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Psychological Impact of Anti-Asian Stigma Due to the COVID-19 Pandemic: A Call for Research, Practice, and Policy Responses

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Abstract

The COVID-19 pandemic is linked to a rise in stigma and discrimination against Chinese and other Asians, which is likely to have a negative impact on mental health, especially when combined with additional outbreak-related stressors. We discuss the need to consider the potential harms of these anti-Asian sentiments during both the height of the pandemic and longer-term recovery through (a) research—examining how it affects mental health and recovery; (b) practice—implementing evidence-based stigma reduction initiatives; and (c) policy—coordinating federal response to anti-Asian racism including investment in mental health services and community-based efforts.

Editor's Note.

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Keywords

COVID-19; pandemic; stigma; discrimination; Asian

Stigma, to be honest, is more dangerous than the [corona]virus itself.

—Dr. Tedros Adhanom Ghebreyesus, WHO Director-General (World Health Organization [WHO], 2020b)

Leading up to and since the WHO declared the novel coronavirus outbreak a pandemic in March 2020 (Cucinotta & Vanelli, 2020), stigma and discrimination against Chinese and

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other Asians has been on the rise. News and social media reports have documented numerous instances of anti-Asian racism and xenophobia worldwide, from Hong Kong (Chung & Li, 2020) to the United Kingdom (Devakumar, Shannon, Bhopal, & Abubakar, 2020). In the United States, a nongovernmental reporting center documented 1,135 experiences of discrimination and harassment against Asian Americans in its first two weeks (Asian Pacific Policy and Planning Council & Chinese for Affirmative Action, 2020), and the FBI warned of a surge in hate crimes targeting Asian Americans (Margolin, 2020).

Singling out a racial/ethnic group for blame during infectious disease outbreaks is unfortunately quite common. In particular, a history of anti-Chinese sentiment (White, 2020), due in part to stereotypes as “perpetual foreigners” (Huynh, Devos, & Smalarz, 2011) who are “dirty” and “disease-ridden” (Eichelberger, 2007), has been propagated on several occasions, including most recently with SARS in 2003 (Person et al., 2004). Anticipating and experiencing race-based stigma and discrimination during infectious disease outbreaks can increase risk for mental health problems, especially when combined with outbreak-related stressors and potentially traumatic experiences such as witnessing and caring for those who are severely ill, dealing with substantial mortality and bereavement, and experiencing food and resource insecurity (Shi & Hall, 2020; Shultz, Baingana, & Neria, 2015).

As national and international efforts to understand and respond to the psychological effects of the COVID-19 pandemic are being designed and deployed, we implore researchers, practitioners, and policymakers to also consider the potentially traumatic effects of these anti-Asian sentiments during both the height of the pandemic and longer-term recovery. It is imperative to consider the additional harms of anti-Asian stigma and discrimination through (a) research—examining how it affects mental health and recovery, (b) practice—implementing evidence-based stigma reduction initiatives, and (c) policy—coordinating federal response to anti-Asian racism including investment in mental health services and community-based efforts. We elaborate on each of the three areas below.

Research: Examine How Anti-Asian Stigma Affects Mental Health and Recovery

The COVID-19 pandemic is likely to impact population mental health in profound ways. Mental disorders (e.g., depression, anxiety, posttraumatic stress disorder) and subclinical stress responses (e.g., fear, sleep disturbances) are common disaster sequelae that can last for months or years (Benedek, Fullerton, & Ursano, 2007; Goldmann & Galea, 2014), as in past infectious disease outbreaks (Blendon, Benson, DesRoches, Raleigh, & Taylor-Clark, 2004; Jeong et al., 2016; Peng et al., 2010). Compared to recent disasters and other types of mass trauma, the current pandemic is unique in its enormous impact on morbidity and mortality and the social and economic environment globally. These factors, coupled with increasing anti-Asian rhetoric and actions, risk increasing inequities in mental health outcomes and service use for Asian groups.

Racial discrimination such as being treated unfairly, hassled, or made to feel inferior has been linked with worse mental health including general distress, depression, and anxiety

(Vines, Ward, Cordoba, & Black, 2017; Williams & Mohammed, 2009); this relationship also holds true for Asian Americans (Gee, Ro, Shariff-Marco, & Chae, 2009). In particular, Asian Americans are often viewed as less patriotic than and less similar to other Americans (Gee et al., 2009). Initial data suggests that Asians have experienced increased discrimination specifically due to people thinking they might have the coronavirus (Liu & Finch, 2020). Fear and anticipation of future stigma and discrimination due to coronavirus may also contribute to greater anxiety and uncertainty both during and following the pandemic (e.g., reentry into job market, students returning to school). Accordingly, many Asian communities have to contend with the ramifications not only of the outbreak but also the associated stigma during their psychological recovery. Moreover, there is also substantial evidence that Asian Americans are less likely to receive mental health services (Ihara, Chae, Cummings, & Lee, 2014; Kim, Park, Storr, Tran, & Juon, 2015), due in part to perceived discrimination (Burgess, Ding, Hargreaves, van Ryn, & Phelan, 2008). This “double stigma” of being a minority and having mental health problems impedes help-seeking (Gary, 2005); thus, the rise in anti-Asian stigma may further exacerbate these preexisting inequities. Understanding the intersection of current mental health needs, COVID-related drivers of distress, and anti-Asian stigma is critical to address mental health issues, promote well-being, and achieve community recovery as the pandemic and its consequences continue to unfold.

Practice: Implement Evidence-Based Stigma Reduction Initiatives

Misleading media coverage can perpetuate fear during a pandemic and contribute to racial discrimination (Wen, Aston, Liu, & Ying, 2020); in the United States, xenophobic rhetoric and policies following the 9/11 terrorist attack have been linked to greater violence against targeted communities that continues to persist today (South Asian Americans Leading Together, 2014). The WHO and Centers for Disease Control and Prevention (CDC) have already issued statements against anti-Asian stigma (CDC, 2020; WHO, 2020a), but providing education alone is often ineffective (Corrigan et al., 2001). What began as stigma toward individuals in one region of China has now been generalized to anyone of East Asian descent (“Stop the Coronavirus Stigma Now,” 2020). To address this generalization of stigma, we must leverage insights from empirically tested strategies. Beyond education, we recommend actively challenging stereotypes by presenting them as “unrepresentative or atypical” (Smith & Zarate, 1992)—that is, “individuals who look like they are from China are not more likely to spread coronavirus,” and via contact-based approaches (Corrigan et al., 2001)—that is, presenting Asian American individuals who disconfirm stereotypes by actively combating spread of the virus, which have shown efficacy for reducing stigma previously (Chen, Purdie-Vaughns, Phelan, Yu, & Yang, 2015). For example, the First Lady of New York City released a video on Twitter building solidarity with Asian Americans as part of the United States and sharing their roles on the frontlines (McCray, 2020). Messages like these can be disseminated via mass media channels. Although negative media portrayals often contribute to stigma, positive mass media campaigns can be effective at breaking stereotypes and decreasing prejudice (Clement et al., 2013; Knifton & Quinn, 2008). Further, we must harness novel dissemination strategies and promote these messages on

social media (Iwai, 2020), which could help counter the misinformation being perpetuated on these platforms (Shu & Shieber, 2020).

Policy: Coordinate Federal Responses to Anti-Asian Racism Due to COVID-19

National leadership is essential to speak out against anti-Asian stigma and coordinate an effective response. In the United States, current monitoring is being conducted by nongovernmental agencies (Asian Pacific Policy and Planning Council & Chinese for Affirmative Action, 2020), but there has been no federal public health response to this documented rise in harassment and hate violence. Over 450 civil rights, social justice, and labor organizations have called on Congress to denounce anti-Asian racism related to COVID-19 (National Council of Asian Pacific Americans, 2020). In contrast, during the SARS pandemic, the CDC led a rapid-response initiative to counter anti-Asian sentiments including monitoring stigmatizing attitudes and behaviors in the general population and media and working with Asian American communities to develop and deploy several culturally tailored interventions (Person et al., 2004). Evidence already indicates that the pandemic disproportionately affects racial/ethnic minorities including immigrants, who are more likely to have limited health care access, precarious work, and lack of social protections (Devakumar et al., 2020). Government leaders must directly address anti-Asian harassment and violence and provide targeted health, economic, and social assistance. In addition, to respond to this anticipated increase in mental health problems, we call on national, state, and local agencies to ensure investments in culturally appropriate mental health services and community-based outreach to Asian communities that may be disproportionately affected. In addition to improving national responses to the growing threat of global pandemics, this presents opportunities to simultaneously mitigate the effects of stigma and psychological trauma in future viral outbreaks (Phua & Lee, 2005).

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