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# The Effects of COVID-19 on Asian American Perception of Mental Health

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# The Effects of COVID-19 on Asian American Perception of Mental Health

## Abstract

This study describes a qualitative study using a grounded theory, constructivist approach, which sampled ( $N = 6$ ) Asian American college students who lived in the United States during the peak of the COVID-19 pandemic. Research shows that COVID significantly impacted the Asian American perception of mental health, including mental health help-seeking behaviors and discrimination experienced. The long-term effects of this are still largely unknown. In depth, semi-structured interviews were used to explore the lived experiences of these Asian Americans. Qualitative analysis revealed thematic differences for the following themes: (a) experience with mental illness, (b) mental health help-seeking behaviors, (c) mental health stigma, (d) discrimination, and (e) social privilege. Findings from this study give important areas of consideration for clinical work regarding Asian American COVID-19 based trauma; insights about cultural stigma, discrimination experienced, and mental health coping behaviors may facilitate greater understanding in the therapeutic space for clients in this demographic.

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The Effects of COVID-19 on Asian American Perception of Mental Health

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A Thesis

Presented to

the Faculty of the Morgridge College of Education

University of Denver

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In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

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by

Emily Tseung

June 2024

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Advisor: Ruth Chao  
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### **Abstract**

This study describes a qualitative study using a grounded theory, constructivist approach, which sampled ( $N = 6$ ) Asian American college students who lived in the United States during the peak of the COVID-19 pandemic. Research shows that COVID significantly impacted the Asian American perception of mental health, including mental health help-seeking behaviors and discrimination experienced. The long-term effects of this are still largely unknown. In depth, semi-structured interviews were used to explore the lived experiences of these Asian Americans. Qualitative analysis revealed thematic differences for the following themes: (a) experience with mental illness, (b) mental health help-seeking behaviors, (c) mental health stigma, (d) discrimination, and (e) social privilege. Findings from this study give important areas of consideration for clinical work regarding Asian American COVID-19 based trauma; insights about cultural stigma, discrimination experienced, and mental health coping behaviors may facilitate greater understanding in the therapeutic space for clients in this demographic.

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This thesis is for my parents, who have always supported my dreams. You have never doubted me for a moment, and I will always be grateful beyond words. Thank you for the constant reassurance and answering my 3 AM phone calls, I love you.

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## **Chapter 1: Introduction**

At the beginning of 2020, an unprecedented illness swept the world.

The COVID-19 virus prompted a pandemic and changed the status quo dramatically. It was reported the virus originated from China, which sparked a wave of discrimination and blame toward Asian Americans (Zhu, Wei, & Niu, 2020). This was exacerbated by the political climate and US government policy, which endorsed sinophobic rhetoric (Estacio, 2022). Changes in the perception of Asian Americans induced higher rates of fear, anxiety, and other mental issues during this time (Jackson et al., 2020; Lee & Waters, 2020). These feelings continued throughout the peak of the pandemic, from 2020 to 2022.

This work addresses the Asian American perception of mental health and how it has changed compared to their experiences before COVID-19. Specifically, it examines Asian Americans' experience of mental illness, experience of discrimination, and their help-seeking behaviors. These experiences were heavily affected by COVID; there exists robust literature detailing this population's experience during the pandemic. Despite a wealth of literature describing lived experiences during the pandemic, there is currently little literature regarding the long-term effects of the pandemic on Asian American mental health. This may be due to the recency of the event. Many possible changes may be colloquially known, but little is currently documented. This study aims to begin bridging the gap between the pre- and post-COVID experiences of Asian Americans



using a qualitative approach, grounded theory, and a constructivist approach. Data was collected through semi-structured interviews and analyzed using constant comparison. This is consistent with typical qualitative methodology (Tenny et al., 2022; Tie et al., 2019).

The thesis is structured as follows. After this introduction is the literature review, where in-depth synthesis on existing literature is examined. This provides important context to the issues Asian Americans experienced both before and during the pandemic. Following this is the methods section, which explains the approaches used for sampling, data collection, and data analysis; this section also addresses potential bias in the study process. After this is the results section, which details what themes were found regarding discrimination, experience of mental illness, and mental health help-seeking behaviors of the participants. Next is the discussion, which explains why the themes found during data analysis are relevant, including how they align with the body of literature. Last is the conclusion, which summarizes the main findings of the study and links it back to the guiding research questions.

## **Chapter 2: Literature Review**

### **Asian Americans and COVID-19**

The onset of the COVID-19 pandemic served to exacerbate mental health issues in the United States, with almost half of all Americans surveyed by the National Institutes of Health reporting feelings of anxiety or depression (National Institutes of Health, 2022). With news breaking that the origin of the virus was Wuhan, China, reports calling it the “Wuhan Virus” or “Chinese Virus” quickly began circulating (Zhu, Wei, & Niu, 2020). Comments from political figures using this rhetoric were prominent, exacerbating a rise in anti-Asian American discrimination (Estacio, 2022). Examples of this include microaggressions, vicarious discrimination, and hate crimes (Lee & Waters, 2020). Asian Americans reported a 145% increase in hate crimes in the 16 most populated cities in the US in 2020 compared to reported rates in 2019. In addition, 30% of Americans polled blamed Chinese people, or China as a country, for the spread of COVID-19 (Jackson et al., 2020).

Though those of Chinese descent reported greater levels of discrimination, usually verbal harassment, the Asian American community was scapegoated for the spread of the virus (Han, Riddell, & Piquero, 2022). Those who identified as East Asian reported more discrimination during the pandemic than their South and Southeast Asian counterparts (Yi et al., 2022). 58% of Asian adults in the United States post-pandemic reported that people are now more likely to express racist views to them (Ruiz et al., 2020).

Asian Americans have displayed higher rates of anxiety since the COVID- 19 pandemic. Responses for Mental Health America’s anxiety screening tool rose 39% for Asian Americans compared to levels before the pandemic (Gover et al., 2020). In Asian American college populations, it has been reported that greater COVID-19 related racial and ethnic discrimination were more likely to have anxiety, depression, suicidal ideation, non-suicidal self-injury, and binge drinking (Zhou et al., 2021).

## **Asian Americans and Discrimination**

### ***Context of Discrimination***

The United States has a history of Anti-Asian rhetoric which traces back to the mid-1800s, beginning during the California Gold Rush and construction of the Transcontinental Railroad. Tensions rose when American workers felt threatened by Chinese immigrants “taking” their jobs for less pay, which lessened the number of available positions (Estacio, 2022). This brought about the classification of Asians in the United States as the “yellow peril” - a colorist term which categorized Asians as a threat to Western society (Odijie, 2017). These were the historical underpinnings of discrimination against Asian Americans.

Asian stereotypes and tropes birthed during this time persist today, including that of the “perpetual foreigner”; this term refers to the inclination of White Americans to treat Asian Americans as outsiders or that they do not belong in the US. The effects of the perpetual foreigner trope have led to lower life satisfaction and lower feelings of social belonging (Huynh, Devos, & Smalarz, 2011). More forms of discrimination and stereotyping evolved over the years, including the “model minority myth” and microaggressions which affect Asian Americans disproportionately.

The model minority myth is the stereotypical perception that Asian Americans can achieve tenets of the American dream with little psychological adjustment or hardship, making them a “model” for other minorities (Gupta et al., 2011; Sue et al., 1995). Racial microaggressions are, “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color” (Sue et al., 2007, p. 271). There are 8 microaggression themes, including “alien in own land”, which pertains to Asian Americans more than other ethnic groups; this theme aligns with the idea of the perpetual foreigner. It is important to note that there exist variations in how subgroups of Asian Americans encounter discrimination. Those who identify as South and East Asian are more likely than other Asian groups to report institutional racism, and South Asians are more likely to report microaggressions (McMurty et al., 2019). According to Sue et al. (2007), Asian Americans’ experience of microaggressions distinctly differs from other marginalized groups.

### **Discrimination During and After COVID-19**

Much of the historical context of prejudice against Asian Americans encompasses the types of social discrimination this population receives. Discrimination specifically against Asian American Pacific Islanders is frequently disregarded because of the model minority stereotype (Ocampo & Soodjinda, 2015). However, Asian Americans experienced increased instances of direct discrimination during and after the pandemic. A rise in physical and verbal attacks toward Asian Americans has been reported post-pandemic, which have been described as, “overtly racist, blatant, and violent” (Sims et al., 2022, p. 211).

Vicarious discrimination was one of the most salient forms of discrimination experienced by Asian Americans during the pandemic. Research has suggested that this form of discrimination was the kind most experienced by Asian Americans during COVID-19 (Yi et al., 2022). This involves witnessing interactions of others and observing the behaviors of others, including verbal statements and nonverbal actions (Harrell, 2000). This experience has been shown to predict greater psychological distress and symptoms (Lu & Wang, 2021).

Due to the pandemic's nature, many had to rely on the internet and virtual news sources to keep informed about the world. This is projected to have a strong long-term effect on the Asian American population, as much of the vicarious discrimination experienced at the time was through online sources (Sigurvinsdottir et al., 2020). The vicarious discrimination felt during the pandemic is predicted to increase fear of future discrimination and violence against this population and their communities (Misra et al., 2020; Tessler et al., 2020).

### **Discrimination, Mental Health, and Physical Health**

Experiencing racial bias, or even anticipating racial bias, results in elevated levels of psychological stress for people of color (POC) (Alvarez et al., 2016; Nordal et al., 2016). Lack of social support, as seen during the pandemic, combined with experiences of discrimination has been shown to predict more health issues (Lee & Waters, 2020). The literature also suggests there is a positive relationship between poor health outcomes and self-reported discrimination for the Asian American population (Nadimpalli & Hutchinson, 2012). There exist gender differences in the perception of discrimination within the Asian American population. Although more Asian men report experiencing

discrimination, Asian women experience greater mental distress because of it. The threshold for what is considered discrimination is also lower for Asian women than for Asian men. However, both genders reported that discrimination was more strongly associated with negative mental health outcomes than physical health outcomes (Hahm et al., 2010).

Discrimination may result in increased risk of physical disease and cognitive and behavioral issues (Carter, 2007; Carter et al., 2017; Clark et al., 1999; Harrell, 2000; Pieterse et al., 2012; Williams et al., 2021). This effect has been noted throughout history, as Japanese Americans who were in internment camps exhibited about two times the average rate of heart problems and suicide compared to the non-interned population (Jensen, 1998). POC who experience daily discrimination are more likely to have cardiovascular problems, respiratory issues, back problems, neck problems, chronic pain, and depression; this effect is stronger for Vietnamese, Filipino, and Chinese Americans (Gee et al., 2007; Gee et al., 2009; Wu et al., 2020).

### **Asian Americans and Mental Health Stigma**

There exists a well-documented history of stigma against mental health in the Asian community. This stigma is often attributed to cultural factors, specifically the way physical and mental health is conceptualized in one's culture (Leong & Lau, 2001). For example, Asians are more likely to attribute symptoms of mental illness to a physical ailment than its true origin. Asian culture also values the concept of "saving face," typically defined as the ability to seem in control of one's life (Maeshima & Parent, 2020). An inability to save face is thought to result in feelings of shame from internal and

external sources. Another barrier to Asians accessing mental health is a lack of culturally appropriate interventions, making the therapeutic process feel alien (Sue et al., 2012).

Though these effects are widespread in the Asian community, there exist differences between mental health perceptions for those acculturated to Western culture and those who are not. Asian Americans born in the US typically utilize mental health services more than 1<sup>st</sup> generation Asian immigrants, and those who were 3<sup>rd</sup> generation immigrants or later show even higher rates of use (Abe-Kim et al., 2007). Despite this, Asian Americans are identified as less likely to seek out mental health services compared to their peers (Cheng et al., 2018).

Another limitation to accessing mental health services with this population is a lack of recognition regarding when to seek mental health services. Many Asian Americans were not raised with schemas of mental health, resulting in even greater reluctance to seek out mental health services. It has been reported that Asian Americans born in the US experience this strongly and are usually taught to control their emotions rather than express them (Kim, 2009). This likely feeds into previously existing mental health stigma, creating cycles of confusion on how to properly treat mental health issues. However, it has been demonstrated that using culturally specific interventions to educate people of color on mental health knowledge can increase acceptance of mental health issues both personally and for others (Kim et al., 2020; Reknes et al., 2019).

### **The Present Study**

Given this information, it becomes increasingly important to continue researching the effects of the pandemic on Asian American mental health. There is currently a gap in the literature regarding how COVID-19 has changed the Asian American experience of

mental health, especially long-term. This includes mental health help-seeking behaviors, attitudes toward mental health, and the types of discrimination experienced pre- and post-COVID. The three research questions which informed this study were: 1) How has Asian American perception of mental health changed before and after COVID? 2) How has Asian American experience of mental health changed before and after COVID? and 3) How has the form of discrimination Asian individuals experience changed before and after COVID? Therefore, this study aims to determine if Asian Americans' perception of mental health has changed after the COVID-19 pandemic.



### **Chapter 3: Methods**

Qualitative approaches in research are used to explore real-world issues which are not easily described by numerical data. This is especially pertinent when collecting data that describes an experience (Tenny et al., 2022). This study used a postpositivist, constructivist, grounded theory lens. Consistent with the grounded theory approach, this study used in-depth, semi-structured interviews to collect data (Tie et al., 2019). Please see the Appendix for the interview questions used.

#### **Addressing Bias**

To mitigate potential bias during this process, actions were taken to ensure credibility, trustworthiness, and self-reflexivity throughout the study. All communications with participants were done professionally and only through email via the University of Denver's (DU) Outlook application. The principal investigator had a personal relationship with some participants. To minimize bias while collecting data, boundaries were set around discussing the study; the principal investigator and participant never discussed the interview or study process unless through email communications. When conducting interviews, both participants and the principal investigator kept cameras off to minimize bias from visual appearances.

During data analysis, the primary investigator analyzed the interviews and came up with a list of themes which emerged. These themes and transcripts were then reviewed by the faculty sponsor to ensure the data was internally valid and coherent, the analysis was

unbiased, and that the data reflected the participants' experiences accurately. Faculty sponsor and primary investigator agreed upon the themes presented.

### **Participants**

This study consisted of Asian American individuals ( $N = 6$ ) who lived in the United States during 2020-2022. At the time of interviewing, all participants resided in the state of Colorado and were students at the University of Denver. The participants were between 18 and 34 years old. Participants identified their gender as female ( $N = 5$ ) and male ( $N = 1$ ). Participants reported their relationship status as single ( $N = 3$ ) and married ( $N = 3$ ). Regarding ethnicity, participants identified as Korean ( $N = 2$ ), Pakistani ( $N = 1$ ), Chinese ( $N = 2$ ), and Filipino ( $N = 1$ ). Participants reported their sexual orientation as heterosexual ( $N = 2$ ) and bisexual ( $N = 4$ ). Three of six participants were in the DU Counseling Psychology program. See **Table 1** for participants' self-selected pseudonyms paired with their demographic information.

### **Data Collection and Recruitment**

Participants needed to meet four criteria to qualify for participation: (a) identified as Asian American, which was defined as, "Individuals who ethnically identify as "Asian" that reside full-time in the United States." (b) lived in the United States during the peak of COVID-19 during the years 2020 to 2022 (c) attend the University of Denver (d) were at least 18 years of age. Snowball sampling and targeted convenience sampling were used to recruit participants (Gardner, 2009); recruitment was incentivized with monetary compensation in the form of a \$25 Amazon gift card. A digital flyer and a description of the study were emailed to listservs in the Morgridge College of Education to advertise. Individuals the author knew that met these criteria were asked if they would be interested

in participating; additionally, the author asked these individuals to forward information regarding the study to others they knew who met the criteria. Because the study focused on a specific set of intersectional identities, snowball recruitment was the most effective method.

Before recruitment, the author got approval to conduct the study from the University of Denver's Institutional Review Board (IRB). Once the IRB gave approval, participants were invited to fill out a Qualtrics form with their demographic information and a DU email for correspondence. Participants first had to give their implied consent by reading the informed consent document before advancing to the questionnaire. Once the form was completed, the author contacted the participant via DU's secure Outlook service to schedule an interview. All interviews were conducted through Zoom on campus at the Morgridge College of Education or remotely using GlobalProtect, the university's virtual private network.

At the start of the interview, each participant verbally consented to being recorded and interviewed. During the interview, participants answered 5 semi-structured interview questions regarding their: (a) experience during the peak of COVID (2020-2022), (b) experience with discrimination pre- and post-COVID, (c) experience with mental health pre- and post-COVID, and (d) mental health help- seeking behaviors pre- and post-COVID. Participants were asked to provide a set of initials to be used as their pseudonym throughout the results.

## Data Analysis

All interviews lasted between 25 to 30 minutes. Interviews were recorded and transcribed initially through Zoom's cloud recording service. Once the files were processed online, the transcripts were manually reviewed alongside the original to ensure encoding accuracy. Manual constant comparison was used to thematically analyze the transcripts. Many steps were taken to develop trustworthiness in the study. The primary investigator concluded that enough data had been collected once six interviews were conducted, as no new themes seemed to be emerging and participants' experiences began to overlap significantly (Hays & Singh, 2011; Wertz, 2005). Constant comparison was the analysis used to find narrative themes in the transcripts.

**Table 1**

*Participant Demographics*

<b>Participant Initials (pseudonyms)</b>	<b>Age Range (years)</b>	<b>Sexuality</b>	<b>Gender Identity</b>	<b>Relationship Status</b>	<b>Nationality</b>
I.D.	18-24	Heterosexual	Female	Single	Pakistani
Z.Z.	18-24	Bisexual	Female	Single	Chinese
E.Z.	18-24	Bisexual	Male	Married	Filipino
M.K.	25-34	Bisexual	Female	Married	Chinese
B.J.	25-34	Heterosexual	Female	Married	Korean
J.D.	25-34	Bisexual	Female	Single	Korean

## **Chapter 4: Results**

Qualitative analysis of the interviews revealed thematic differences pre- and post-COVID for: (a) experience with mental illness, (b) mental health help-seeking behaviors, (c) mental health stigma, (d) discrimination, and (e) social privilege.

### **Mental Health Prior to COVID-19**

All participants in this study expressed that they were aware of their mental health issues before the pandemic but did not address it well. Many stated that their mental health was not a priority before COVID. Some participants noted a low sensitivity toward their mental health in conjunction with not prioritizing it. E.Z. said, “I just didn’t take care of it. I just figured like, if I’m stressed, if I’m overwhelmed, then that’s fine.” Similarly, Z.Z. said, “...I was aware that it was something that I needed to take care of, and I was aware that I was not necessarily doing a good job taking care of it.” This was often followed with the idea that mental health symptoms before COVID were less severe compared to after. As B.J. said, “I think it [mental illness] was there, but COVID really increased it a ton.”

### **Mental Health Help-Seeking Behaviors Before COVID**

Most participants noted a lack of mental health help-seeking behaviors prior to COVID. Only one out of six participants sought out mental health resources before the pandemic, specifically seeking therapy. As I.D. said, “When I was in high school, I was really depressed... I had to beg and cry for my parents to like, take me to see a therapist.”

Many participants noted barriers to accessing mental health resources, with the most common being financial hardship. M.K. said, “To be honest, mental health service is not cheap. I didn’t have that much money... I just didn’t feel it was in my financial capability.”

### **Asian Mental Health Norms**

Most participants noted that their experiences with mental health were highly influenced by Asian cultural norms they were raised with. In all Asian cultures, there still exists a stigma toward mental health. These issues are often ignored to save face toward others. E.Z. said,

“The country I’m from, the Philippines, is not very big on mental illness. Or not very understanding of it. Mental illness is not inherently a bad thing, but it is something that you just don’t talk about ever.”

I.D. also said:

“It was definitely hard, and regardless of how supportive my family was, there is still that ideal of like, we don’t do that. We don’t go through mental health issues, like, you’re not actually distressed. My dad would like, religiously tell me, ‘I.D., you need to pray, you need to like, hypnotize yourself’.”

This stigma was specifically noted to have influenced the participants’ mental health help-seeking behaviors prior to COVID. One participant explicitly identified experiencing stigma which came from social norms rather than their interpersonal relationships. M.K. stated:

“...there was definitely some stigma because I was born and raised in China, where people thought seeking help for mental health services means you’re sick; [it] means you’re abnormal or something’s wrong with you, means that you are not a decent citizen.”

### **Discrimination Prior to COVID-19**

Participants reported experiencing discrimination related to their ethnicity prior to COVID-19. Many participants specifically named feeling stereotyped with the model minority label. E.Z. shared,

“Prior to COVID, I feel like the rhetoric around Asians in particular was, like, more on the positive end of things... instead of people thinking less of you, there’s more expectations that you have to meet or exceed.”

The microaggression of “othering” came up frequently during interviews as well. For example, Z.Z. said, “People come up to you and they just kind of other you, you know, but they don’t actually like, say something racist to you.”

B.J. also said:

“...I grew up in a very White area, so, like, all my friends, all my classmates, everyone was very White. And it definitely felt like a hierarchy; like, I wasn’t necessarily discriminated [against] completely, but it was definitely a hierarchy. And I was looked down on.”

Similarly, J.D. said:

“When I was growing up – I grew up in a really, really White, conservative, religious area. I was one of very, very few people who weren’t White. And people would all the time like – I was kind of gaslit into believing it wasn’t a big deal

because everyone did it... but looking back, I got called so many slurs.”

Two of the participants noted that the main form of discrimination they experienced pre-pandemic was different than the experience of East Asian Americans. I.D. said:

“I think [it’s] a little less blatant as like, a Muslim person, and like, a Pakistani Asian. I think the US always kind of deems us as the enemy because of 9/11... being discriminated [against] for being Muslim before COVID was easy, like nothing new to me my whole life.”

### **Mental Health During COVID-19**

All participants expressed an increased awareness of their mental health during the peak of COVID-19. Every participant stated that their mental health worsened during quarantine in 2020. Most of them named that having an excess of free time in isolation allowed them to reflect on their mental health. Participants experienced varied levels of mental distress during this period; Z.Z. and I.D. described reaching “rock bottom” and having a “mental breakdown” respectively, explicitly because of the pandemic.

Participants experienced heightened anxiety and fear during the pandemic. This was usually in tandem with other negative symptoms of health. Z.Z. said, “I lost a lot of weight, because I was so anxious about everything that I couldn’t eat and it was just like, a lot of stuff going on.” Many participants expressed distress stemming from isolation during the quarantine period of COVID. Most participants named feeling lonely because they were disconnected from their communities and support systems.



M.K. said,

“Before COVID... I got face-to-face time with people, got to see my friends easily. But, during COVID, we didn’t see each other often. And, all the community events got cancelled... It was definitely more lonely.”

Z.Z. also described their experience as, “It’s just a very lonely time that had effects on my physical and mental health.”

### **Discrimination Experienced During COVID-19**

#### ***Conservative Areas and Rhetoric***

Some participants expressed that living in a politically conservative area intensified the race-based discrimination they experienced. Participants also expressed that older, White individuals in these areas would discriminate against them more often than their non-White counterparts. These participants also experienced more direct discrimination compared to those that resided in liberal areas during the pandemic. For example, I.D. said:

“I was at Costco with my family... and this [White] lady, like, reached for my mask. And I had to be like, ‘excuse me, step back!’. And she was like, ‘you don’t need to wear a mask... this is a free country! This is Texas, don’t you know you can’t do that?’”.

E.Z. also shared,

“...older Caucasians males would usually single me out and just like, say snide remarks like, ‘at least this one’s wearing a mask,’ or they’ll make comments about the pandemic going on just passively blaming me for it.”

### ***Liberal Areas and Rhetoric***

Other participants expressed that living in a politically liberal area during the height of COVID protected them from experiencing direct discrimination. However, this did not mitigate the negative mental health which came from the pandemic. As Z.Z. said, “I definitely felt more paranoid that I would be discriminated against, but I live in a pretty liberal area. So, like, there was no incident that actually occurred to me personally.” M.K. also said, “I was in university [during COVID-19] ... it was a relatively blue area and liberal area... the community was more accepting.”

### **Vicarious Discrimination**

All participants mentioned experiencing vicarious discrimination. Most participants reported experiencing vicarious discrimination and not direct discrimination.

B.J. said:

“I didn’t feel like I ever received it [discrimination] directly, but hearing about it so much made me really scared to go anywhere. I was already stuck staying inside, but then hearing about it really made you not want to go.”

All but one of the participants expressed that the vicarious discrimination they experienced felt actively traumatizing. All participants noted they connected with others during the pandemic's height using the internet. Participants also noted that they received much of their news via the internet, which accounted for the bulk of their vicarious trauma. J.D. explained:

“I didn't really encounter much firsthand [discrimination] just mostly because I wasn't really out that much. Most of my kind of experience with it was just like, kind of online, or like, just kind of like hearing other stories... that was really awful to see.”

Z.Z also said:

“...being alone, not being able to see any of your support system and knowing that that people who look like you were being killed, tortured just for looking like you. [it] probably changed me forever, in ways that I'll never, maybe ever fully heal from.”

### **Politics and Discrimination**

One participant, M.K., specified that the political climate in the United States during the peak of COVID negatively affected their mental health. They were in the US on a student visa at that time and had major concerns over deportation. They disclosed:

“And I was aware of my visas, my visa status as an international student. So, I worried about like, what are some policies that could come up that would kick me out? I kept checking on the time like, how much time do I have left here?”

This feeling did not dissipate until M.K. married their partner and received an Immigrant Visa for a Spouse of a US Citizen. Other participants reported a worry for family members which were out of the country at the beginning of lockdown. Z.Z. reported that their mother was in Wuhan, China at the start of the pandemic. There was fear that political tension would keep their mother stranded indefinitely, and she did not return home for over 4 months.

## **Mental Health Post-COVID-19**

Every participant voiced experiencing a heightened sense of anxiety compared to their pre-COVID levels. Some participants expressed an increased fear of being in crowds. E.Z. said,

“I’m definitely more anxious now than before COVID... I’m more cautious about my own health and wellbeing when I am in public... If I know I’m gonna be in a crowded area, I usually bring a mask with me.”

Other participants described feeling more comfortable if there were more people of color (POC) in their environment. As Z.Z. said, “Before COVID, I never used to count how many POC there were in the room, and now I do that quite frequently just to see.” Many participants also mentioned increased fear for the safety of their loved ones. B.J. said, “...If someone I care about dies and I’m left without them, that was more of the fear that it [COVID] instilled in me. So it made me a much more anxious person, for sure.”

Some participants voiced a persisting and intense anxiety at the time of interviewing. These participants shared that anxiety developed during the pandemic still negatively affects their daily life. For example, I.D. said regarding their current anxiety, “What you’re doing is trying to survive like, past the oppression past the pandemic and everything that comes after – all the ways that society globally has changed.” Z.Z. shared this sentiment when they said:

“...you’re still so scared and like, when nothing happens it doesn’t make you feel better. It just stretches the tension even further, and you’re just waiting and waiting and waiting for the other shoe to drop. Sometimes I feel like I’m still waiting for the other shoe to drop.”

All participants reported seeking mental health services after the pandemic. Multiple participants expressed that they felt safer doing this after COVID because they felt mental health was less stigmatized. I.D. said, “I think, also like after COVID, a lot of like, community resources are advertised more. Like, I can find them so much easier... there’s a lot more accessibility.” All participants also reported an improvement in their mental health after receiving mental health services. However, some participants believed their improvement was simply due to growing older. As Z.Z. said, “...I also think growing up kind of helps. You understand more what the things you actually need to do to care for yourself.”

### **Discrimination Post-COVID-19**

Participants reported a different experience of discrimination post-COVID compared to their pre-COVID experiences. Opinions on what these changes were differed significantly. J.D. shared, “From what I can tell, I feel like people have gotten more racist in general since COVID, not even just toward Asians, but overall.” Conversely, E.Z. said, “I think that the discrimination has moved from Asians being a model minority to some sort of enemy to watch out for, which on its own is very unpleasant.” This sentiment was echoed by B.J., who said, “It’s just, like, I do feel like the world is moving in a direction where they’re trying to not be so discriminatory but haven’t quite arrived yet.”

### **Performative Allyship**

Some participants believed that decreases in race-based discrimination is not due to greater empathy, but because society feels obligated to. B.J. described it as:

“Yeah, they [society] don’t want to. They’re just doing it [lessening discriminatory remarks] because they’re supposed to. It’s not even that they care or

feel bad, they just know, like, yeah you went through this, and we're all supposed to be better and not discriminate.”

J.D. did not think individuals were “being fake” but shifted their discriminatory remarks to microaggressions. Z.Z. echoed this and said, “... it's that kind of like, microaggression [where] they come up to you, and they say something in like, the wrong language.”

### **Privilege and COVID-19**

Participants described feeling a difference in the level of privilege afforded to them both within their ethnic group and in society; this was expressed both pre- and post-COVID. This difference felt prominent between Asian individuals and White individuals. I.D. said, “...you're not understanding the level of severity here. Like, as a White person, you don't get discriminated against but the rest of us do.” White privilege also manifested during COVID through social immunity. I.D. described a situation during the pandemic where White people would come to Korea town and partake in the culture with no fear of attack. They said:

“People would come to town to like, explore things. But, then it's always like, this weird feeling of... is this person going to attack me for something I don't have control over? Or are they going to understand that being in this space, you have to like, understand the culture... People who are not discriminated against, like White people, can't understand that.”

Two South Asian participants described experiencing a perceived hierarchy within their ethnicity. They felt their experiences of racism and discrimination differed in nature from East Asians. As E.Z. said, “...I'm South Asian, and we just have different, you know, social demographics compared to East Asians or mainland [Chinese] Asians

who are usually more well off.” He elaborated that he felt a “cultural divide” between him and other Asians, especially from the way he has been treated since moving to the United States. I.D. said:

“[I wasn’t discriminated against] as much for being Asian because, like, Americans don’t really see South Asian people as Asian. They like, there’s that stereotype that it’s like, Japanese, Chinese, and Korean people. And South Asian people, like, we don’t come into that category - but after COVID, I definitely felt it.”

## **Chapter 5: Discussion**

The findings of this study were mostly consistent with the current body of literature regarding the Asian American experience during COVID- 19, though there were new dimensions discovered about discrimination and mental health.

Before this study, there was little literature documenting discrimination Asian Americans faced after COVID-19. Like existing literature regarding Asian American discrimination prior to COVID, participants shared experiencing the model minority stereotype and microaggressions (Gupta et al., 2011; Sue et al., 1995; Sue et al., 2007). However, after COVID this discrimination has shifted. Current discrimination seems to combine pre- pandemic microaggressions with the harmful stereotype that Asian individuals were responsible for the spread of COVID. Multiple participants mentioned that people would make snide remarks about their health or purposefully keep a distance. People would also put Asian individuals into a dichotomy of “good” vs “bad” based on their mask usage. These events indicate movement from the model minority stereotype to a more hostile sentiment about Asian Americans.

Participants noted feelings of greater discrimination in politically conservative areas, which is congruent with current literature (Lee & Roemer, 2006; Sidanius et al., 1996; Smith, 2010). Those who lived in liberal areas during the pandemic reported no direct discrimination while those living in conservative areas did. All participants experienced vicarious discrimination regardless of where they lived.



Vicarious discrimination was the primary form of discrimination experienced by all participants. The level of mental distress a participant experienced was not correlated with the amount of direct discrimination they encountered. Many participants who only experienced vicarious discrimination described anxiety more intense and longer lasting than those who also experienced direct discrimination. This corresponds with current literature regarding this topic (Lu & Wang, 2021; Misra et al., 2020; Tessler et al., 2020).

All participants reported an improvement in their mental health post- COVID. This was attributed to seeking mental health resources during and after the pandemic, as well as increased mindfulness of their mental wellbeing. Some participants felt this increase was a natural consequence of maturation. There are not currently many studies addressing the effects of the pandemic on brain development and mental health. However, the literature thus far has found that adolescents have worse internalized mental health issues compared to previous data, a mental age greater than their physical age, and abnormal thicknesses in the amygdala and hippocampus (Gotlib et al., 2022). This may not be as apparent amongst the participants, as they were all older than eighteen at the beginning of the pandemic.

A difference in perspective was palpable between East Asian participants and South Asian participants. This is reflective of the current literature (Kurien & Purkayastha, 2024; McMurty et al., 2019). South Asian participants noted being discriminated against more for wearing masks than for being Asian. This was attributed to South Asians not being considered “real Asians” in the United States. These participants encountered more discrimination when around East Asian individuals than they would alone. They also noted that they experienced little to no discrimination for being Asian pre-pandemic

compared to East Asian people. Post-COVID, these participants experience more race-based discrimination and have heightened anxiety over being discriminated against.

There were distinct differences in the Asian American perception of mental health, the Asian American experience of mental health, and the type of discrimination experienced pre- and post-COVID-19. Participants experience less stigma over mental health and seeking mental health services, as it seems to be more socially acceptable after the pandemic; one of six participants sought mental health services prior to COVID, but all of them did after. Participants reported greater general anxiety and mental distress in compared to pre-COVID levels. This anxiety manifests into daily life and has changed how participants behave in public places due to fear of race-based discrimination. Discrimination participants presently experience is described as more aggressive and blatant than before the pandemic. Participants feel the “perpetual foreigner” trope has increased in popularity since Asians are now associated with illness.

### **Implications**

This study provides important information about the long-term effects of the COVID-19 pandemic on the Asian American perception of mental health. Since the event is still considered recent there are little to no studies about the longitudinal effects it had on society, especially Asian Americans. The implications of this study may be used to inform how to address pandemic trauma in Asian Americans, as well as begin tracking the lasting effects of race-based discrimination which occurred during COVID. It may also help inform the conceptualization of Asian Americans in a therapeutic space. The data indicates there is permanently heightened fear and anxiety within this population, which may lead to negative physical health outcomes. Increased tracking and cataloging

of Asian American physical health become paramount to uncovering the impact of this massively traumatizing event for such a large population.

As learned in this study, Asian Americans seem to be seeking mental health resources at a greater rate compared to pre-pandemic. Though this is partially attributed to less mental health stigma in society by participants, it remains unknown if this is a universally accepted belief in the community. The literature has explored mental health stigma in older Asian individuals, but no studies have examined this post-COVID. Certain demographics within the Asian American community may have been disproportionately affected, which requires additional research to confirm.

Regarding current discrimination, participants reported facing greater and more intense race-based discrimination compared to before COVID-19. Many described a general shift in hostility away from the model minority stereotype toward the perpetual foreigner trope; all participants described feeling associated with illness by non-Asian individuals. This may have implications about the social standing of Asian Americans in the US. It is possible the social capital Asian Americans have in the United States has diminished as a result, though confirmation of this necessitates further research.

### **Limitations**

Although this study makes novel contributions to the body of literature about COVID-19 and its effects on Asian American mental health, there are limitations which should be noted. Because all participants were DU students, the data was limited to a very specific demographic's experiences during the pandemic. Future studies should explore a wider range of perspectives from those who are not pursuing a college education. It would also be helpful for future research to include a greater number of individuals with

more variation in ethnicity; this data would provide important information on in-group differences within the Asian American COVID-19 experience. Since snowball sampling was used to recruit participants, the data collected reflected the perspectives of those willing to share adverse experiences. It is possible many individuals still carry unprocessed trauma from this time, or others still feel stigma against discussing their mental health.

## **Chapter 6: Conclusion**

Overall, this study adds to the limited body of literature about the prolonged effects of the COVID-19 pandemic on the Asian American perception of mental health. Differences in the experience of mental health, mental health help-seeking behaviors, and discrimination before and after the pandemic are salient for Asian Americans in ways which are still developing. Knowing how these changes occurred and how they affect the holistic Asian American experience helps inform future interventions and therapy practices.

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## Appendix

### *Interview Questions*

1. Tell me about your experience during the COVID-19 pandemic. Did you encounter any discrimination?
2. How would you describe your experience with discrimination prior to COVID? How would you describe it now?
3. How would you describe your attitude toward mental health before COVID? Has that changed as you've gotten older?
4. How would you describe your mental health now, post-COVID?
5. Describe to me your relationship with seeking mental health resources. Has that changed because of COVID?