Chinese Identity Construction and Deconstruction as a Response to Pandemic Orientalism in Canada

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Abstract

During the COVID-19 pandemic, Chineseness has been embedded in a set of efficacious public health practices employed by China, Hong Kong and Taiwan to prevent virus spread. These measures were interpreted apprehensively by the West, including Canada, highlighting the knowledge hierarchies between the West (norm) and the East (other) as constructed by an Orientalist mindset. To Canadian Sinophone communities, these knowledge conflicts serve as a medium through which identity is constructed or deconstructed. Their trust in the public health measures has competed against other forces in political dynamics, which allowed them to generate a unique positionality to examine any given discourses, such as Chineseness and Canadianness.

Keywords: Orientalism, Chinese immigrants, Hong Kong, Taiwan, mask, Canada

As Edward W. Said demonstrates, Orientalism is a “political-intellectual culture” (Said, 1978: 12). Epidemic Orientalism can be traced back to the 17th century mentality where the imperialist West depicted themselves as “victims” in need of protection from foreign threat (White, 2018: xi, 6 & 25). In this version, medical knowledge and disease management strategies become extremely crucial (White, 2018: 7-8 & 26). Hence, during the 2002-2003 SARS outbreak in Canada, as opposed to the “pre-modern” Chinese, the West gained an elevated international reputation through its “knowledge, skills, education, as well as cultural advantages” (Stavro, 2014: 172). Again, during the pre-vaccine phase (January 2020 - January 2021) of the COVID-19 crisis, a mindset that deciphered the epidemic as a sign of Chineseness as embedded in images of contamination, underdevelopment and uncivilization was catalyzed. Within such a climate, it has been a daily chore for many Chinese Canadians to compare Canadian and Chinese protocols surrounding personal hygiene, inter-human relations and ideas of rights and responsibilities. As a minority ethnicity, how have these differences been interpreted and has their Chinese identity been transformed, solidified or challenged along with these struggles?

In response to the spread of COVID-19, in China, Hong Kong and Taiwan, governments took aggressive measures such as masks, self-containment, and border restrictions to control the spread of the virus: “[t]he more we are being controlled, the more we are in control” (Kloet et al., 2020: 636). The biopolitical measures mobilised a campaign of national pride. Taiwan’s constant pursuit of membership of the World Health Organisation intensified (Kloet et al., 2020: 637). In Hong Kong, a larger disparity between the city and the mainland appeared (Kloet et al., 2020: 639). As for China, the distinction between “efficient China” and “inefficient West” was highlighted (Kloet et al., 2020: 638). On the contrary, in the West “Pandemic Orientalism” (Gadamunne, 2020), or “Corona Orientalism” (Debeuf, 2020), strengthened the symbolic hierarchies in knowledge between the West and East. The disease
was exteriorised, which explains the West’s underestimation of the pandemic in its early stages (Zhang Mingyuan, 2021). China was portrayed as an authoritarian rulership in contrast to the democratic West (Mérieau, 2020; Zhang Yunpeng & Xu Fang, 2020; Zhang Mingyuan, 2021). Due to the West’s “complacency (Debeuf, 2020)”, “(the West) couldn’t even understand that non-white leadership was possible” (Samarajiva, 2020).

In Canada, because it took the public health authorities months to comprehend and adopt “Asian” measures, a high price - including increases in infections and deaths - was paid. Furthermore, before mask wearing was required in public spaces in May 2020, “maskaphobia” (Gao, 2021: 208) or “mask-based stigma” resulted in “criticism of a common Asian cultural practice” and exposed many Asians to verbal and physical assaults (Mamuji et al., 2020: 9-10). The notion of “cultural practice” reveals that medical protocol as a knowledge form or habitus is not neutral, but political and social. The conceptualisation of “mask culture” exemplifies the Orientalist grounds that allow the West to attribute masking to the essentialist and culturalist stereotypes of the obedient Asians (Zhang Mingyuan, 2021).

Therefore, many Chinese immigrants have been left frustrated by the gap between expectations and reality. It has hindered their “subjective identification with the host societies” (Gao, 2021: 208) and caused distrust of Canadian authority and society (Lin, 2021). For example, in the beginning of 2020, when the government seemed uninterested in imposing any measures on border control that was later condemned as “knee-jerk reactions” by the Prime Minister, an online Sinophone news website user argued: “Often, Canada is really weird… This time they are ignorant and inactive, but they are proud because they think they are special” (kan shei xiao dao zuihou, 4th February 2020). Furthermore, it reinforced their affirmation on how China tackled the pandemic (Gao, 2021: 208; Lin, 2021). Another user commented: “China is well aware of the fierceness of the virus so they prevented it with extreme ways long time ago. Not long from now only Chinese people will survive in the world” (ANSION2012, 16th January 2021).

Nonetheless, there is not just a single kind of identity. In fact, many Chinese immigrants remain critical of the Chinese government, and this has led to various interpretations of the Canadian discourse (Gao, 2021: 211-2; Lin, 2021). For example, one online Sinophone news website user responded to those criticising the “ignorant” anti-mask and pro-freedom Canadian protestors as follows: “this type of freedom determines that nobody can make decision on behalf of the people… If you try by all means but still do not understand the life and values here (in Canada), you can leave” (xly_ 0601, 14th July 2020). Moreover, stronger voices against the Chinese government can be heard among Taiwanese and Hong Konger communities. In Taiwanese online media, terms such as “Wuhan pneumonia” have been widely employed (Chang et al., 2020). One Hong Konger described how they perceive the poor performance of Canadian public health officials, “there are always times we shake our head and roll our eyes.” However, it did not affect their preference for Canadian values because “a person against the Liberal Party (the majority party) would not be questioned as a traitor to Canada (Jiajian 加奸) selling the country out” (Shiu, 4th April 2020). While disappointed with the Canadian government’s handling of the pandemic, the user appreciates that they can still voice their displeasure toward the governing body without being treated as a traitor, whereas any critique of the CCP in Hong Kong is akin to betrayal.

Thus, identity is triggered during a situation with a unique spatiality and temporality. In the context of Pandemic Orientalism, Chineseness is manifested in a set of public health practices that allows Chinese people to differentiate themselves from Canadian norms. Even though Chinese norms were deemed as “subjugated knowledge” in Foucault’s terms in the West (Zhang Yunpeng & Xu Fang, 2020: 212), Chinese immigrants constantly complained
about the “ignorance” of the West. Ultimately, identity is formed within the interplay of many complex power dynamics. To many immigrants from China, Hong Kong and Taiwan, the political tension back home overshadows the multiple conflicts around them and dominates identity formation. Within a “particular situatedness in a field of sociopolitical relations” (Chun, 2017: 191), identity is positional and relational rather than static and self-evident. Therefore, the fluidity and contingency of Chinese identities allow them to remain relevant. Sinophone communities may be minoritized, but their awareness and response to power dynamics is solid, enabling identity to reshape or crumble, and providing the communities with a unique positionality to observe and examine given discourses, whether it be Canadian, Chinese or beyond.

References


