

COVID-19 Anti-Asian Racism: A Tripartite Model of Collective Psychosocial Resilience

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Anti-Asian racism has spiked since the outbreak of the coronavirus 2019 (COVID-19) pandemic, creating compounded threats to Asian Americans' psychological wellbeing on top of other pandemic stressors (e.g., fears of infection, financial insecurity, or quarantine isolation). COVID-19 anti-Asian racism signifies the relevance of race and racism during public health crises and highlights the importance of examining the psychological impacts of racialized stress and avenues for resilience during a pandemic. This article describes a conceptual model that emphasizes the importance of rechanneling the experience of COVID-19 anti-Asian racism toward resilience. Specifically, the proposed model identifies a tripartite process of collective psychosocial resilience, comprised of (a) critical consciousness of discrimination as a common fate, (b) critical consciousness-informed racial/ethnic identity, and (c) advocacy, for empowering Asian Americans and protecting them against the harmful effects of COVID-19 anti-Asian racism during and beyond the pandemic. Theoretical and empirical underpinnings of the proposed tripartite process for cultivating resilience against COVID-19 anti-Asian racism are delineated. Practice implications and future research directions, as informed and revealed by the conceptual model, are discussed.


Public Significance Statement

The surge of coronavirus 2019 (COVID-19) anti-Asian racism has likely resulted in harmful psychological impacts among Asian Americans. This article highlights critical consciousness of discrimination as a common fate, critical consciousness-informed racial/ethnic identity, and advocacy as avenues for fostering individual and collective resilience against the pernicious effects of COVID-19 anti-Asian racism. These proposed avenues have the potential to channel the experience of racism and social fractures uncovered through the COVID-19 pandemic toward empowerment and solidarity.

Keywords: COVID-19, anti-Asian racism, critical consciousness, racial/ethnic identity, advocacy

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On May 7, 2020; United Nations Secretary-General António Guterres (2020) warned that the coronavirus 2019 (COVID-19) pandemic “continues to unleash a tsunami of hate and xenophobia, scapegoating and scare-mongering.” Indeed, a surge of racist incidents (e.g., physical assault, verbal harassment, or online racial discrimination) targeting individuals of Asian descent has been reported in the United States and globally since the outbreak of the COVID-19 pandemic, with over 1,800 reports in the United States alone over an 8-week period (Borja et al., 2020; also, see Cheah et al., 2020). A Pew survey indicated that since the outbreak of COVID-19, about 40% of Asian American adults reported that people acted uncomfortably around them, 31% experienced racial/ethnic slurs or jokes, and 26% feared physical attack (Ruiz et al., 2020).

At the core of this anti-Asian sentiment is the blaming of Asian Americans as the source of the COVID-19 pandemic in the United States (Tavernise & Oppel, 2020), which parallels the stereotyping of Arab Americans as terrorists and the spike of hate crimes directed at them following the September 11 terrorist attacks (American-Arab Anti-Discrimination Committee Research Institute, 2008). Anticipating and experiencing discrimination during infectious disease outbreaks (e.g., the 2014 Ebola outbreak) can increase risk for mental health problems (Shultz et al., 2015). As such, COVID-19 anti-Asian racism represents a compounding stressor that can compromise Asian Americans’ psychological wellbeing. Understanding COVID-19 anti-Asian racism and identifying channels to alleviate and prevent its negative psychological impacts is, therefore, imperative and

falls within the social justice mandate of psychologists to address the suffering of marginalized communities (Vasquez, 2012).

Conceptual Model and Key Principles

This article describes a model of tripartite collective psychosocial resilience against COVID-19 anti-Asian racism (see Figure 1) that provides psychology practitioners and researchers with a blueprint for their work with Asian Americans during (and after) this racialized pandemic. In addition to outlining the adverse psychological impacts of COVID-19 anti-Asian racism, the model highlights the importance of empowering Asian Americans through a tripartite process of collective psychosocial resilience comprised of: (a) critical consciousness of discrimination as a common fate, (b) critical consciousness-informed racial/ethnic identity, and (c) advocacy. Proposal of this tripartite process of collective psychosocial resilience is informed by social identity literature indicating that awareness of discrimination can evoke shared marginalized identities to facilitate group solidarity for personal and collective empowerment (Cortland et al., 2017; Craig & Richeson, 2012; Vollhardt et al., 2016); and that a clear and committed racial/ethnic identity can protect against the harmful effects of racism (Umaña-Taylor et al., 2014; Yip et al., 2019). A review of the social identity literature informing the proposed tripartite process of collective psychosocial resilience is provided in the sections to follow. Critical consciousness refers to a critical reflection on systemic inequities and oppression in society, one’s place in it, and subsequent motivation and action to confront oppressive social structures (Freire, 1970; Watts et al., 2011). Racial/ethnic identity is defined as the attitudes and beliefs people hold about their memberships in their racial/ethnic groups (Phinney, 1992; Umaña-Taylor et al., 2014). Finally, advocacy refers to activities that facilitate the removal of systems of oppression and elimination of barriers to human rights and well-being (Goodman et al., 2018). Several principles guiding our model are described below:

1. *Asian Americans* refers to individuals of Asian descent in the United States. Under this umbrella term, a wide diversity exists, including different languages, ethnicities, and cultural practices, but when it comes to racism, there is much shared similarity. For example, many Asian Americans of East or Southeast Asian descent (e.g., Chinese, Filipino, Hmong, Japanese, Korean, Taiwanese, Thai, Vietnamese, etc.) have reported hate incidents directed at them because of COVID-19, including being the target of anti-Chinese rhetoric (Borja et al., 2020). South Asian Americans, although less likely to be targets of anti-Chinese rhetoric, have also reported COVID-19 racism in the form of xenophobia and Islamophobia (Hussain, 2020). However, some constructs in our model (see Figure 1), may not be relevant to all Asian Americans. For example, COVID-19 racial scapegoating



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may not apply to South Asian Americans. Instead, their generally darker skin tone than many East and Southeast Asians may make them vulnerable to racism during and beyond the pandemic, as research indicates darker skin is associated with greater reports of discrimination in Asian Americans (Lee & Thai, 2015).

2. The adverse impacts of COVID-19 anti-Asian racism are likely wide-ranging (e.g., physical health; Lewis et al., 2015). However, in this article, we focus only on mental health and identity impacts because of literature indicating that exposure to racism, as an identity-based bigotry that targets not only the individual but also the group (Miller & Kaiser, 2001); is linked to poor mental health (e.g., Gee et al., 2009) and harm to personal and collective identities (e.g., Yip, 2016). Relatedly, possible mediators such as cognitive appraisal and coping responses between COVID-19 racism and psychological outcomes are not depicted in the model, nor reviewed in this text, given the length limit of the current article.
3. While emphasizing the impact of anti-Asian racism, the present model recognizes multiple layers of ecological, social, and individual stressors during the COVID-19 pandemic. Other pandemic-related stressors (e.g., job loss) and preexisting vulnerabilities (e.g., mental health diagnoses) will likely increase susceptibility to the sequelae of COVID-19 anti-Asian racism. On the other hand, personal, familial, and contextual resources (e.g., social support) will reduce the deleterious impact of COVID-19 racial bigotry. Relatedly, demographic differences, such as variations based on gender, ethnicity, or immigration, are also expected.

4. Finally, we do not claim that collective psychosocial resilience is more crucial than other pathways (e.g., federal policy change), or that it is a panacea for anti-Asian racism.

The following sections describe COVID-19 anti-Asian racism and its potential adverse psychological impacts, with consideration of the broader societal context within which they occur. We then articulate theoretical and empirical foundations for the proposed tripartite process of collective psychosocial resilience that will provide strength and hope for Asian Americans. We conclude the article with a discussion of implications for practice and research.

COVID-19 Anti-Asian Racism and Its Broader Societal Context

Our model (see Figure 1) offers five interrelated constructs to situate various forms of COVID-19 anti-Asian racism, while recognizing that racism can take place at multiple (e.g., structural, cultural, individual; Williams et al., 2019) levels: (1) *Racial scapegoating*. The Trump administration has repeatedly used terms like the “Wuhan virus” and the “Chinese virus” to describe COVID-19, which has led to racial scapegoating of Asian Americans and spikes of hate incidents (Borja et al., 2020), signifying government sanctioned racism against Asian Americans. (2) *Racial objectification*. Regardless of actual ethnic backgrounds, many individuals of East or Southeast Asian descent are lumped together as “Chinese” and shunned as contagious racial objects (Borja et al., 2020). That is, many Asian Americans of different ethnicities are relegated as “interchangeable with other objects of the same type” (Nussbaum, 1995, p. 257)—in this case, objects with COVID-19. (3) *Denigration*. Many Asian Americans, ethnic businesses (e.g., Asian restaurants), and cultural heritages have been defamed, insulted, and ridiculed (e.g., Asians referred to as “bat eaters;” the martial arts, Kungfu, mocked as “kung flu”), indicating both individual and cultural racism. (4) *Ostracization*. A content analysis of anti-Asian xenophobic comments reported between March and May 2020 found 20.3% involved anti-immigrant nationalism (Borja et al., 2020), even though many Asian Americans have generations of ancestry in the United States. Also, xenophobia, expressed in Islamophobia, has disproportionately affected South Asian Americans during the pandemic (Hussain, 2020). (5) *Dehumanization*. Many Asian Americans are treated like animals (e.g., “you monkey”) or viruses that deserve to be attacked (e.g., stabbed, immolated; Cheung et al., 2020).

Although COVID-19 racism shares some similarities (e.g., ostracization) with historical markers of anti-Asian racism (e.g., the Chinese Exclusion Act in 1882; Japanese Internment during World War II), it is distinct in that people of Asian descent are seen as the cause of a global infectious disease and that the number of anti-Asian hate incidents has



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grown exponentially within a short period of time (Borja et al., 2020), creating an intense surge of racial stress. To be sure, however, the racialization of diseases is not new. In fact, Asian Americans were also stigmatized and discriminated during the severe acute respiratory syndrome (SARS) outbreak in 2003 (Person et al., 2004); but the number of anti-Asian incidents reported during the current COVID-19 pandemic far outnumbers that during the 2003 SARS outbreak (Tessler et al., 2020). Discrimination against non-Asian groups (e.g., Africans) has also been reported during other disease outbreaks (e.g., the Ebola pandemic; Kim et al., 2016), attesting to the racialization of diseases that disproportionately and adversely affect people of color across the globe.

Another striking demarcation of COVID-19 anti-Asian racism is that it is exacerbated by an insidious form of discrimination that renders Asian Americans' concerns invisible (Sue et al., 2007). Anti-Asian COVID-19 racism is inseparable from the longstanding, societal stereotype of Asian Americans as perpetual foreigners (Sue et al., 2007). This stereotype reinforces Asian Americans' invisibility and ignores their needs by relegating them as not "real" Americans, which contributes to governmental neglect in providing linguistically accessible COVID-19 testing and prevention information to some Asian immigrant communities (della Cava, 2020).

Beyond the perpetual foreigner stereotype, the model minority stereotype also compounds the invisibility of Asian Americans. This myth, which assumes Asian Americans are successful and have few problems (Sue et al., 2007); has

been used to deny racial discrimination and disparities encountered by Asian Americans. For example, the jobless disparities of Asian Americans (10.7% in August 2020; compared with 7.3%, 10.5%, and 13% for White, Latinx, and Black Americans, respectively) during the pandemic have not received adequate notice by the government and the public (Horsely, 2020). Systemic racism is also reflected in health disparities, including a lack of effort to address the highest COVID-19 case-fatality rate among Asian Americans relative to all other groups in some regions of California (della Cava, 2020). As well, systemic racism has interacted with other stratification forces (e.g., classism) to exacerbate discrimination and intersectional oppression to vulnerable Asian subgroups and communities (e.g., minimum-wage workers) who do not fit the model minority stereotype. For example, systemic discrimination (e.g., housing, employment, or health care) based on class, caste, immigration status, religion, and sexual orientation is widespread against Asian Americans but receives inadequate attention from the media and the government (della Cava, 2020; Hussain, 2020). The invisibility of Asian Americans is especially pernicious because it involves discrimination by way of omission (failure to recognize the plight of Asian Americans), which people may dismiss as less harmful than active acts of discrimination (Fryberg & Eason, 2017).

COVID-19 anti-Asian racism is also inseparable from the broader context of immigration politics and geopolitical relationships between the United States and Asian countries, particularly China. Immigration bans during the pandemic, such as executive orders targeting H-1B work visa and student visa holders (most of whom are from Asian countries), have stoked anti-immigrant sentiments and anxiety among Asian Americans (Hussain, 2020). The politicization of the pandemic has also led some people to associate mask-wearing (largely practiced in East Asia) with China/Asia and being infected, at least during the early months of the pandemic, resulting in discrimination against mask-wearing Asian Americans. Moreover, experiencing mask-wearing related discrimination has been linked to greater psychological distress (Liu et al., 2020).

In addition to the broader societal context of racism, pre-pandemic experiences of discrimination should be considered. Prepandemic discrimination may lead to vigilance of COVID-19 racism or attributing ambiguous interactions to racial discrimination. This vigilance can create anticipatory stress (see Lewis et al., 2015 for a discussion). Additionally, Asian Americans suffer vicariously when their loved ones have been targets of COVID-19 racist acts. For example, research found that Chinese American parents' experience of COVID-19 racism was related to poorer mental health among their adolescent children (Cheah et al., 2020). Both personal and vicarious racism have negative health consequences (Lewis et al., 2015). All these factors add to the



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complexity and adverse impact of COVID-19 anti-Asian racism.

Potential Adverse Psychological Impacts of COVID-19 Anti-Asian Racism

The following section examines the negative psychological impacts of COVID-19 anti-Asian racism, which should be understood as inextricable from broader societal contexts. For example, the health care disparities (e.g., inadequate accessibility and availability) experienced by Asian Americans (Turner et al., 2016) may prolong the adverse mental health impacts of COVID-19 racism. Sociodemographic stratification factors may also interact with the influence of COVID-19 racism. For example, recent immigrants may experience more acculturation stress and be susceptible to more distress than U.S. born Asian Americans (Turner et al., 2016). The dominance of White-centric images and the under- (and oftentimes inaccurate) representation of Asian Americans in the mass media can reinforce stereotypes of Asian Americans (Zhang, 2010), compounding the negative racial/ethnic identity impact of COVID-19 anti-Asian racism.

Impacts on Mental Health

There is evidence that the pandemic lockdown has resulted in negative mental health sequelae (Sibley et al., 2020). For Asian Americans, this problem is compounded by COVID-19 anti-Asian racism. The ostracization resulting from pandemic scapegoating may lead to increased

suicidal ideation (Chen et al., 2020). Research has shown that Asian Americans who experienced COVID-19 racism reported elevated generalized anxiety and depressive symptoms (Cheng et al., 2020; Cheah et al., 2020). Witnessing and encountering anti-Asian verbal and physical assaults (Borja et al., 2020) and experiencing racial alienation and hostility may increase Asian Americans' susceptibility to traumatic symptoms (e.g., hypervigilance, fear, or anger), as illustrated by research on Asian American veterans who experienced racial ostracization in the military (Loo et al., 2001). Lastly, as the pandemic persists, the synergistic stress from COVID-19 and anti-Asian racism will likely exacerbate existing mental health conditions.

Further, whether directly or vicariously experienced (Cheah et al., 2020); COVID-19 anti-Asian racism can damage Asian Americans' self-esteem, defined as individuals' overall evaluation of their own value and worth (Rosenberg, 1965). Research indicates that perceived racial/ethnic discrimination is linked to lower self-esteem, and the linkage is especially strong for adolescents and young adults (Benner et al., 2018; Schmitt et al., 2014). Given that earlier self-esteem predicts later mental and physical health, relationship fulfillment, and job satisfaction (Orth et al., 2012); the potential effect of COVID-19 anti-Asian racism on self-esteem is concerning, particularly among youth, who can be doubly vulnerable to their own and their parents' exposure to discrimination (Cheah et al., 2020).

Because COVID-19 anti-Asian racism targets individuals perceived to be Asian, based on physical features (e.g., eye shape, skin color), it can impact Asian Americans' body image. Research indicates positive links between racism experiences and negative body image among Asian Americans (e.g., Cheng et al., 2016, 2017). Compared with other groups, Asian American youth reported a greater desire to have White American physical features (Phinney, 1989). Hence, COVID-19 anti-Asian racism will likely heighten susceptibility to body image distress.

Impacts on Racial/Ethnic Identity

Experiencing COVID-19 racism can increase susceptibility to feelings of shame about one's race/ethnicity (Helms, 1995). Further, COVID-19 scapegoating can lead to internalizing racist beliefs about one's own racial/ethnic group and peers, such as avoiding recent Chinese immigrants who most approximate the "virulent" (e.g., "Chinese virus") profile. For example, some Asian Americans engage in acts of "othering" their racial/ethnic groups, dissociating from "stereotypical" and immigrant Asian peers, or mocking their own cultural heritage as ways to fit into the dominant White society (Pyke & Dang, 2003). Also, Asian American adolescents report less racial/ethnic group belonging and less positive feelings about their racial/ethnic group than other minority ethnic youth (e.g., Latinx; Kiang et al.,



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2010). Taken together, this literature suggests that COVID-19 anti-Asian racism can adversely impact racial/ethnic identity.

Further, COVID-19 anti-Asian racism may create compounded identity stress for individuals with additional minoritized identities that intersect with their racial/ethnic identity. At the intersection of race/ethnicity and social class, Southeast Asian American adolescents are often depicted as both model minorities and as gangsters (Ngo & Lee, 2007); illustrating unique intersectional stereotypes. During the pandemic, intersectional identity stress is indicated in reports showing that Asian American women and elders are more frequent targets of racist physical attack than Asian American men and youth (Cheung et al., 2020), possibly because they are perceived as vulnerable targets who are less likely to defend themselves against or report victimization (Yen, 2000). This suggests that the impact of COVID-19 anti-Asian racism on racial/ethnic identity intersects with additional minoritized identities.

Instilling Collective Psychosocial Resilience to Combat COVID-19 Anti-Asian Racism

The potential adverse psychological impacts of COVID-19 anti-Asian racism highlight the urgency of instilling strength and positive resources during the pandemic. Our model emphasizes a tripartite process of collective psychosocial resilience, comprised of (a) critical consciousness of discrimination as a common fate, (b) critical consciousness-informed racial/ethnic identity, and (c) advocacy, to

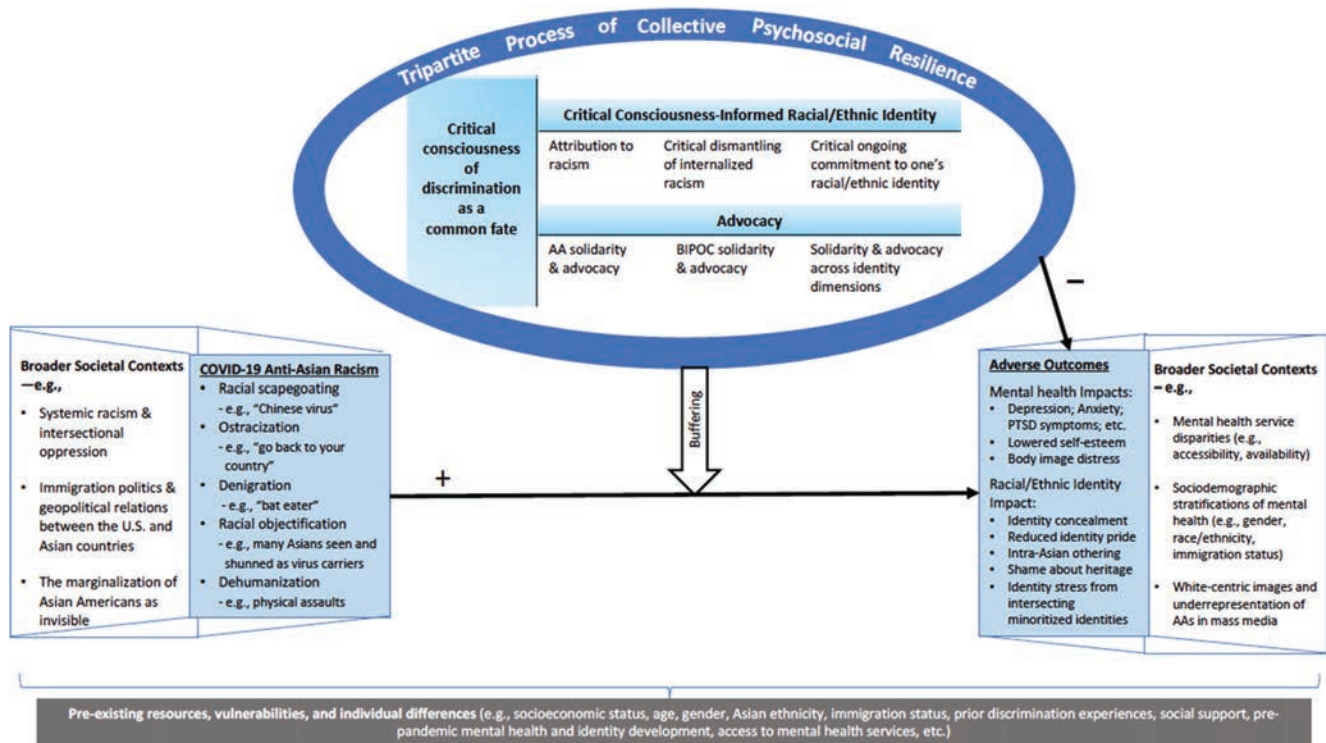
empower Asian Americans and protect against the harmful psychological effects of COVID-19 anti-Asian racism.

Critical Consciousness of Discrimination as a Common Fate

The common ingroup identity model (Gaertner & Dovidio, 2000) postulates that the activation of a shared, superordinate group identity can facilitate the recategorization and inclusion of outgroup members into one's ingroup; this new common ingroup (i.e., superordinate) identity can then facilitate coalition building with outgroup members (e.g., strangers) to build collective psychosocial resilience in times of communal adversity (e.g., natural disasters; Williams & Drury, 2009). A key avenue to the activation of a common ingroup identity is inducing a perception of similarity, or a sense of a *common fate*, during shared mass hardship (Williams & Drury, 2009, p. 295). Building on this literature, our model emphasizes *critical consciousness of discrimination as a common fate* to cultivate collective psychosocial resilience among Asian Americans in the face of COVID-19 racism.

Specifically, critical consciousness of COVID-19 racism as a common fate enables people of diverse Asian ethnicities to unite through a shared predicament, which can compel a pan-Asian American solidarity to stimulate collective action and harness resilience to cope with pandemic racial bigotry. Further, critical consciousness of systemic racism underlying COVID-19 anti-Asian racism allows recognition of a common fate of oppression and structural injustice faced by all Black, Indigenous, and People of Color (BIPOC) communities. Indeed, the long-term effects of African enslavement and the destruction of Indigenous communities are systemically and institutionally evident today, as seen in continued police brutality against Black people as well as staggering health disparities in COVID-19 infection and death rates in Black, Latinx, and Indigenous communities (Mays & Newman, 2020). Although the present COVID-19 anti-Asian racism has primarily centered on blaming Asian Americans for the pandemic, which is distinct from other forms of racism (e.g., criminalization) often experienced by other BIPOC groups, they share the common root of systemic racism that disdains the full humanity of all racial/ethnic minorities. Furthermore, other BIPOC groups have also been stigmatized for diseases in the past, such as the association of Latinx farm workers with the H1N1 outbreak in 2009 (Liu et al., 2020), which when highlighted, may evoke feelings of connection and a shared fate among other BIPOC individuals toward Asian Americans. As such, our model emphasizes facilitating a shared BIPOC ingroup identity through critical consciousness of discrimination as a common fate to cultivate collective psychosocial resilience.

Figure 1
A Tripartite Model of Collective Psychosocial Resilience



Note. The "+" sign indicates a positive relationship, while the "-" sign indicates a negative relationship. AA = Asian American; BIPOC = Black, Indigenous, and People of Color. See the online article for the color version of this figure.

Moreover, critical consciousness of discrimination as a common fate can increase Asian Americans' awareness of the oppressions suffered by minoritized groups beyond race/ethnicity (e.g., religious and gender minorities), which can motivate solidarity and advocacy beyond pan-Asian American or pan-BIPOC unity. Critical consciousness of discrimination as a common fate, therefore, provides a foundation for positive ingroup racial/ethnic identity development as well as intergroup and intersectional solidarity and advocacy—all of which synergistically confer collective psychosocial resilience against COVID-19 anti-Asian racism.

Critical Consciousness-Informed Racial/Ethnic Identity

The very fact that Asian Americans' racial or ethnic backgrounds are vehemently attacked during the pandemic underscores the importance of strengthening their racial/ethnic identity. Rather than reviewing existing racial/ethnic identity theories (e.g., Helms, 1995; Phinney, 1992); the current articles draws from concepts of these theories, along with the construct of critical consciousness (Freire, 1970); to address issues concerning Asian Americans' racial/ethnic identity with relevance to the COVID-19 context. Without critical awareness of

systemic inequities and attribution to racism, oppressed individuals may internalize stigmatized views about their race/ethnicity; thus, distorting their racial/ethnic identity (Comas-Díaz, 2007). Systemic denigration of cultural heritages (e.g., COVID-19 cultural derision) further creates barriers for individuals to fully embrace and commit to their identity as a member of a minoritized group (Comas-Díaz, 2007). Therefore, the present model focuses on (a) attribution to racism, (b) dismantling internalized racism, and (c) critical ongoing commitment to one's racial/ethnic identity (see Figure 1) as priority areas in strengthening Asian Americans' racial/ethnic identity to resist the harmful effects of COVID-19 racism.

Attribution to Racism

It is important that Asian Americans are equipped with critical consciousness so that they can attribute their racist encounters to group-based discrimination, rather than blame themselves. Attribution to racism has been shown to be protective of self-esteem (Thijs & Piscoi, 2016) and is associated with increased ingroup identification because of a need for belonging after outgroup rejection, and, as such, can strengthen racial/ethnic identity and promote psychological wellbeing (Branscombe et al., 1999; Tajfel & Turner, 1986).

If not channeled toward critical consciousness to enable recognition of racism, the salience of race amplified through COVID-19 can either jolt individuals into a state of racial/ethnic identity dissonance in which their previous racism-free worldview is shattered, or foster a defensive, all-or-nothing mindset in which individuals idealize their own race/ethnicity while denigrating the oppressor group (Helms, 1995). Furthermore, while encounters with discrimination can spur racial/ethnic identity exploration among Asian American youth (Cheon & Yip, 2019); increased identity exploration can exacerbate vulnerabilities (e.g., negative mental health, risky behaviors) associated with racial discrimination (see Yip et al., 2019 for a meta-analysis). This may be because identity exploration is a process characterized by uncertainty about race/ethnicity (Phinney, 1992); and can bring psychological turmoil (e.g., confusion about the value of one's ethnic group). Critical consciousness, however, may prevent this turmoil by providing an ability to understand how racism has unjustly influenced one's racial/ethnic group. This critical understanding may also enable one to dispute discriminatory practices, which may facilitate a sense of autonomy (Sanchez et al., 2016) to aid in the identity exploration process.

Strategies to raise critical consciousness include providing education on the history of anti-Asian racism and structural inequalities in the United States (e.g., People's Collective for Justice and Liberation, 2020), which could help Asian Americans situate and attribute individual acts of COVID-19 racial bigotry to systemic racism and may be especially helpful for first-generation immigrants who did not grow up in the United States and might not be fully aware of the pernicious nature of racism. To raise critical consciousness among Asian American youth and enable attribution to racism, it may be helpful for parents to provide a historical context to the present COVID-19 anti-Asian racist environment as well as teach their youth to identify and label specific expressions of COVID-19 racism (e.g., racial scapegoating and ostracization). This critical cognizance and attribution may help preserve or even enhance among youth a positive racial/ethnic identity that is resilient against racism during and after the pandemic. Additionally, instilling critical consciousness in youth may facilitate positive outcomes in career, academic, civic, and socioemotional development (see Heberle et al., 2020, for a systematic review).

Dismantling Internalized Racism

In addition to critical reflection about racism, positive racial/ethnic identity development entails dismantling internalized racism, defined as racism that is adopted into and operates in oppressed people's ideological systems (David et al., 2019). Examples include the internalized model minority stereotype (Yoo et al., 2010) and associated meritocratic (i.e., denial of systemic barriers and belief one can

succeed based on individual hard work; Wiley et al., 2012) and color-blind (i.e., skin color does not matter and racism is only imaginary; Neville et al., 2000) worldviews. Internalized racism may also involve internalizing the view that one's race or culture is inferior to that of White Americans (Helms, 1995). For instance, during the COVID-19 pandemic, some Asian Americans might unwittingly internalize the racist view that Asian cultural practices are partly to blame for the spread of the coronavirus (e.g., food cultures, communal eating). Relatedly, Asian American college students who experienced the perpetual foreigner stereotype (i.e., being treated as if they were foreigners) during the pandemic were more likely to report internalized racism (Cheng et al., 2020).

COVID-19 anti-Asian sentiments, however, can be used to awaken a critical examination of internalized racism. A growth-oriented, nondefensive, and affirming racial/ethnic identity is rarely possible if one's identity is rigidly built upon stereotypes (e.g., model minority) and worldviews shaped by White-oriented social systems. Indeed, the key milestone in racial/ethnic identity development is dismantling internalized racism and adopting a critical understanding of race and oppression (Helms, 1995). Therefore, Asian Americans' racial/ethnic identity development must include the dismantling of internalized, White-socialized racism, and other racism-related oppressive worldviews (e.g., classism; Liu & Ali, 2005).

Research found that a critical awareness of structural inequality was associated with rejection of the model minority stereotype and endorsement of a stronger collective Asian American identity (Tran & Curtin, 2017). This research suggests the value of critical consciousness in dismantling internalized racism, which involves rejecting taken-for-granted narratives about one's group. For instance, Asian Americans who have internalized any guilt or shame for the spread of the coronavirus might begin to challenge and expose this narrative as racist. In the wake of COVID-19 anti-Asian racism, Asian Americans who had previously internalized color-blind ideologies might begin to grasp the racist nature of U.S. society and reject the color-blind views. Although research has yet to examine the buffering role of dismantling internalized racism in the context of racial discrimination among Asian Americans, research with Latinx Americans suggests this potential. Specifically, greater perceived ethnic discrimination was associated with greater self-esteem among Latinx Americans who rejected a meritocratic worldview, but was linked to lower self-esteem among those who endorsed this worldview (Major et al., 2007). The same study found that exposure to discrimination led to decreased ingroup blame among Latinx Americans who rejected a meritocracy worldview, but increased ingroup blame among those who endorsed it. This research implies that during the pandemic, critical dismantling of internalized oppression may protect Asian Americans

against the damaging effects of racism on their self-esteem; it may also prevent them from blaming their own group (e.g., scapegoating) so that a positive racial/ethnic identity can be developed.

Critical Ongoing Racial/Ethnic Identity Commitment

To resist COVID-19 anti-Asian racism, it is important to develop a critical consciousness-informed appreciation and reclamation of one's Asian roots, history, and pride. Exploring one's identity as a member of a minoritized group can increase vulnerability (Yip et al., 2019) because the process involves uncertainty, an absence of guiding principles, and likely discordance between one's bicultural (i.e., mainstream American and one's racial/ethnic culture) backgrounds (Schwartz et al., 2013). Critical consciousness, then, can guide the identity exploration process to discern the historical and contemporary White-centric establishments of acceptable norms and subjugation of racial/ethnic minority groups and cultures as inferior (Comas-Díaz, 2007). Given research findings that among all immigrant groups, Asian immigrants are least likely to retain their ethnic language and are eager to assimilate into the U.S. mainstream culture (Rumbaut, 2009); the urgency of affirming cultural assets amid COVID-19 anti-Asian denigration must be emphasized. There is evidence to suggest that cultural learning enhances self-esteem (Umaña-Taylor & Updegraff, 2007). Further, research with African American youth indicates affirmations of one's core values (e.g., relationship with family, religion) have lasting protective effects against racist threats (Cook et al., 2012)—extrapolating from this research, affirmations of one's core cultural values (e.g., collectivistic decision making, importance of kinship) may protect Asian Americans against COVID-19 anti-Asian cultural debasement.

The ability to critically examine information about one's racial/ethnic group (e.g., history, traditions) can render identity exploration an empowering and agentic process (Schwartz et al., 2013); consequently facilitating integration of new understandings and deepening of one's identity commitment (Hughes et al., 2017). Racial/ethnic identity commitment is an assurance of oneself as a member of one's racial/ethnic group and a sense of dedication to one's racial/ethnic community; it grounds individuals in their ethnocultural roots and guides them toward a scope of social responsibilities, values, and goals related to their groups (Schwartz et al., 2013). In addition, deep, continued identity exploration is more favorable than exploration in breadth without commitment (Hughes et al., 2017). Such a proactive, intentional, and ongoing identity commitment is distinguished from hasty or defensive identity alignments that can arise as reactions to threats (Rumbaut, 2008), such as the COVID-19 racism upsurge.

Empirical evidence supports the psychological benefits of affirming and committing to one's racial/ethnic identity. Racial/ethnic identity characterized by high exploration and commitment, or high commitment alone, is associated with less mental health distress and serves as a buffer on the links between racism and adverse outcomes (see Yip et al., 2019, for a meta-analysis). As well, racial/ethnic pride or affirmation and a strong sense of inclusion and alignment with one's racial/ethnic group are positively linked to adaptive (e.g., self-esteem, relationships, health, or academics) outcomes (Rivas-Drake et al., 2014; Smith & Silva, 2011). This literature underlines the utility of fortifying Asian Americans' racial/ethnic identity commitment and affirmation as a source of critical resilience against COVID-19 anti-Asian racial bias.

Advocacy

Advocacy can be an avenue for rechanneling COVID-19 anti-Asian racism toward group solidarity and empowerment so that positive societal transformation is possible (Vollhardt et al., 2016). The present model focuses on developing solidarity with and advocating on behalf of (a) Asian Americans, (b) other BIPOCs, and (c) people with intersecting minoritized identities beyond race/ethnicity (see Figure 1) as priority areas for transforming Asian Americans' pandemic related racial stress. The sections below delineate specific types of advocacy proposed in the conceptual model, followed by a discussion of the psychological benefits of advocacy.

Asian American Solidarity and Advocacy

Experiences of discrimination have been theorized to be a catalyst of collective action through an increased critical awareness of group-based inequality (Duncan, 2012). Additionally, the social identity model of collective action (van Zomeren et al., 2008) posits that a positive racial/ethnic identity will likely enhance ingroup solidarity and advocacy. Indeed, research shows that greater experiences of racial/ethnic discrimination were associated with greater own-group advocacy (i.e., immigrant rights and racial equality) through critical awareness of systemic inequality, and in turn, through ingroup collective identity, among Asian Americans (Tran & Curtin, 2017). Accordant with this, increased critical awareness was associated with greater advocacy engagement and a positive racial/ethnic identity among Asian American youth (Suyemoto et al., 2015).

The literature further demonstrates that experiences of discrimination alone may be sufficient to impel advocacy, bypassing the need for a critical awareness of structural inequality, especially during times of crisis (Duncan, 1999, 2012). Research with Asian Americans found a direct link between experiences of discrimination and own-group

advocacy, in addition to mediated links through critical awareness and ingroup collective identity (Tran & Curtin, 2017). Qualitative research revealed that racial/ethnic discrimination was a central impetus in the development of a pan-Asian solidarity and politicized identity among Asian American activists (Rhoads et al., 2002). As such, the surge of COVID-19 anti-Asian racism might compel Asian Americans to engage in own-group advocacy as a spontaneous response to the racial turmoil, or through a coherent critical cognizance of systemic inequality and group solidarity.

Indeed, since the rise of the pandemic, many Asian Americans have participated in solidarity and advocacy efforts at local and national levels. For example, the “Safe from Hate” community initiative (Bit, 2020) responded to the growth of COVID-19 anti-Asian elder attacks in New York by dispersing free alarm necklaces to Asian American elders to loudly distract harassers or trigger bystander intervention. In addition to collaborations with Congress to upend xenophobia, Asian Americans Advancing Justice (2020) has formed a multilingual website offering a hate crime reporting repository, bystander and intergroup anti-hate trainings, and legal resources. Virtual town halls held by community organizers have provided the historical context of anti-Asian sentiments, raised critical consciousness, and advocated for collective resistance during the pandemic (People’s Collective for Justice and Liberation, 2020). As such, COVID-19 anti-Asian racism can activate pan-Asian American unity and advocacy.

BIPOC-Solidarity and Advocacy

Another avenue for empowering Asian Americans to challenge anti-Asian racism is for them to connect with other BIPOCs through a critical consciousness of parallel racial pain and struggle—that is, awareness of a common fate or similarity (Gaertner & Dovidio, 2000; Williams & Drury, 2009). Indeed, the intersection of racism and other factors surrounding COVID-19, as well as recent Black Lives Matter (BLM) protests, have activated advocacy among Asian Americans. For example, Asian Americans have strengthened solidarity with Black communities, through protests, advocacy groups (e.g., Asians4BLM, South Asians for BLM), social media platforms (e.g., #aapiforblacklives), and community education about the shared struggles of all BIPOCs (Hussain, 2020).

Solidarity between Asian and Black Americans are real-world epitomes of evidence from studies showing that when anti-Asian discrimination was made salient, Asian Americans exhibited more positive attitudes toward Black Americans (Craig & Richeson, 2012) and showed less automatic, implicit anti-Black bias (Greenwald et al., 1998) than when the salience of discrimination was absent. Empirical research further indicates that it is through empathy and feelings of similarity that the salience of discrimination (i.e., common fate) facilitates positive attitudes toward other

similarly marginalized groups (Cortland et al., 2017; Craig & Richeson, 2012). Therefore, the first step to cultivating BIPOC solidarity and advocacy is to foster intergroup empathy between Asian and Black communities, which has the potential to heal historical rifts (e.g., the 1992 Los Angeles uprising) and renew coalitions during the pandemic racism crisis. This is important because the power structures that uphold White supremacy promote intra-BIPOC antagonism and communities being pitted against each other (Comas-Fíaz, 2007) while White systems benefit from interminority group tensions.

Two components of empathy, *perspective taking* (i.e., adopting the psychological viewpoint of others) and *empathic concern* (i.e., feeling sympathy and concern for others; Davis, 1980); have been shown to be most relevant to intergroup relations. Interventions and experiments targeting perspective taking and empathic concern toward individuals of stigmatized groups have demonstrated effects in prejudice reduction (e.g., Galinsky & Moskowitz, 2000; Todd et al., 2011). Moreover, perceiving that one has shared experiences (e.g., racism) with another person facilitates increased perspective taking and empathic concern toward the individual (e.g., Hodges et al., 2010) and this individual’s group, reducing group-based stereotypes (e.g., Broockman & Kalla, 2016; Galinsky & Moskowitz, 2000). As such, enhancing Asian Americans’ critical reflection on COVID-19 anti-Asian racism, and its underlying root in systemic racism suffered by all BIPOCs, may facilitate intergroup empathic concern and perspective taking, which can sustain BIPOC-solidarity during and beyond the pandemic.

Solidarity and Advocacy Across Identity Dimensions

Certain social identity groups (e.g., women, older adults; Cheung et al., 2020) among Asian Americans have been targets of COVID-19 anti-Asian physical attacks more often than others, underscoring the value of intersectionality (Cole, 2009; Crenshaw, 1991). That is, individuals’ multiple social identities intersect in ways that reflect power, privilege, and oppression (Cole, 2009); and it is important to resist all forms of identity-based bigotry. Intersectionality emerged as a concept to describe the cumulative oppression faced by Black and other women of color and to reveal the limitations of solidarity based on single-axis group identity (e.g., race; Crenshaw, 1991). Thus, although group-based identity (e.g., pan-Asian American, pan-BIPOC) is vital for collective solidarity, it runs the risk of overlooking differences within the group, which could result in some members benefiting from group unity at the expense of others (Chun et al., 2013). For example, race-based activism can be uncritical about sexism or heterosexism and vice versa (Chun et al., 2013).

Intersectional consciousness, the awareness of how intersecting structural factors (e.g., gender and race) exert

interconnected influence in individuals' lives (Greenwood, 2008), can facilitate recognition that differences within groups are not barriers to solidarity but necessitate activation of new coalitions across identity dimensions (Crenshaw, 1991). The compounded vulnerabilities faced by Asian American women and elders amid COVID-19 racism can be leveraged to raise intersectional consciousness, which may be done by highlighting the similarly oppressive nature of racism and other identity-based bigotry (e.g., sexism) as a common fate of all marginalized individuals. For instance, research shows that making explicit the similarity between race and sexual orientation-based discrimination leads Asian Americans to report increased positive attitudes toward queer individuals (Cortland et al., 2017).

Intersectional consciousness can enhance engagement in intersectional solidarity and advocacy. Research indicates that higher levels of intersectional consciousness are associated with greater levels of commitment to organizational diversity and more positive attitudes toward individuals with a stigmatized identity different from one's own identity (Greenwood & Christian, 2008). Intersectional awareness is also associated positively with perspective taking, favorable intergroup attitudes, intentions to impact social change, and a rejection of system-justifying ideologies across multiple identity domains (Curtin et al., 2015). Individuals with greater awareness of unjust social arrangements affecting other groups, but not necessarily one's own group, are more likely to engage in advocacy action than otherwise (Russell, 2011).

Several examples showcase how COVID-19 anti-Asian racism has activated Asian Americans to engage in intersectional advocacy. The AAPI Women Lead organization has advocated for intersectional solidarity engagements (e.g., Mutual Aid) that focus on individuals and groups who might be especially vulnerable during the pandemic, including those unhoused, living with disabilities, or economically disadvantaged (Wun, 2020). People's Collective for Justice and Liberation (2020) has also launched town halls to raise awareness of the intersections of racial, gender, sexual orientation, and disability justice, as well as the importance of standing in intersectional solidarity to fight not only structural racism, but also Asian heteropatriarchy and heterosexism. Various volunteer-led grassroots organizations have also mobilized to advocate for their community members with minoritized social identities (e.g., social class) subject to identity-based oppression not necessarily related to race/ethnicity (e.g., Ktown for All, n.d.).

Mental Health and Identity Benefits of Advocacy

Asian Americans' solidarity with and advocacy for their fellow Asian Americans, other BIPOCs, and individuals and groups marginalized across other social identity dimensions might confer positive mental health and identity outcomes. Empirical research indicates that engagement in

political advocacy, collective gatherings, or solidarity protests (in literal or symbolic formats) is associated with positive self-esteem, perceived similarity with others, a strengthened collective identity, life satisfaction, positive affect, and a sense of purpose in life (Klar & Kasser, 2009; Pérez et al., 2015); regardless of whether the engagement is initially motivated by a shared social identity. By contrast, refraining from engaging in advocacy and resistance actions is a risk factor for negative mental health in the face of sociopolitical threat (e.g., Boehnke & Wong, 2011); such as pandemic related racial scapegoating and cumulated threat to intersectional minoritized identities.

Implications and Conclusion

Several practical and research implications can be gleaned from our conceptual model. The avenues proposed in our model for rechanneling the sting of COVID-19 racism toward personal and collective strength are well suited for brief interventions, which has been recommended as a priority of clinical practice during the COVID-19 pandemic (Gruber et al., 2020). For example, online support groups, psychoeducational workshops, and webinars that target key constructs specified in the current model (e.g., critical consciousness, intergroup empathy, or intersectional awareness) may be well received by Asian Americans because they are less stigmatizing than psychotherapy (e.g., Fang et al., 2010). Interventions designed for specific subgroups (e.g., Chinese immigrant older women) might address the diversity within Asian Americans and allow participants' shared social identities to elicit social bonds and support (Haslam et al., 2009); thereby, fortifying resilience in the face of COVID-19 discrimination.

The avenues and key constructs described in our model provide psychologists a guide for identifying or adapting evidence-based interventions to support Asian Americans. For example, longitudinal field interventions (e.g., values affirmations; Cook et al., 2012) and experiments (e.g., perspective taking; Broockman & Kalla, 2016) could be adapted in the areas of racial/ethnic identity affirmation and intergroup empathy, respectively, to positively influence Asian American's ingroup identity and intergroup coalition. Culturally appropriate applications of constructs outlined in our model are also necessary to acknowledge within-group differences. For example, younger Asian Americans may be more ready to participate in overt acts of resistance, while older generations, likely influenced by cultural beliefs of social harmony, may resist racism through covert ways that deserve more research attention (Vollhardt et al., 2020). Similarly, lay-provider service delivery (Gruber et al., 2020) may be more acceptable to some Asian communities than conventional mental health care delivery. This can include training volunteers or grass-roots leaders (Chun et al., 2013) on constructs in our model (e.g., critical

consciousness, advocacy) so that they may educate their communities. In addition, the increasing reliance on telehealth interventions during the pandemic must also incorporate consideration of personal relevance (Hall et al., 2020) to ensure effectiveness with Asian Americans.

The present model also points to areas of clinical training for psychology trainees, including anti-Asian COVID-19 racism and stress, trainees' own critical and intersectional consciousness, racial/ethnic identity, intergroup solidarity, empathy, and advocacy. Psychologists and trainees are encouraged to explore cultural clinical tools (Comas-Díaz, 2007), such as photographs, storytelling of cultural memories (Comas-Díaz et al., 1998), documentaries, and photo-voice (Chapman et al., 2018) that may aid Asian Americans in connecting with racial/ethnic roots and identity construction as well as intergroup empathy and solidarity. Additionally, because people who engage in critical consciousness and advocacy may experience pushback and vicarious trauma while advocating against racism (Joscelyne et al., 2015; Kaiser & Miller, 2001); it is important to prepare Asian Americans for this potential toll. Given the psychological benefits (e.g., feelings of camaraderie and purpose) afforded by social identity-based groups (Haslam et al., 2009), Asian Americans could connect with their common ingroup communities (e.g., Asian American support groups) to receive validation and hope.

To reduce COVID-19 anti-Asian racism and its adverse impacts, it is important that psychologists help the public take this racism seriously. Aligning with common ingroup identity theory (Gaertner & Dovidio, 2000); role models who share social identities (e.g., a White antiracist advocate speaking to a White audience) may generate greater acceptance of antiracist messages. In addition to helping the public understand the nature and consequences of COVID-19 anti-Asian racism, the public can be educated on how they too are impacted by this racism. For example, COVID-19 anti-Asian racism has resulted in undertesting of the coronavirus among some Asian American communities because of fear of discrimination (della Cava, 2020), which may make it harder to contain the pandemic. It is also important to train bystanders and non-Asian allies to support Asian Americans. It may be useful to highlight shared vulnerability (e.g., personal or vicarious stigmatization) to evoke a sense of a common identity and deepened solidarity with Asian Americans. Specific training can include education on COVID-19 racial bias (e.g., xenophobia, scapegoating, or denigration), conflict de-escalation skills (e.g., derailing the incident), and empathy skills (e.g., emotional validation) to support targets (Hollaback!; AAJC, n.d.). These bystander and ally training programs may be most effective when they involve both awareness (e.g., critical consciousness) and skill development and are ongoing (instead of a brief one-time training; Bezrukova et al., 2016).

By leveraging perceptions of common identity when reaching out to different audience groups (e.g., White v. non-White perpetrators), psychologists can introduce concepts included in our model to help perpetrators change their behavior. For example, psychoeducation on the concept of critical consciousness may raise understandings of the pernicious effects of systemic racism on both BIPOCs and Whites. Helping perpetrators critically reflect on how they or their loved ones have experienced other (e.g., gender, class, body size, or ability-based) forms of stigmatization may increase an appreciation of discrimination as a common fate shared by many people across different walks of life beyond race/ethnicity. This critical consciousness may not only facilitate intergroup empathy toward Asian Americans to curb COVID-19 racism but also motivate perpetrators to participate in antiracism advocacy.

Finally, systemic strategies to support Asian Americans are needed. For example, mass media needs to adequately cover Asian Americans' experience of racism and disparities (della Cava, 2020), eradicate racially biased messages that perpetuate COVID-19 anti-Asian racism, and include positive (e.g., rather than tokenized and distorted) representations of Asian Americans. Such efforts could reduce Asian Americans' invisibility and increase public consciousness of COVID-19 anti-Asian racism.

Regarding research implications, we recommend that longitudinal studies examine the effects of anti-Asian racism on mental health and identity outcomes, including how various constructs of COVID-19 racism (e.g., scapegoating vs. denigration) may differentially influence sequelae. This research should also include cyber-racism (Lewis et al., 2015), which has been particularly documented among Asian American youth during this pandemic. Specifically, while Asian American adults in the age range of 20s to 40s reported the most COVID-19 racist encounters across multiple (e.g., in stores, at work) life domains (Borja et al., 2020), Asian American youth reported more racist encounters online, at public parks, and at school than Asian American adults (Borja et al., 2020; A. A. P. I. One Nation, 2020). As well, future research could examine potential within-group differences in how COVID-19 racism is experienced and how the constructs proposed in the model shape ingroup and intergroup attitudes among different segments of Asian American communities, including diverse ethnicities, age cohorts, gender identities, immigration status, and so forth. Because no known studies have examined advocacy (and related constructs) as a moderator of the links between racism and psychological outcomes among Asian Americans, we encourage research on the potential buffering effect of advocacy.

Additionally, future research may examine whether an incorporation of critical consciousness into parent education programs may benefit Asian American families. Research indicates that while parental racial/ethnic socialization is

psychologically beneficial to other youth of color, it could be harmful to Asian American youth (see Wang et al., 2020 for a meta-analysis), possibly because Asian American parents emphasize ethnic cultural norms rather than preparing their children to cope with racism (Juang et al., 2016). Future research could examine whether incorporating critical consciousness into parent education might positively change the effect of Asian American parents' racial/ethnic socialization on their youth.

Diverse methodologies are necessary to shed light on the proposed avenues and related constructs that cultivate psychosocial resilience against COVID-19 discrimination. Of notice, much of the empirical evidence is derived from quantitative methodologies. Some scholars have suggested that qualitative methodologies are especially suitable in understanding the complex phenomena of racial/ethnic identity development (e.g., identity exploration; Syed & Azmitia, 2010); resistance, and advocacy (e.g., intersectional consciousness; Nair & Vollhardt, 2019).

In conclusion, our model of collective psychosocial resilience highlights (a) critical consciousness of discrimination as a common fate, (b) critical consciousness-informed racial/ethnic identity, and (c) advocacy as avenues to rechannel the sting of COVID-19 racism toward resilience and solidarity, while affirming the humanity of Asian Americans, and indeed all BIPOCs, during a highly racialized and disparity-evident pandemic. This model offers psychologists a map to understand the intricate connections between racism and the COVID-19 pandemic and points to practical paths for individual and collective empowerment.

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