being of Asian societies today.

The assumptions that have been presented, if taken in isolation, may appear trivial or perceived as having no empirical basis. However, the continuing lack of space and conversation around Asian psychologies speaks to a pervasive pattern of implicit assumptions and attitudes that cannot be discerned through conventional scientific means. Together, these assumptions form a compelling explanation as to why Asian psychologies is simply absent from the Aotearoa scene. Raising awareness of these issues among the psychology community in Aotearoa is imperative to break the cycle of invisibilisation. The current status quo is embodied by a vicious cycle whereby the significant lack of representation or conversation around Asian

communities in psychology produces less interest in these communities. If this lack of interest continues, Asians will continue to be unheard and invisibilised, and their needs will remain unaddressed at both the individual and systemic levels. As the Asian population in Aotearoa continues to grow as the dominant 'minority group', the invisibilisation of their psychosocial needs and the failure to recognise the socio-political and economic determinants of mental health inevitably reinforce poor health, well-being, and everyday life outcomes. Additionally, existing societal systems that are not representative of nor geared towards the betterment of Asian communities will be maintained.

Psychological knowledge has a long-standing application history across multiple levels of psychosocial thinking, intervention, and governance. Given that the form and function of psychology are oriented towards the understanding of and subsequent betterment of human populations, psychological knowledge influences not just clinical practice but societal policy and practices. Accordingly, advocating for marginalised populations' inclusion within society and for equitable outcomes across society to reduce psychosocial hardships remains a crucial goal for psychological research. Such examples are prominent within Māori and Pacific scholarship that challenges institutional systems that do not work for the groups they need to serve (Groot et al., 2018; Ioane, 2017; McNamara & Naepi, 2018). While we acknowledge that Asian psychological researchers have done work to create socio-cultural psychological knowledge reflective of the experiences of diverse Asian communities in Aotearoa (e.g., Gupta, 2016; Williams & Cleland, 2016), along with several unpublished theses from postgraduate students, the current lack of a unified body that can disseminate research within policy and practice presents as a barrier to evolving Asian psychologies in Aotearoa. Having isolated pockets of Asian research, institutions with scant Asian representation, and the absence of any strategic direction are part of a feedback loop that continues to underline an exclusion that dominates the psychological landscape in Aotearoa today.

Creating Space for Asian Psychologies

It comes as no surprise that Asian perspectives are excluded from local psychology endeavours, given their racialisation and exclusion in Aotearoa since the 1800s. Their exclusion from psychology is also tied to the dominance of Eurocentric ideals that have shaped psychological knowledge production and practice in Aotearoa (Tan et al., 2023). Importantly, the discipline of psychology in Aotearoa originated within a settler-colonial context to reproduce colonial ideologies while incorporating Western knowledge systems from Europe and North America (Groot et al., 2018; Nikora et al., 2017). These Western paradigms embraced for their perceived 'objective,' 'scientific,' and 'universal' qualities reproduced narratives of Eurocentric cultural superiority. The privileging of Eurocentric psychological perspectives over Indigenous perspectives, including Asian psychologies, in Aotearoa constitutes a Te Tiriti o Waitangi breach for perpetuating colonial processes (Groot et al., 2018; Levy, 2018).

The racialisation of Asians in Aotearoa and within psychology reflects broader issues of social and institutional racism that prioritise Pākehā and Eurocentric values. This racism affects not only Asian communities but also Māori and other marginalised groups. Under Te Tiriti o Waitangi, Asians, as Tangata Tiriti (Treaty partners), can challenge these inequities and work toward a more inclusive society. By actively engaging in this process alongside Māori and other minoritised ethnic communities, we too, can resist marginalisation and contribute to addressing the racism that undermines our ways of being and knowing, as well as those of Māori and other ethnic communities.

It is also important to recognise how the current superior status of Eurocentric knowledge is normalised through the commercialisation (facilitated access to funding) and neoliberalisation of academia (Groot et al., 2018; Nikora et al., 2017; Waitoki et al., 2023). This emphasis on profit within academia prioritises funding for developing Western psychological approaches, side-lining Indigenous approaches, including those based on Asian epistemologies. Consequently, Asians, face significant challenges navigating social issues within Eurocentric frameworks, which often overemphasise universal, individual-level processes. These frameworks prioritise psychological approaches centred on individual growth through personal investment, aligning with Western capitalism and neoliberal economic systems that value profit over holistic and collectivist forms of fostering psychosocial well-being common in Indigenous cultures (Groot et al., 2018; Joosub, 2021). Therefore, as a discipline within Aotearoa, psychology can be seen to oppress Asians through (1) failing to address their racialised experiences in Aotearoa, (2) invisibilising their

psychosocial needs, (3) excluding Asian psychological perspectives, and (4) failing to create and deliver psychosocial care that is culturally responsive to Asian needs.

To effectively address the longstanding oppression of Asians in psychology, a commitment to redistributive justice within the discipline is essential for ensuring the meaningful inclusion of Asian psychological perspectives. This approach involves intentionally creating space for Asian psychologies, allowing cultural experiences, values, and insights to contribute to a more representative and inclusive field. Liberating community psychological frameworks highlights the importance of embedding decolonial and Indigenous processes at the core of these efforts to achieve redistributive justice (Martín-Baró, 1986). Embracing these processes addresses systemic biases and fosters a discipline genuinely responsive to the diverse psychological needs of all communities.

The starting point of decolonial efforts is to continue to recognise Aotearoa's colonial history, specifically how contemporary marginalisation for Asians is rooted in historical anti-Asian agendas that emerged to protect the development of a 'White New Zealand' settler-colonial society. Such recognition has been regarded as a powerful tool for healing and reconciliation as it acknowledges the role of external influences in creating and exacerbating psychosocial hardships (Pihama et al., 2017) experienced by Asians in Aotearoa. Relatedly, it is crucial to recognise the current privileging of Eurocentric psychology as culturally superior.

Both recognitions initiate the decolonial process to transform the discipline of psychology in Aotearoa and provide scope for then challenging the oppressive societal contexts that contribute to creating hardships for Asians in Aotearoa. This same transformative movement is currently active in recognising the marginalisation of Māori and Pacific peoples in Aotearoa and the (re)vitalisation of Indigenous psychologies.

As two Asian peoples navigating our academic journeys in psychology as doctoral students and early career researchers, we consistently encounter psychologies that do not represent our communities. These experiences have led us to form these recommendations, which address the oppression of Asians in psychology and allow for redistributive justice within the discipline in Aotearoa. To achieve redistributive justice, we put forward two overarching goals: (1) visibilise and address the root cause of social issues embedded in intersecting forms of marginalisation for Asians in Aotearoa, and (2) develop resources and services capable of delivering culturally informed psychosocial care for Asians. To achieve these goals, we make the following ten recommendations as starting points for creating space for Asian representation in psychology within Aotearoa.

1. **Curriculum transformation.** We recommend integrating Asian psychologies into every stage of the psychological curricula in academic institutions. Courses need to be properly resourced to include the teaching of Asian psychological perspectives beyond tokenistic inclusion. Content taught should validate Asian ontologies and epistemologies as legitimate psychological knowledge and provide content that better reflects their lived experiences in Aotearoa.
2. **Collate existing Asian research in a formal sourcebook.** We recommend the creation of a sourcebook to acknowledge existing Asian scholarship and serve as a guide for academic teaching, a bibliography for students' reference and a tool to inform the direction for future research and policy.
3. **Prioritise and encourage future research alongside and for Asians.** We recommend funding research focused on understanding and addressing social issues impacting the lives of diverse Asian communities. Such research should be led-by Asians, including designing research methodology and informing analysis to ensure that research validates and creates socio-cultural knowledge that can positively transform their lives through policy and practical research implications. Other research could focus on critical disaggregation of the default "Asian" ethnic category, offering a more nuanced understanding of the diverse needs within Asian communities in Aotearoa.
4. **Connect through an Asian psychology network**. We recommend psychology researchers and practitioners (established, early-career, and students) to connect through the Asian Psychology Collective Aotearoa, of which we are part of (Tan et al., 2024). Spaces such as APCA can initiate and bring together existing efforts to share knowledge, identify gaps, and

work together to enhance Asian psychosocial needs and wellbeing. Cross-discipline collaboration, along with community engagement with Asian groups may lead to the co-designing of solutions. Furthermore, fostering connections with community leadership can also help increase responsiveness to the unique needs of Asian communities.

5. **Resource the Asian psychology workforce.** Resourcing should focus on efforts to develop Asian capacity in psychology. Such efforts could be geared towards integrating Asian philosophies into existing therapeutic frameworks (e.g., CBT), or generating culturally informed assessment models, or tools to better understand the experiences of Asian tangata whaiora. Resourcing could also focus on strengthening the confidence of Asian psychologists in working with Māori and Pacific peoples within mental health settings.
6. **Promote leadership for Asian psychologists and researchers.** We recommend increasing the representation of Asian leaders, especially those from underserved groups, in clinical leadership and broader governance roles. Leadership in these areas would enhance advocacy efforts to address issues that undermine culturally competent practice and support the development of policies to tackle key issues that impact upon engagement of Asian populations with mental health and socio-cultural services. Asian leadership can promote the dissemination of Asian-led research to professional bodies and endorse Asian voices within clinical decision-making, and service development across psychological spheres of influence.
7. **Modify existing psychology training.** We recommend updating professional psychologist training programmes, and other mental health-related professions to include Asian cultural knowledge and practices. Compensating Asian community organisations (e.g., Asian Family Services) to deliver guest lectures within these programmes would further enrich training. Additionally, a key component should be teaching and consequently assessing the concept of delivering culturally safe care to Asian communities. Involving the Asian community in deciding what cultural safety looks like within clinical practice is imperative to ensuring that standards are being upheld that serve Asian needs.
8. **Increase the number of Asian psychologists.** We recommend recruiting students who have expressed interest in addressing the needs of Asian communities. This will ensure that mental health providers adequately represent and reflect their community. Encouraging and supporting Asian psychology students to become psychology professionals who can work within their communities is crucial for reducing the inequities present within the health system.
9. **Improve resourcing and access to Asian-led psychological services.** We recommend supporting existing Asian mental health services to meet the needs of the populations they are serving. This action will involve incorporating existing services into health strategies, with efficient referral options for Asians needing access to these services, alongside introducing new services or roles for Asian-led cultural support within psychological services to help alleviate the strain on an already overburdened system.
10. **Offer professional development for existing psychologists.** We recommend providing support and mentorship for psychologists through including existing groups (e.g., Asian Family Services; eCALD) to help them understand the needs of Asian communities in Aotearoa and how they can work responsively to this population. Specifically, this might involve training and professional development in culturally appropriate assessment, formulation, and interventions that support culturally responsive and safe care for Asian tangata whaiora.

Together, these recommendations are fundamental parts of an interconnected whole, not isolated tasks addressed in a vacuum. As a unified body, psychology professionals must consider research output, community input, leadership, clinical practice, and wider policy strategy to further the development of Asian psychologies in Aotearoa. The synergy of these factors creates a space to operationalise solutions that produce better outcomes inherent across the discipline of psychology, practitioners within the profession, and Asian communities themselves.

Implications of Embracing Asian Psychologies

For the discipline, acknowledging the limitations of applying Eurocentric psychology to understanding the lived realities of Asians would create space for transforming curricula and research. This would enable the integration of Asian psychological perspectives into psychology curricula, recognising it as valuable knowledge for all students to gain to understand Asian lived experiences, personally and professionally, regardless of future occupations. Additionally, Asian students, through encountering Asian psychologies, would have their lived realities validated, potentially increasing their desire for psychological academic or practitioner pursuits. The increasing number of aspiring Asian researchers will create the capacity for future research to be conducted alongside diverse Asian communities. Having space for this research may further lead to development of culturally informed and meaningful psychological practices and responses to social issues. For other researchers, this offers opportunities to work alongside Asian researchers to develop the field of Asian psychologies further, cultivate cultural reflexivity, and ensure that their research and practice are accountable to Asian needs or upholding them alongside those of the community they are working with.

Psychology practitioners will also benefit significantly from integrating Asian perspectives in psychology within Aotearoa. Asian practitioners will find that their worldviews and cultural realities are upheld, creating opportunities for training, support, and cultural supervision of other psychologists. They will be integral in developing Asian health leadership and bridging the gap between research and practice. For practitioners not Asian themselves, their cultural awareness of the specific needs of Asians when working with them in Aotearoa will increase. More development and training opportunities will accompany this focus on providing culturally safe care, ensuring that all practitioners are well-equipped to support diverse Asian communities effectively.

Implementing the recommendations will also bring about significant and far-reaching effects in Aotearoa society. For Asian individuals, the focus on integrating Asian psychologies into mainstream institutions represents a commitment to achieving equitable outcomes by addressing the root causes of social issues specific to Asian communities. Subsequent work towards social justice will contribute to ensuring that Asians have increased access to culturally meaningful support systems embedded within various societal structures. This support is crucial as it directly addresses the unique challenges Asian communities face, thereby promoting their well-being and liberation. For all other members of society, it will aid in fostering cultural tolerance and understanding. Exposure to Asian psychologies will help to dispel stereotypical myths and misconceptions that often surround Asian cultures and communities. Developing and growing Asian psychologies will also help create a more inclusive society where different cultural perspectives are valued and incorporated in developing a multicultural society. This will promote solidarity across diverse cultural groups within Aotearoa and a continuing allyship with other marginalised communities, advocating for a society that is equitable and responsive to all groups.

Through these recommendations, a pathway to develop a psychology that embraces cultural diversity and provides a safe space for Asian psychologies to be recognised, validated, and further developed is illuminated. Such initiatives lay the foundation for a cohesive social fabric in Aotearoa, where mutual respect and appreciation for diverse experiences are foundational.

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